



SOCIAL AND BEHAVIOUR CHANGE STRATEGY FOR THE RESILIENCE AND SOCIAL COHESION (PEACE) IN NORTHEAST NIGERIA PROJECT

BMZ Project



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Social and Behaviour Change Strategy for the Resilience and Social Cohesion (Peace) in Northeast Nigeria Project

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Acronyms

| | |
|-------|---|
| ANC | Antenatal care |
| BD | Behavioural Design |
| BDM | Behavioural driver model |
| BI | Behavioural insights |
| BMZ | Federal Ministry for Economic Cooperation and Development (Germany) |
| BS | Behavioural science |
| C4D | Communication for development |
| CBO | Community based organisation |
| EAST | Easy, attractive, social, and timely |
| EBF | Exclusive breast feeding |
| HCD | Human-centred design |
| IYCF | Infant and young child feeding |
| KAP | Knowledge, attitude, and practice |
| LGA | Local government area |
| M&E | Monitoring and Evaluation |
| NGO | Non-governmental organisational |
| OD | Open defecation |
| PLW | Pregnant and lactating women |
| PSA | Public Service Announcement |
| PTA | Parents Teachers Association |
| SBC | Social and behaviour change |
| SBMC | School Based Management Committee |
| SEM | Socio-ecological model |
| SUBEB | State Universal Basic Education Board |
| TBA | Traditional birth attendants |
| TOC | Theory of change |
| WASH | Water, Sanitation and Hygiene |
| WCBA | Women of child-bearing age |
| WFP | World Food Programme |

Who will use this Document?

This document is intended for use by all relevant levels of Borno and Yobe government, WFP and UNICEF personnel, as well as third-party partners who are involved in implementing the Resilience Project.

Executive Summary

This Social and Behaviour Change (SBC) strategy, for the Social Cohesion and Peace in Northeast Nigeria project, lays out the strategic guidance to addressing both barriers and factors influencing behaviours, and describes actions that have been identified towards the achievement of the four project SBC outcomes.

Outcome 1: Basic services are re-designed in a human-centric manner, providing timely and optimum experiences for effortless interaction at the individual, community, and institutional levels.

Outcome 2: Youth, women, men, and adolescent girls and boys are aware of and utilise sustainable livelihood opportunities.

Outcome 3: Community members have identified and consume diverse, locally available, safe, and nutritious diets.

Outcome 4: Communities, governments, and institutions have established women- and child-centred systems, laws, agreements, and policies for improved governance capacity and more effectively prevent, manage, and resolve local tensions and conflicts, leading to enhanced social cohesion.

The KAP study and barrier analysis carried out included the following the key findings:

- More girls drop out of primary schools compared to male counterparts (9.8% vs 2.6%); with a higher gender gap in Bade (9.2% vs 1.2%) than in Shani (10.1% vs 5.3%).
- 30% of women surveyed have lost a child, with over 50% occurring in the first 6 months of life.
- A higher proportion of breastfeeding women are pregnant in Bade than in Shani LGA (3.2% vs 0.9%).
- 50% of mothers breastfeeding children under 6 months gave babies water and other liquids, highlights EBF practice is below 50% (Shani 43.9% and Bade 31%).
- 20% of children's births were yet to be registered in Shani, the proportion of births yet to be registered in Bade was four times this.
- Bade LGA had a higher proportion of households having access to improved water sources than Shani LGA (99% vs 91%).

The Strategy further reviewed and analysed the various levels that would be addressed along the sphere of influence of the primary participants, from the individual, interpersonal, community, and institution to the policy level. The Socio-ecological model was used to clearly define the various

levels of influence and relationships present in creating a supportive environment for the primary participant to practise the desired behaviours.

The behaviour analysis identified various behaviour challenges that could be addressed by social and behaviour change communication interventions; identified barriers around service delivery; and identified designs that require non-communication approaches. For the communication interventions, the Strategy proposes a values-based message framework with culture at the centre.

A monitoring and evaluation framework is included in this strategy with the expectation that it would be fine-tuned early into the implementation of the SBC component of the intervention.

Chapter One: Introduction

At UNICEF, “social and behaviour change (SBC) aims to empower individuals and communities, and to lower structural barriers that hinder people from adopting positive practices and societies from becoming more equitable, inclusive, cohesive, resilient, and peaceful.”

1.1 Background

In collaboration with the World Food Programme (WFP), UNICEF Nigeria has received funding to implement a social cohesion and peace project in Northeast Nigeria. The Resilience and Social Cohesion (Peace) in Northeast Nigeria Project is an integrated and holistic response package to build resilience for women, men, and children at the individual, household, community, and institutional levels while supporting government systems to sustain equitable, quality services and to promote social cohesion. This project is grounded in the humanitarian-development-peace approach, which will focus on the following:

- i. Interventions supporting the provision of basic services related to health, nutrition, education, WASH, and access to food, with development assistance to strengthen resilience; Sustainable livelihoods, income-generating interventions, and strengthening economic opportunities among targeted communities, including youths, to improve food production, employment, and incomes;
- ii. Peacebuilding and improving social cohesion through activities that seek to mitigate conflict between communities and government stakeholders, increase trust and collaboration within and among different groups, and strengthen the capacity of institutions and communities at local and state levels.
- iii. By restoring basic services and supporting governance at the local level, this project can effect sustainable change, including increased resilience, in the target communities. Transitioning from life-saving activities to longer-term approaches serves to rebuild trust between the government and the communities.

The geographical coverage of the intervention is two LGAs, Bade LGA in Yobe State and Shani LGA in Borno State; with a target of 185,878 direct and 1,035,373 indirect beneficiaries. Within the child’s “first 1,000-days” window of opportunity, households comprising pregnant women and children 0-23 months will be the primary target groups. The project will also target school-aged

children between 6-17 years. Household targeting will prioritise the inclusion of vulnerable adolescent girls, female-headed households, the elderly, and people with disabilities, based on the selection during the inception phase.

1.2 Situation analysis

In Northeast Nigeria, a decade-long armed insurgency has resulted in the deaths of more than 350,000 people and has displaced more than 7 million people across the region. This armed insurgency has negatively impacted the social cohesion and resilience in this part of the country with significant social and economic consequences.

1.3 KAP Study

A Knowledge, Attitudes, and Practice (KAP) study and Barrier Analysis on social and behavioural factors, including gender norms, that influence healthy behaviours in Shani and Bade Local Government Areas was conducted. The KAP study and barrier analysis was structured around the socioecological framework that straddles five interrelated sections: policy, community, organisational, interpersonal, and individual factors.

The survey and analysis reveal that Shani and Bade have very low indicators on antenatal care, delivery at the health facility, early initiation of breastfeeding, routine immunisation, post-natal visits, access to quality community-based management of acute malnutrition, nutrition counselling, growth monitoring, handwashing with soap, use of safe drinking water, water transportation and storage, use of latrines and waste management, fever, pneumonia, diarrheal management, and health-seeking behaviours. It reveals low teachers' awareness of: gender dynamics in the classroom; parental value regarding educating of adolescents; girls' menstrual hygiene management in the schools; and water and sanitation (WASH) in schools. It also shows gaps in maternal nutrition, exclusive breastfeeding, and infant feeding, including dietary diversity and meal frequency, adolescent nutrition, and access to safe drinking water and latrines.

The experiences of the people and communities in Bade and Shani LGAs reflect what is seen generally across the Northeast, albeit a milder version of what has been experienced in some communities that have been ravaged by incessant attacks by the armed insurgents over the years.

The baseline findings are presented here below, by each sector:

Health-seeking behaviour: People's behaviour regarding their health can be influenced by a myriad of factors, including their unique understanding of diseases and the health policy environment under which more than 70% of households in Nigeria have to pay out of pocket for

healthcare services. Misconceptions about the role of vaccinations have contributed to the negative adoption of this effective healthcare safeguarding mechanism, especially regarding immunisation against COVID-19.

Childbearing: Almost two out of every five women are grand multiparous women (≥ 5 births). This is higher in Bade than Shani LGA (53% vs 25%). One out of every three women has lost a child, with more than half losing their children within the first six months of life. Women from Bade LGA are more than twice as likely to have lost a child than their counterparts in Shani LGA (43% vs 17%).

Information sources: Women in Bade and Shani LGAs get information on healthcare from multiple sources, including family members, community volunteers, healthcare workers, community leaders, religious leaders, and traditional leaders. The mass media is not a popular means of obtaining healthcare information among women.

Education: The violence has significantly damaged and destroyed the educational infrastructure, with several teachers and students having been killed. Despite governments in the region adopting a policy that makes the first nine years of basic education compulsory, many children are still out of school across Shani and Bade LGAs. The insurgency has worsened this situation. According to the National Education Data Survey, even when children are in school, the quality of education provided is sub-optimal, with several children unable to read standard scripts. In homes, about 90% of children who are 15 years old have completed their primary education, which is the first 6 years of school.

There is a gender gap in primary school dropouts across Shani and Bade LGAs, with girls more than three times as likely to drop out of primary school than boys (9.8% vs 2.6%). This gender gap is more marked in Bade than Shani LGA. The main reason given, for not completing primary education, is the associated cost. Other reasons are that the parents/guardians want Arabic education for their children, and girls are not encouraged to advance in formal education.

Water, Sanitation and Hygiene: People in Shani and Bade LGAs still practise open defecation and display habits that negatively affect the health of dwellers in the communities. Residents sweep their homes, gather the rubbish into a heap in corners of their homes, and later burn this refuse, contaminating the atmosphere. Sometimes, these rubbish dumps are not covered and thus can breed flies carrying faeco-oral diseases that may contaminate open foods. Polio, a known faeco-

oral disease, had its last region of influence in Nigeria in Borno State, and such poor waste management practices may have been one of several contributing factors.

Most of the respondents across both LGAs get their drinking water from improved water sources, predominantly from tube wells or boreholes, although these are not safely managed. Bade LGA has a higher proportion of households having access to improved water sources than Shani LGA (99% vs 91%). Tube wells/boreholes are the predominant improved water sources for people in Shani (69%), while carts with small tanks (or Mai Ruwa) are the predominant improved water source in Bade LGA. Only 2.8% of the women have water piped into their dwelling, which is higher in Bade than Shani LGA (4.6% vs 1.0%). More people in Shani get their drinking water from unimproved sources than Bade LGA (12.7% vs 0.8%). Pit latrines are the most common means of disposal of human waste across the two LGAs. More than one out of every three homes does not have dedicated handwashing facilities. In its place, they rely on basins, a bucket with tap and jugs for handwashing services when needed.

Nutrition: According to Prof. Ezra Gayawan (Lecturer, Department of Statistics, Federal University of Technology, Akure, Nigeria) and colleagues, about half of the children in the Northeast, including Bade and Shani LGAs, are stunted, and this mostly occurs in the first 1000 days of life, with others suffering from other forms of acute and chronic malnutrition. Women who are less educated have a higher chance of having malnourished children, and they may also be at a disadvantage for other benefits in the communities.

Women across Shani and Bade LGAs do not always practise exclusive breastfeeding. During the evaluation, more than half of the women breastfeeding their children under 6 months of age were also giving the children water. This can be traced to poor knowledge about the benefits of exclusive breastfeeding, which should influence future programming. About two out of every five women interviewed during the study were breastfeeding a child under 6 months, with 2.1% breastfeeding and also pregnant. A higher proportion of women who were breastfeeding while pregnant were in Bade than in Shani LGA (3.2% vs 0.9%). Among women who were breastfeeding children under 6 months during the survey, more than half of them were also feeding their children with water and other liquids, which shows that exclusive breastfeeding practice is below 50% (Shani 43.9% and Bade 31%) in the LGAs surveyed.

Violence against Children: Children have been impacted by the violence in the Northeast, with many orphaned and unaccompanied children in internally displaced persons (IDP) camps. The domestication of the National Violence Against Children law and the Violence Against Persons

Prohibition law by both state governments has opened an opportunity for children to be protected. However, in the face of unlimited violence, as occasioned by the insurgency, many children still face various forms of violence in the IDP camps.

Three out of every five women are still giving birth at home and putting their lives and those of their children at risk. Despite being a child's right according to the Conventions of the Rights of the Child, self-report still shows that there are more children whose births are not registered with authorities than those registered. While 20% of children are yet to be registered in Shani, the proportion yet to be registered in Bade is four times this.

Gender: Girls are more than three times as likely to drop out of primary schools as their male counterparts (9.8% vs 2.6%). This gender gap is higher in Bade LGA (9.2% vs 1.2%) than in Shani LGA (10.1% vs 5.3%). Boys have a higher chance of receiving minimum dietary diversity than girls across both LGAs (39.6% vs 26.8% in Shani and 8.2% vs 5.4% in Bade).

The proposed UNICEF interventions to address gender disparities must focus on addressing both the demand and the supply side of the problems. As part of the intervention proposed, it must focus on strengthening systems, enabling supportive policies, and tackling service delivery issues, including quality of services provided at various service delivery points. The policies that should be advocated for will include those that address financial risk protection for members of the communities across both LGAs, that enforce education for all children till they complete their ninth year of formal education, that discourage open defecation, and policies that protect children from physical, emotional, and sexual violence, including child marriage. There should also be efforts to educate the community on their rights including addressing gender inequality as well as an effort to educate them on how various behaviours influence health and other outcomes.

1.4 Participant Analysis

| | |
|---|---|
| 1. Pregnant and lactating women | 2. Extension agents |
| 3. Mothers/caregivers | 4. Law enforcement agents |
| 5. Adolescent children | 6. School managements (School Based Management Committee, SBMC) |
| 7. Smallholder farmers | 8. Parents Teachers Association (PTA) |
| 9. Husbands, grandparents, and heads of family/clan | 10. Youth groups |
| 11. Community leaders (Traditional/religious) | 12. SUBEB/LGA |

| | |
|----------------------------|--|
| 13. Health workers | 14. Policymakers |
| 15. Teachers | 16. Judiciary |
| 17. School children | 18. Trade Associations (TBAs, Market Assoc. Patent Medicine Vendor Assoc. Barbers. |

Chapter Two: Goal, Objectives, Planned Outcome, Principles

2.1 Goal

The goal of this strategy is to support the realisation of the goal of the Resilience and Social Cohesion (Peace) in Northeast Nigeria, which is to build resilience for women, men, and children at the individual, household, community, and institutional levels, while supporting government systems to sustain equitable quality services and promote social cohesion.

2.2 Planned Outcomes

| Project Outcomes | SBC Outcomes |
|---|---|
| Outcome 1: Children, adolescents, and women have increased inclusive and sustainable access and utilisation of quality basic services at individual, community, and institutional level | Outcome 1: Basic services are re-designed in a human-centric manner, providing timely and optimum experiences for effortless interaction by individuals, communities, and institutions |
| Outcome 2: Improved equitable access to and utilisation of sustainable livelihood opportunities for youth, women, men, adolescent girls and boys for increased income and intake of diverse, safe, and nutritious diets | Outcome 2: Youth, women, men, and adolescent girls and boys are aware of and utilise sustainable livelihood opportunities Outcome 3: Community members have identified and consume diverse, locally available, safe, and nutritious diets |
| Outcome 3: Communities, government, and institutions have improved governance capacity and more effectively prevent, manage, and resolve local tensions and conflicts and enhance social cohesion. | Outcome 4: Communities, governments, and institutions have established women- and child-centred systems, laws, agreements and policies for improved governance capacity and more effectively prevent, manage, and resolve local tensions and conflicts and enhance social cohesion. |

Chapter Three: Foundational Approaches

3.1 Approaches

This strategy focuses on addressing both the demand and the supply side behaviour barriers that will include strengthening systems, enabling supportive policies, and tackling service delivery issues including quality of services provided at various service delivery points. The strategy provides guidance on communication and non-communication approaches to promote positive and measurable behaviour and social change covering the timeframe of 2022-2024.

The strategy has been approached with the following key factors at its core:

1. **Participation:** Allow local practitioners, community members and leaders to identify problems and proffer solutions. The strategy, at design and implementation, engages communities in decision-making and action through service providers, parents, youths, traditional and religious leaders;
2. **Inclusion:** The complexity of the Northeast means there are many individuals with different needs and varied impacts stemming from the years of violence. The strategy tries to identify each outlier group and integrate them into the mainstream programming.
3. **Sustainability:** Striving for project results to continue to be achieved even after end of the intervention.
4. **Empirical:** Data and research will give insights into behaviours, and success of actions.

3.2 Behaviour Analysis

Though this project is an integrated one and we intend to use an integrated approach to the implementation, the SBC strategy strives first to understand priority behaviours in each sector, among relevant stakeholders. The analysis is presented starting on the next page.

| NUTRITION | | | | | |
|--|--|---|--|---|---|
| Current Behaviour | | | Desire Behaviour | | |
| Know (Knowledge) | Feel (Attitude) | Do (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do (Future Behaviour) |
| <u>Pregnant and Lactating mothers</u> Knowledgeable about what to eat, including EBF but have poor knowledge of the local sources of balanced/special diet and methods of cooking to retain food nutritive value | Nourishing food is expensive and have poor attitude towards adopting the best method of cooking for retaining the nutritive value They feel breast milk is not adequate and the child may be thirsty, so needs water. | PLW eat regular/ normal food that they can afford and available Partially practice EBF and mix feeding | Better knowledge of EBF and nutritious food and the benefits for PLW. | Confident that breast milk is sufficient for the child | PLW to eat Nutritious food available in their community and the ideal way of food preparation Mother practice EBF from 0-6 months. |
| <u>Health Workers, Pregnant and Lactating mothers</u> Poor knowledge of early initiation Poor knowledge of benefits and importance of colostrum | Perception that colostrum is dirty and harmful to their baby | Discard colostrum and give, water to their baby Grand Mother & Family Members put pressure on mothers to discard colostrum | Improved knowledge of early initiation Improved knowledge of benefits and importance of colostrum | see colostrum as important making the newborn healthy and smart | Give colostrum to newborns within the first 30 mins of birth |

| WASH | | | | | |
|---|--|---|---|--------------------------------------|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| <u>Women</u> Low knowledge on safely managed drinking water | Any clean water is safe for drinking, Poor risk perception that disease cannot be transmitted through poor water handling | No boiling of water for drinking, no water testing, Women, Girls, boys collect water to containers and heat under the sun Girls, boys fetch directly from stream | Increased awareness level among women on safely managed drinking water Improved knowledge on how to safely managed drinking water and its benefits | High risk perception of unsafe water | Women, Men, Girls, Boys, use/drink safe potable water Women, Men, Girls, Boys, Water Vendors handle and store water Safely Aged, persons with disability, |
| <u>Households</u> | Nothing is wrong drinking directly from the | | | | |

| WASH | | | | | |
|---|--|---|---|-----------------|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| <p>Know that drinking of potable water is safe</p> <p><u>Water Vendors</u> Poor knowledge of water purification among Water Vendors</p> <p><u>Households</u> Poor knowledge on handling safe water for domestic use in HH low understanding of the importance of water treatment and delivery among Community Leaders</p> | <p>river, wells and untreated boreholes Nothing is wrong with direct usage of water from any source Belief that water from river is pure and clean with sediments settling at the bottom of the river Community Leaders, Pastors, WASHcoms do not see importance of water treatment. Community leaders see water storage as means of contamination when water is all around them</p> | <p>Most Fathers and Mothers introduce the use of alum for purification Most Fathers and Mothers provide storage facility Community Chiefs, Religious Leaders do not encourage water treatment process. CBOs/ NGOs, Village Heads do not mobilise their community members on proper handling of safe water</p> | <p>Better Knowledge that drinking of potable water is safe Improved knowledge of water purification among Water Vendors Improved knowledge on handling safe water for domestic use in HH Improved knowledge on the importance of water treatment and delivery among Community Leaders</p> | | <p>girls and boys purify water before use</p> <p>Fathers, Mothers, Peers, vendor practice good water transportation methods and storage system</p> <p>HH monitor water fetched from unsafe source.</p> <p>HH practice treatment of water source at receiving points</p> <p>Fathers and mothers practice and promote water management and simply treatment procedure</p> <p>Community chiefs/WASHcoms Sensitise communities on need for safe potable water.</p> <p>Community Heads empower WASHcoms to monitor water sources to avoid contamination.</p> <p>Community chiefs, water vendor association promote and</p> |

| WASH | | | | | |
|--|--|---|--|---|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| | | | | | practice water management. |
| <u>Households</u> Poor knowledge of the critical times for hand washing and the benefits of hand washing | Negative attitude towards hand washing – belief that the hands are clean once nothing visible is spotted | They do not observe hand washing practices at the critical times | Improved knowledge of the critical times for hand washing and the benefits of hand washing | Positive attitude towards hand washing at critical times whether or not anything visible is spotted | Mothers and care givers observe regular hand washing at critical times - before and after food preparation, after visiting toilet, attending to pets and animals, washing babies' diapers, environmental cleanliness etc. |
| <u>Households</u> They are knowledgeable about some of the dangers associated with OD Practices Poor knowledge of the harmful effects of Open defecation among men, women, children, caregivers | Defecation in the open is seen as normal Perception that babies' excreta is harmless Acceptance of open defecation as a way of life Misconceptions of contacting diseases from latrine use. Based on cultural beliefs and taboos most people do not see anything wrong with open defecation practices. Resistance to change and innovations Nonchalant attitude towards proper disposal of excreta | Some People Practice Open Defecation Seldom cleaning of latrine Non-use of traditional latrines by pregnant and other women. Use of hard materials such as corn stalks for anal cleaning, stones, leaves etc for anal cleaning . Children's excreta is eaten up by pets and other domestic animals. | Improved knowledge and information on the dangers associated to OD Practices | Use Latrine to defecate | Stop open defecation and use latrines Dispose babies/children excreta properly. |

| WASH | | | | | |
|---|--|--|---|--|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| knowledgeable about some of the dangers associated with OD Practices | Defecation in the open is uncomfortable | Some Students Practice Open Defecation | Improved knowledge and information on the dangers associated to OD Practices | | Schools enforce t proper use of Latrine to defecate Pupils Stop Practicing Open Defecation |
| <u>Adolescents, women & men</u> Poor knowledge of safe menstrual hygiene management and practice and the benefits Poor knowledge of menarche and menstrual hygiene | perception that clean Rags and foam is safe for use during mensuration | Rags and Mattresses foams are cut and used for mensuration Women and girls do not take good care of their bodies, under wears and sanitary utilities during menstrual period. | Improved knowledge of safe menstrual hygiene management and practice and the benefits Improved knowledge of menarche and menstrual hygiene | Preference for use of sanitary towels and other safe and hygienic materials during mensuration | Women and adolescents use of sanitary towels and other safe hygienic materials during mensuration Women and adolescents wash and dry materials used for menstrual hygiene management under the sun Most fathers and mothers are not providing required menstrual hygiene materials |

| WASH | | | | | |
|--|---|--|---|---|--|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| <u>Men and adolescent boys</u> Poor knowledge of safe menstrual hygiene management and practice and the benefits on male involvement | Men and adolescent boys believe that safe menstrual hygiene management and practice is not their business – is exclusively a female affair | Men and adolescent boys do not discuss safe menstrual hygiene management and practice it and even when they do, it is with disgust Men and adolescent boys do not support women and girls to practice safe menstrual hygiene management and practice | Improved knowledge of safe menstrual hygiene management and practice and the benefits on male involvement | Men and adolescent boys see safe menstrual hygiene management and practice as a health issue that concerns all | Men and adolescent boys discuss safe menstrual hygiene management and practice with empathy Men and adolescent boys encourage support women and girls to practice safe menstrual hygiene management and practice |

| HEALTH | | | | | |
|---|---|--|--|--|--|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| <u>Women of childbearing age</u> Poor awareness on/ knowledge of the benefits of adequate dietary intake before, during and after pregnancy Poor knowledge of the local sources of quality diets | Ignorance about the benefits of adequate dietary intake before, during and after pregnancy Nonchalance/ indifference to adequate dietary intake before, during and after pregnancy | WCBA do not take adequate diet before, during and after pregnancy Fathers, grandfathers/mothers do not support of WCBA to take adequate diet before, during and after pregnancy | Improved knowledge/awareness on the benefits of adequate dietary intake before, during and after pregnancy Improved knowledge of the local sources of quality diets | Positive attitude towards adequate dietary intake before, during and after pregnancy | WCBA take adequate diet before, during and after pregnancy Fathers, grandfathers/mothers support of WCBA to take adequate diet before, during and after pregnancy Community heads mobilize community and set up structures for the |

| HEALTH | | | | | |
|---|--|--|--|--|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| | | | | | promotion/support of adequate dietary intake among WCBA before, during and after pregnancy |
| <p><u>Women of childbearing age</u></p> <p>Poor knowledge of the benefits of ANC attendance</p> <p>Poor knowledge of the benefits of health facility delivery.</p> | <p>Poor interest in ANC attendance</p> <p>Preference for TBA and home delivery</p> <p>Home delivery seen as cheaper (perception that home delivery is cheaper)</p> <p>Fear for hospital delivery</p> <p>Hospital delivery seen as weakness</p> <p>Family and friend influencing women to deliver at home.</p> <p>Perception that visits to health facility for ANC wastes time</p> <p>Perception that TBAs are better experienced in handling pregnant mothers more than health workers</p> <p>Belief in the efficacy of prayers/tradition</p> | <p>Poor ANC attendance during the first trimester (at early pregnancy)</p> <p>Most pregnant women deliver using TBA/ deliver at home.</p> <p>Family and friends take pregnant women to TBA for delivery</p> <p>Pregnant women visit TBAs for care</p> <p>Pregnant women take concoction from TBAs</p> <p>Pregnant women visit spiritual homes to take holy water/prayer in preparation for delivery</p> <p>Pregnant women visit herbalist to tie the foetus spiritually and untie on the day of delivery</p> | <p>Improved knowledge of the benefits of ANC attendance</p> <p>Improved knowledge on the benefits (safety and socio-economic value) of health facility delivery.</p> | <p>Improved interest in ANC attendance</p> <p>Preference for hospital delivery</p> <p>Hospital delivery seen as strength for improved well-being of mother and new-born; and community</p> | <p>Pregnant women regularly attend ANC at a health facility</p> <p>Pregnant women adhere to ANC instructions given by health workers</p> <p>Pregnant women deliver at a health facility</p> <p>Family and friends take pregnant women to a health facility for delivery</p> |

| HEALTH | | | | | |
|--|--|---|--|--|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| | al medicine than orthodox medicine Belief that strong women can deliver alone Feeling that TBAs are more confidential (their data and health status are not secured) | | | | |
| Parents/care givers Poor knowledge on the benefits of immunisation Inadequate knowledge on immunisation schedule among parents/care givers | Don't believe in the vaccines (Some parents/care givers feel that immunisation is not protective) Afraid of side effect of the vaccines (misconception that immunisation may cause infertility) | Not taking children for immunisation Most parents/care givers do not immunize their children | Parents/care givers have improved knowledge on the benefits of immunisation Parents/care givers have adequate knowledge of immunisation schedule. | Parents/care givers have positive attitude towards immunisation as a means of preventing childhood diseases Parents/care givers drop the myth that immunisation may cause infertility | Parents/care givers immunise their children |
| <u>Traditional and Religious leaders</u> Knowledgeable on the benefits of immunisation Poor knowledge of how to Sensitise their communities on the benefits of immunisation | Have positive attitude towards immunisation as a means of preventing childhood diseases | Encourage caregivers to vaccinate their children | More knowledgeable on the benefits of immunisation Improved knowledge of how to Sensitise their communities on the benefits of immunisation | Have positive attitude towards immunisation as a means of preventing childhood diseases | Community/ traditional/ religious leader Sensitise and encourage their people to immunize their children |

| HEALTH | | | | | |
|--|---|--|---|---|--|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| <u>Health workers</u> Sub-optimal Level of knowledge on immunisation and ethics | Unfriendly / Unwelcoming attitude towards clients Being rude to to caregivers. nonchalant attitude towards service delivery | Late coming by Some Health worker Absence from duty post | Have optimal knowledge on immunisation and service delivery ethics | Counsel and engage caregivers in a politely and friendly manner. Show warm, welcoming and receptive attitude at service delivery points | Exhibit professionalism at service delivery points and render quality service – be friendly /welcoming/ polite to clients; and display passion for the job Always punctual and present on duty post |
| <u>Caregivers/ parents</u> Poor knowledge on the benefits of seeking professional and timely healthcare services | Preference for traditional medicine Positive attitude to self-medication Unwillingness, intentional delay and reluctance in seeking professional and timely healthcare services | Individuals and communities' resort to traditional medicine or wishful waiting when ill - Patronage of unorthodox medicine and care Individuals and communities do self-medication Seek professional healthcare services very late (when the cases are very bad) | Improved knowledge on the benefits of seeking professional and timely healthcare services | Be intentional, proactive and willing to seek professional and timely healthcare services Dislike for self-medication Show preference for professional and timely healthcare services | Seek professional and timely healthcare services |

| CHILD PROTECTION | | | | | |
|--|--|--|---|---|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired Behaviour) |
| <u>Parents/ caregivers</u> Poor knowledge of the consequences of child abandonment | Poor perception of consequences of child abandonment | Child abandonment / neglect | Improved knowledge of the consequences of child abandonment | Desire for parental bonding High risk perception of consequences of child abandonment | Children live with parents and care givers |
| <u>Parents/ caregivers</u> Poor knowledge of the benefits of school enrolment and completion | negative attitude towards school enrolment and completion Indifference to basic education High risk perception of school attendance (kidnap, rape, getting pregnant outside marriage etc) | Poor school enrolment and completion - withdrawal of children from school | Improved knowledge on the benefits of school enrolment and completion | Positive attitude towards school enrolment and completion | Improved school enrolment and completion |
| Poor knowledge of the consequences of not reporting rape cases Poor knowledge of their responsibility towards a raped child | Rape is not seen as abuse, rather something that occurs and tolerated Culture of silence because it is seen as a disgrace Silence because of the fear of stigma Stigmatization of a raped child Negligence (not poor attitude towards child protection from abuse) | Rape cases are not reported - do not speak out and do not speak up against rape Do not fight for justice if a child is raped Force marriage between perpetrator and the survivor of rape | Improved knowledge of the consequences of not reporting rape cases Improved knowledge of their responsibility towards a raped child i.e. to fight for their children's rights (seek justice) | Rape seen as abuse and should not be tolerated Positive disposition to open conversation on rape – empathy for raped child | Rape cases are reported - they speak out and speak up against rape Fight for justice for a child that is raped - Defend the right of the child Support a rape survivor show love and empathy through Extra care and love, bond and protection |

| CHILD PROTECTION | | | | | |
|--|---|---|---|--|--|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired Behaviour) |
| <p><u>Parents/ caregivers</u></p> <p>Poor knowledge of the dangers of child labour</p> <p>Poor knowledge of the existing legal instrument governing child labour</p> | <p>See child labour as part of their culture and means of survival</p> <p>Encourage and support child labour</p> <p>See hawking as opportunity to advertise their children to potential suitors</p> | Practice child labour | <p>Improved knowledge of the dangers of child labour</p> <p>Improved knowledge of other income generation activities (IGAS)</p> <p>Improved knowledge of the existing legal instrument governing child labour</p> | <p>Discourage child labour</p> <p>Perceive child labour as bad culture</p> <p>See hawking as a source of danger to children</p> | <p>Stop child labour</p> <p>Campaigned against child labour</p> <p>Enrol children in formal and vocational schools</p> |
| <p><u>Community/ Traditional Leaders</u></p> <p>Poor knowledge of the dangers of child labour</p> <p>Poor knowledge of the existing legal instrument governing child labour</p> | <p>unconcerned and feel it is part of their culture and a means of survival</p> | Encourage child labour as means of survival | <p>Know the dangers of child labour and the position of the law</p> | <p>The community leaders to feel concern about child labour, community should not perceive it as part of their culture and means of survival</p> <p>Show concern and discourage the culture of child labour as a means of survival</p> | <p>Organise dialogues, sensitisation of community on the dangers of child labour</p> <p>Campaign against child labour in the community</p> <p>Set up community structures for combating labour</p> <p>Monitor and deal with cases using community structures/ report or refer cases to the appropriate government structure for necessary action</p> <p>Take leadership and enforce laws and sanctions on child labour</p> |

| CHILD PROTECTION | | | | | |
|--|---|-------------------------------------|---|---|--|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired Behaviour) |
| <u>Parents/ Caregivers</u> Inadequate knowledge of good parenting practices devoid of beating Poor knowledge of the consequences of beating a child | Does not see child beating as a form of violence or abuse See beating as an effective way to correct a child – see it as the only way to discipline a child (beating is a corrective tool) | Beat child to correct bad behaviour | Improved knowledge of good parenting practices devoid of beating and other forms of violence Improved knowledge of the consequences of beating a child | See child beating as a form of violence or abuse See beating as an ineffective way to correct a child as a toxic form (bad) parenting practice | Use non-abusive/violence means to correct bad behaviour (Parenting without violence [child beating]) |

| EDUCATION | | | | | |
|--|--|---|--|--|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Desired Behaviour) |
| <u>Parents/ Caregivers</u> Poor knowledge on the benefits of education | Indifference to basic education | withdraw children from school | Increased knowledge on the benefits of education | Positive attitude towards child education | Enrol child in school, support their attendance, retention and completion |
| <u>Community members</u> Poor knowledge on the benefits of education | Indifference towards the attitude of community members towards education of children | Do not promote UBE in community | Improved knowledge on the benefits of education | Positive attitude towards child education and role of parents in promoting education | Promotes Universal Basic Education in Community |
| <u>Religious/ Traditional Leaders</u> | Perception that formal education contradicts religious belief | Promote religious education Do not promote UBE | Improved knowledge on the benefits of formal education | Positive attitude towards formal education | Promote formal education, and religious knowledge concurrently |

| EDUCATION | | | | | |
|--|--|---|--|--|---|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Desired Behaviour) |
| Poor knowledge on the benefits of formal education | | to congregation | | | |
| <u>Parents/ caregivers</u> Poor Knowledge on the health risks associated with early marriage | perception that early marriage saves dignity of girls | marry girls at early age and sometimes forced into the marriage | improved knowledge on the risks associated with early marriage | perceives early marriage as high risk for the girl | Girls marry at adult age |
| Poor knowledge on the benefits of education | Indifference to basic education | withdraw children from school | Improved knowledge on the benefits of education | Positive attitude towards child education | Improved school enrolment, attendance, retention and completion |
| <u>Community Members</u> Poor knowledge on the benefits of education | Indifference towards the attitude of community members towards education of children | Do not promote UBE in community | Improved knowledge on the benefits of education | Positive attitude towards child education and role of parents in promoting education | Promote UBE in Community |
| <u>T/R Leaders</u> Poor knowledge on the benefits of formal education | Perception that formal education contradicts religious belief | Promotes only religious education Do not promote UBE to congregation | Improved knowledge on the benefits of formal education | Positive attitude towards formal education | Concurrently Promotes formal and religious education |
| Poor Knowledge on the health risks associated with early marriage | perception that early marriage saves dignity of girls | marry girls at early age and sometimes forced into the marriage | improved knowledge on the risks associated with early marriage | perceives early marriage as high risk to the child | Girls marry at adult age |

| CROSS CUTTING LIVELIHOOD ISSUES | | | | | |
|--|---|---|--|--|--|
| CURRENT BEHAVIOUR | | | DESIRED BEHAVIOUR | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| Farmers Poor knowledge on GAP | Perception that the traditional method of farming is good Comfortable with the yield from traditional method of farming | Subsistence crop farming technique | Improved knowledge on GAP among Small holder farmers | Negative attitude towards traditional method of farming Positive Small holder farmers dissatisfied with the yield from traditional method of farming | Small holder farmers adopt GAP |
| <u>Farmers</u> Poor knowledge on GAP | Not interested in reskilling on new methods of farming Poor attitude towards seeking modern farming techniques - self-development on GAP | Train farmers on obsolete farming techniques | Improved knowledgeable on GAP technique | Show interest in reskilling on new methods of farming Develop positive attitude towards seeking modern farming techniques - self-development on GAP | Extension agents reskilled on GAP (modern farming technique) - and GAP Extension agents train farmers on new GAP techniques |
| Poor knowledge of the dangers of a single source of income Poor knowledge of various LGAs opportunities/ support services | Comfortable with single income source | Dependence on single source of income - do not engage in multiple business activities | Improved knowledge of the benefits of multiple income sources Improved knowledge of various LGAs opportunities/support services | Perceive having single source of income as danger as it makes them vulnerable | Explore and utilize other alternative public/private income generating activities, (IGAs) opportunities Engage in multiple business activities - be involved in multiple income generating activities, (LGAs) |
| Poor knowledge on processing techniques or value addition or agribusiness | Farmers feel the agric-value chain is unprofitable i.e. to process farm produce before sale | Small holder farmers only practice farm to market | Improved knowledge of small holder farmers on the benefits of processing and value chain addition to agribusiness | Small holder farmers to see farming as a business | Small holder farmers get involved in agric-value chain – farming, processing and distribution of farm products |

| CONFLICT RESOLUTION | | | | | |
|--|---|--|--|--|--|
| Current Behaviour | | | Desired Behaviour | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| Community Leaders Have a good understanding of herders-Farmers conflict and are sometimes complicit in the conflict. | 1. Sometimes feel helpless or powerless about the situation 2. Feel they can resolve the conflicts 3. Feel the conflict is beyond their control | 1. Lead community conversations on conflict resolutions and dialogues 2. Granting of permission to herders to graze farmlands by community leaders 3. Allocation of cattle routes as farmlands | Community Leaders know their role in peace building and conflict resolution | 1. Leaders have positive attitude towards resolving conflict management 2. Leaders are optimistic that peace is achievable 3. Leaders believe that conflict management and peace building is the responsibility of all | 1. Take more decisive role in peace building and conflict resolution 2. Consult with farmers extensively before granting grazing permission to herders 3. discuss with herders and farmers on regular basis to prevent conflict 4. Strengthen community groups on peace building and conflict management. |
| Herders have good knowledge of the source of conflict with farmers | 1. Nonchalant attitude towards farmers whose farmlands are grazed 2. believe that they can graze anywhere 3. Believe strongly in the use of violence to resolve conflict | 1. Graze on farmers crops 2. Resort to violence to settle conflict 3. Leave herds to underage children who are unable properly manage 4. Move away quickly from communities during conflict | Know that they are key players in conflict resolution and peace building | Herders believing that conflict can be resolved without violence | 1. Consult with community leaders for grazing permission 2. Handle their herds themselves to avoid grazing of farmers crops when underage children cater for herds 3. Stay back and continuously engage with farmers and community leaders on peace building and conflict resolution |
| Farmers They understand the conflict and are key players in the conflict | 1. believe that there is no need to complain to the community leaders or Police as nothing will be done 2. feel the conflict cannot be resolved 3. Believe that conflict will continue as long as weather condition remains | 1. Delay crop harvest 2. block cattle routes 3. Farm on cattle routes 4. Resort to violence in revenge for crops grazed on by herders | Have an understanding that peace building and conflict resolution is a collective effort | 1. Believe that conflict can be resolved without the use of violence 2. Believe that peace building is key to conflict management 3. Believe that conflict can be brought to an end 4. Believe and trust in the | 1. Farmers harvest crops timely using fast maturing crops 2. Farmers have a good knowledge of the cattle routes and do not block the routes 3. Consult with community leaders when herders trespass farmlands and seek peaceful resolution |

| CONFLICT RESOLUTION | | | | | |
|---|--|---|---|---|---|
| Current Behaviour | | | Desired Behaviour | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| | unpredictable. 4. Believe that some community leaders connive to instigate the conflict 5. Believe that conflict should be handled individually | | | leadership and the security forces for resolution of conflict | |
| aware of the sources and players in the conflict | More concerned about arrest and fines than resolving the conflict and building peace | 1. Arrest offenders 2. Fine offenders 3. Prosecute offenders | Conflict resolution and peace building is integral to peaceful co-existence | See all herders-Farmers conflict as an opportunity for peace building and resolving conflict | Arrest, fine offenders, resolve conflict and build the peace |
| Fishermen from both communities are knowledgeable of the problem | 1. Fishermen from Zango feel they can fish using the Birgi method unchallenged 2. Fishermen from Daskum believe that the Zango fishermen intentionally use the Birgi method despite it being banned | Daskum fishermen adhere to the banning of the use Birgi method for fishing while the Zango (Takari people) fishermen, do not | Fishermen are aware of the fishing boundaries and fishing regulations in place, and as agreed by the community and the government | Fishermen understand and are willing to abide by fishing regulations and boundaries | Fishermen from both Zango, Usur and Daskum adhere to government regulations on fishing methods and boundaries |
| Youths are misinformed, not properly guided and not fully aware of the consequences of political violence | 1. Feel that violence can help their candidate win elections 2. They feel election cannot be won freely 3. They feel that election period is the only chance they have to get money from the government. 4. they feel that working for the politicians is a chance to get employed when their candidate wins 5. they have less faith in the system | 1. snatch ballot boxes 2. fight other youths from other political parties 3. Carryout arson 4. Attack election officials and other community members in opposition | Youths have knowledge and understands the consequences of political violence | 1. See election violence as a negative coping strategy which won't lead to a peaceful election 2. To build the faith of youths on the democratic system of government 3. Youth being ambassadors of peace during election | 1. Refuse to be used as political thugs 2. Participate in dialogues for peaceful elections 3. Participate in peace building and conflict resolution initiatives 4. seek redress from government authorities when aggrieved |

| CONFLICT RESOLUTION | | | | | |
|---|---|---|---|--|---|
| Current Behaviour | | | Desired Behaviour | | |
| Know (Knowledge) | Feel (Attitude) | Do: (Current Behaviour) | Know (Knowledge) | Feel (Attitude) | Do: (Future desired behaviour) |
| Aware of the violence and are key players | 1. Believe they should win election at all costs 2. nonchalant about election violence | 1. Arm youths for election violence 2. Engage and pay youths as election thugs 3. Spread fake news about election results | Aware that election violence threatens community peace and co-existence | See election as a process for building peace and strengthening development | 1. Stop the arming of youths for election 2. Engage youths for strengthening non-violent election processes 3. Provide credible information during election processes |

3.3 Barriers to Desired Behaviours

The barriers to adoption and practice of desired behaviours are often related to availability, accessibility, affordability and acceptability. However, project design, awareness of services, behaviours of service providers, and lack of utilisation of feedback from clients are also implicated in poor adoption of desired behaviours.

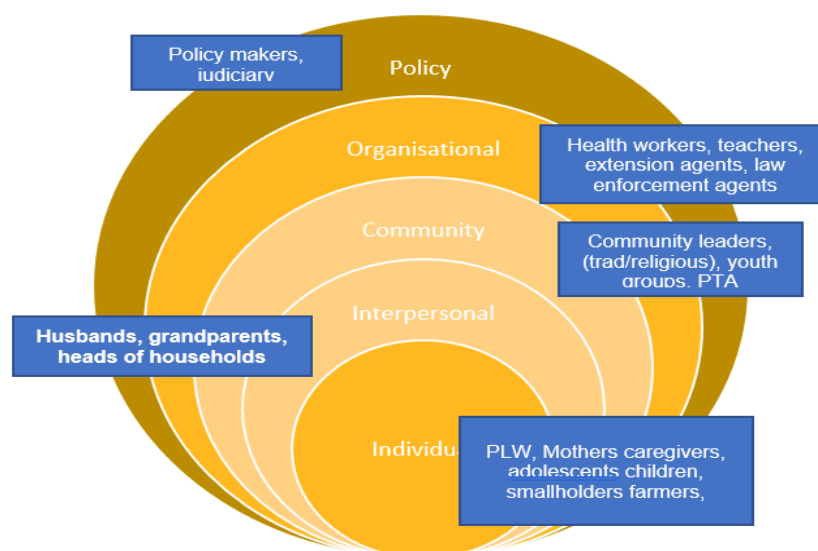
From the stakeholder meeting, the following barriers were also specifically identified:

1. Poor coordination among service providers, leading to fatigue on the part of clients and caregivers, due to overbearing multiple demands on their time.
2. Narrow understanding of the various drivers of behaviour change, making policy implementers rely mostly on communication interventions.
3. Entrenched cultural beliefs, taboos, and social norms around some of the issues.
4. Influence of social networks, such as in-laws, grandparents, members of the community religious and cultural affiliations.

3.3.1. Strategies

This strategy is underpinned by the Socio-Ecological Model (SEM) and the Behavioural Driver Model (BDM). The SEM is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organisational leverage points and intermediaries for social and behavioural change within organisations. The BDM draws on existing behavioural theories to analyse behaviour drivers at Psychological, Sociological and Environmental levels. It also guides us in identifying indicators that are suited in measuring relevant barriers and bottlenecks.

These models facilitate participation by communities, which will lead to increased ownership of an initiative, service or project. However, where necessary, the strategy will also allude to other SBC approaches and theories of change (TOC) Health Belief Model (HBM), transtheoretical model - stages of change (TTM); diffusion of innovation, Collective Change-Positive Deviance, Behavioural Science/Behaviour insights, social marketing and social learning to leverage on the advantages these TOC lends to behaviour and social change.



1 Socioecological Model

3.3.2. Social and behaviour change communication: Community-centred approach

Taking a community-centred approach to behaviour change entails dealing with social norms, including gender norms within the communities. Reflecting on the KAP study recommendation which proposed that the interventions should also focus on strengthening systems, enabling supportive policies and tackling service delivery issues including quality of services provided at various service delivery points.

3.3.3: Behaviour Insight, EAST framework

To encourage the desired behaviours, this strategy will make it Easy, Attractive, Social and Timely (EAST). Some desired behaviours will be set as default when people fill forms or make contact with institutions such as schools, health centres and agricultural extension. Efforts required for service uptake will be reduced and the message made clear. Rewards and sanctions will be promoted along with emphasis on positive deviants to show that people are adopting behaviours.

3.3.4: Capacity Building

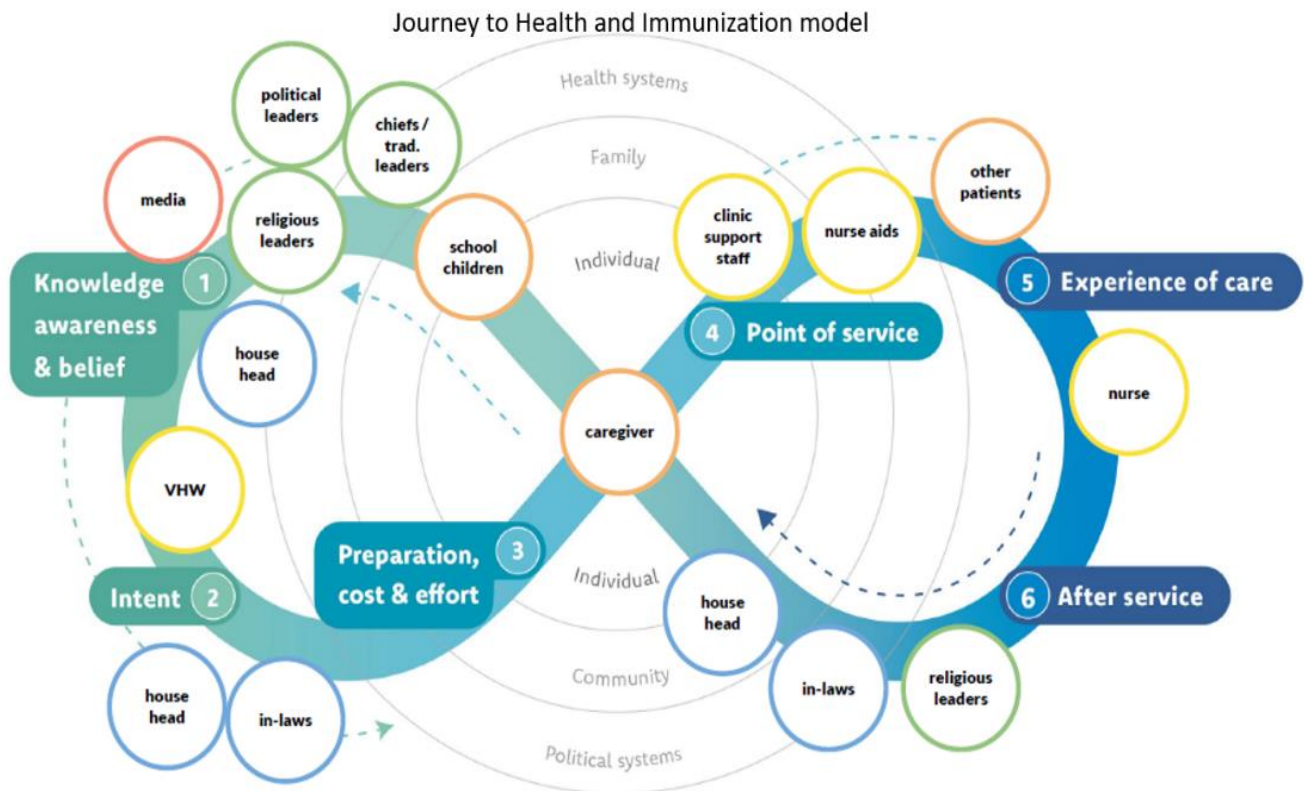
For sustainability, capacity strengthening on the new approach to social and behaviour change will receive emphasis. This will include in-person trainings, mentoring and counselling, exchange and stretch assignments.



3.4 Tools

3.4.1 Non-Communication Tools

- Service design: Reviews, Lesson learning and Service Improvement using the E.A.S.T. Framework, Human Centred Design, Gamifications and Behavioural insights
- Training: Blended learning opportunities, this will include in-person trainings, mentoring and counselling, exchange and stretch assignments.
- Review meetings



3.4.2 Communication Tools

Communication will aim to increase awareness of services and promote desired behaviours, including showcasing and praising early adopters of the behaviours.

- a) Community Information Boards (CIB)
- b) Community Dialogues
- c) Community Theatre
- d) Television
- e) Radio Jingles
- f) Radio Listening groups
- g) Bluetooth messaging of videos and pictures to smartphones

3.5 Messages

Messages will be developed in line with the values-based framework to ensure unity and integrity of the communication as one entity. The strategy will also use a culture-centred approach to decentralise communication, thus improving the participation of the clients and stakeholders.

The value-based messaging takes the formula: Value > Problem > Solution > Action. The messages will be leading with VALUES to create broad points of agreement and shared goals that will resonate with nearly any member of an identified audience. It will be explicit about the PROBLEM, and how it threatens shared values, thereby creating a sense of urgency and connects individual stories to broader systems and dynamics. The value-based message offers a SOLUTION to create a sense of hope and motivation. The solutions will be connected directly to the problem offered and make clear where the responsibility for change lies.

Assigning an ACTION gives the audience a concrete next step that they can picture themselves doing and creates a feeling of agency. In this case, the message will be asking the target audience to bring their children or themselves for a specific outreach or integrated service delivery point where deeper communication can occur.

Chapter 4: Activities & Monitoring, Evaluation and Documentation

This strategy intends to bring about convergence in delivery of services and utilising every touch point with the client to deliver as many services as possible and feasible to aid behaviour change. The activities selected below would be used as opportunities for each subject area to join (an)other area in service provision.

4.1: Communication and Noncommunication Activities

| ACTIVITIES | ISSUES AREAS | SUGGESTED METHODS/ FORMAT |
|---|--|---|
| Community level meetings and events with family members | HEALTH Health education on home delivery, attending antenatal care, and immunisation | Weekly community sensitisation |
| | | Playing jingles |
| | | Quarterly distribution of IEC materials in local languages. |
| | WASH Handwashing after using toilet, hand washing before and after eating, personal hygiene, open defecation (OD). | Weekly community sensitisation |
| | | Playlet (monthly) |
| | | Setting up of ODF Task Force committee |
| | NUTRITION Early initiation of breastfeeding, exclusive breastfeeding, complementary feeding. | Community led Baby show (quarterly) |
| | | Community-led cooking demonstration (quarterly) |
| | EDUCATION Early girl child marriage, out of school | Playlet (monthly) |
| | | Weekly community sensitisation |
| Advocacy to leadership to enforce laws and sanctions; ensure diligent investigation and prosecution of | PROTECTION: Child abuse e.g. sexual (rape), physical, child labour | Weekly community sensitisation |
| | | Setting up of protection Task Force committee |
| | PEACEBUILDING: community approach to resolving conflict, etc | Community conflict resolution committee. |
| | | |
| | High number of out of school children, poverty | Advocacy visit to the ministry of education and poverty alleviation - Quarterly |
| | Non-implementation of child protection law | Advocacy visit to the ministry of justice - Quarterly |

| ACTIVITIES | ISSUES AREAS | SUGGESTED METHODS/ FORMAT |
|---|---|--|
| perpetrators and other rights violations | | Advocacy visit to the ministry of Agriculture (extension agent) - Quarterly |
| Production and airing of integrated TV, radio jingles | Early initiation, exclusive breastfeeding, immunisation, home delivery, family planning/child spacing, birth registration, farmers forum, OD, family hygiene, awareness on reporting violation cases with confidentiality | Radio programme - GoTel (monthly); |
| Develop integrated manual on IPC for service providers at all levels. | WASH <ul style="list-style-type: none"> Hand washing at critical time Safe excreta disposal | Demonstration of handwashing and safe excreta disposal using posters and jingles in local languages. |
| | NUTRITION Early initiation of breastfeeding. Routine Immunisation Exclusive breastfeeding. Malnutrition. | Focus group discussion with women of child bearing age using local languages, radio jingles to enlighten service providers. |
| | CHILD PROTECTION: forced marriage and early marriage. Knowledge of consequences of rape and child abuse. | Training and orientation of service providers to impart knowledge on dangers of rape and child abuse for parent to open up for service providers. |
| Strengthening child participation | Nutrition, exclusive breastfeeding, IYCF, water safety, GBV, child violence, handwashing at critical time, WASH in schools, school enrolment, menstrual hygiene, livelihood. | Adopt each-one-reach-one strategy with each child identifying one family with newborn and persuading them to adopt the EFP and BR |
| Community Led Total sanitation CLTS. | ANC, RI, GBV, BR, CV, Nutrition, EBF. | To develop CLTS work plan to incorporate other services. |
| Door to door Sensitisation, practical demonstration, food and cooking demonstration, hygiene promotion. | Nutrition, RI, BR, School enrolment, WASH, ANC. | <ul style="list-style-type: none"> Sensitisation on school enrolment retention and completion. Hygiene promotion using song and jingles during Sensitisation in the community. Sensitise the pregnant women to attend early ANC and complete visit, delivered in health facility, initiate breastfeeding and continue with exclusive breastfeeding, vaccinate the child immediately |

| ACTIVITIES | ISSUES AREAS | SUGGESTED METHODS/ FORMAT |
|--|---|---|
| | | (RI), registered the child and obtain birth certificate. <ul style="list-style-type: none"> Enrol the child to school at appropriate age. Engagement of Hygiene Champions for integrated messages. |
| Community engagement through the establishment and/or engagement of Groups to support mother/caregivers in the practice of the essential family behaviours | <ul style="list-style-type: none"> Exclusive Breastfeeding | <ul style="list-style-type: none"> Develop and use pictorial Job-aid including the use of counselling cards. These could be used to address all issues identified on (Hygiene promotion, EBF, BR, immunisation, ANC, and school enrolment etc.) Community engagement meeting (Compound meeting) with the mothers and caregivers. – Quarterly Advocacy visit to NPC to provide enough birth registration certificates. – When necessary. Use existing community structure as linkage to assist NPC in birth registration such as, mosques, churches and schools. |
| | <ul style="list-style-type: none"> Hygiene Promotion | |
| | <ul style="list-style-type: none"> Birth Registration | |
| | <ul style="list-style-type: none"> Immunisation | <ul style="list-style-type: none"> Role play/dramas to address identified issues on immunisation with mothers/caregivers. - Quarterly |
| | <ul style="list-style-type: none"> ANC School enrolment | |
| Community engagement, advocacy, Sensitisation meetings, videos | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Video, demonstration using job aid on ANC, EBF, BR, Immunisation, hygiene promotion and school enrolments |
| Awareness creation through mother-to-mother support group | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Health talk using job aid and flyers |
| Capacity building and strengthening motivation through retreats, training on | EDUCATION <ul style="list-style-type: none"> Girls dropping out of schools | <ul style="list-style-type: none"> Building capacity of community mobilizers, WASH coms, community leaders, community |

| ACTIVITIES | ISSUES AREAS | SUGGESTED METHODS/ FORMAT |
|---|---|---|
| customer service and innovation in health care, how to reach mothers EFP (Essential Family Practices) and BR (Birth Registration) | <p>CHILD PROTECTION</p> <ul style="list-style-type: none"> Gender base violence, child abuse/labour, early marriage <p>HEALTH</p> <ul style="list-style-type: none"> Poor antenatal care services Immunisation <p>WASH</p> <p>Poor hygiene practices (Critical times of hand washing), Open defecation</p> <p>NUTRITION</p> <ul style="list-style-type: none"> IYCF (Infant and Yong Child Feeding) | <p>health workers, Volunteer Hygiene Promoters, Environmental Health Workers through training and workshops.</p> <ul style="list-style-type: none"> Regular refresher training Formation of environmental health clubs, CHAST (Children Hygiene and Sanitation Training), SBMC Specific Topics <ul style="list-style-type: none"> i. Consequences of girl child drop out ii. Importance of attending/registering antenatal care services iii. Disadvantage of early marriage iv. Dangers of open defecation v. Importance of good hygiene practices (Proper use of latrines, critical times of hand washing, food hygiene, Safe water chain, Safe Excreta disposal, domestic hygiene, environmental hygiene) vi. Early initiation, exclusive breastfeeding, complimentary feeding Promotion of sanitation marketing through empowering of TBO (Toilet Business Owners) |

| ACTIVITIES | ISSUES AREAS | SUGGESTED METHODS/ FORMAT |
|--|--|---|
| System strengthening through consultations, working groups | WASH in School (toilet, water point), security issues (Safety and school perimeter fencing), Nutrition (School feeding, Birth registration, existing safe spaces, Health care facilities/clinics in Bade and Shani LGAs | <p>Consultations: Engage in Consultations through different ministries like Ministry of Education, N.P.C, Ministry of Health RUWASA, N.O.A. Security Agent to integrated systems.</p> <p>Working Groups: Identify relevant representatives to be a member of that working group from different ministries like Health, Education, Security Agencies, RUWASA, N.P.C. to collaborate on way forward on specific identified issues</p> |
| Farmers field schools: use of agrotech solutions as e-wallet app for fertiliser, engaging farmers on local platform, radio programs, etc | <ul style="list-style-type: none"> • High number of children absent in school during rainy season • Farmers selling all farm products after harvesting and later become starved and children become malnourished. • Birth registration, school enrolment for children, support for immunisation | <ul style="list-style-type: none"> • School retention: By creating awareness on importance of Education • Create time for children to go to farms (during weekends or after school hours) • Regular meeting with PTA/SBMC (Monthly) • Local Engagement Platforms: including birth registration, school enrolment, and immunisation. • Radio Programmes: Disseminating information on birth registration, school enrolment, retention and completion and the importance of immunisation. This approach helps to reinforce key messages and ensure broader coverage. |

4.2 Behaviour Insight

Using behaviour insight, data will be gathered from the communities to inform programming. Gathering behaviour insight data from rural communities can be challenging due to factors such as limited internet access, low literacy rates, cultural differences, and geographical barriers.

However, there are several approaches that will be considered to collect behaviour insight data from the communities:

Field Research: Conduct field research by physically visiting rural communities and engaging with community members. This can involve surveys, interviews, focus groups, and direct observations to understand their behaviour, needs, and preferences. Local interpreters or community leaders can assist in facilitating communication.

Local Partnerships: Collaborate with local organisations, community leaders, or NGOs that have established connections and trust within rural communities. They can help bridge the cultural and communication gaps, facilitate data collection, and provide valuable insights into community behaviours.

Mobile Data Collection: Utilise mobile technology to gather behaviour insights. This can involve using smartphones or tablets to conduct surveys, capture images or videos, and collect real-time data. Offline survey apps or SMS-based surveys can be effective in areas with limited internet connectivity.

Participatory Approaches: Implement participatory research methods that actively involve community members in the data collection process. Encourage their participation through workshops, community meetings, or co-design activities. This approach fosters a sense of ownership, generates richer insights, and increases the likelihood of accurate data.

Community Health Workers or Volunteers: Train and deploy community health workers or volunteers who can act as data collectors. These individuals are often familiar with the community, trusted by its members, and possess cultural sensitivity. They can administer surveys, conduct interviews, and record observations.

Traditional Communication Channels: Leverage traditional communication channels that are prevalent in rural communities. This can include radio broadcasts, community gatherings, or local newspapers to disseminate surveys, collect feedback, or gather qualitative information.

Indirect Data Sources: If direct data collection is challenging, the implementers may explore indirect data sources such as government reports, market research, or existing studies related to rural communities. These sources can provide valuable insights into behaviour patterns and socio-economic conditions.

The data will be collected with due respect for the privacy and cultural norms of the communities. Data collection methods used will be ethical, with informed consent obtained from participants before collecting any personal or sensitive information.

4.3 Change Management Activities

As this process of delivering convergent programming is a pilot change within UNICEF, some change management activities are included in the strategy to facilitate and manage organisational change effectively. By documenting and learning from the change management process, UNICEF can build institutional knowledge, enhance its capacity for future changes, expand this pilot programme organisation-wide, and contribute to the broader knowledge base within the development community.

The change management activities are listed and explained below:

| ACTIVITIES | ISSUES AREAS | SUGGESTED METHODS/ FORMAT |
|--|---|--|
| Change Management Training: Training opportunities and resources will be created to equip employees with the skills and knowledge needed to adapt to the change successfully. | Leading and Managing Change, Project Management, Negotiation and Team Work, etc | Monthly workshops, seminars, e-Learning modules, on the job training, and others. |
| Project Team Meetings for joint planning and review | All | These meetings will determine how many issue areas can be accommodated in each activity based on need, duration, resources, and time |
| After Action Reviews: Every activity will not only have joint planning with relevant sections, but and after-action review (ARR), or post implementation review will be conducted within a week, either in person or online to evaluate the effectiveness of the activity. Feedback from various stakeholders will be gathered and analysed to check the outcome against the original objectives. Strength and weakness identified are used to make recommendations for future improvement. | <ul style="list-style-type: none"> All | <ul style="list-style-type: none"> Online meetings – Monthly Physical meeting – Quarterly Presentation by sectors - Quarterly |
| Documentation of new processes and knowledge | Documentation Communication | <ul style="list-style-type: none"> Establish clear documentation systems |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none"> • Capture, Structure and Organise the Information • Review and Validate: Review the documentation for accuracy, consistency, and completeness. • Update and Maintain: ensure that the documentation is kept up to date to reflect the current practices and knowledge within the organisation. • Share and Communicate: Encourage feedback and engagement to foster a culture of continuous learning and improvement. • Knowledge sharing through meetings and trainings. |
|--|--|---|

4.4 Monitoring, Evaluation and Documentation

| Activities | M&E Methodology | Indicators | Means of Verification |
|--|--|--|--|
| Community level meetings and events with family members | Process-Based | Number of meetings held Evidence of multiple issues discussed at meetings | Attendance lists Meeting reports |
| Advocacy to leadership to enforce laws and sanctions; ensure diligent investigation and prosecution of perpetrators and other rights violations | Goal-Based | Proportion of leaders and policymakers making commitments to enforce laws and sanctions on the issue | <ul style="list-style-type: none"> • Advocacy visit reports • Advocacy materials produced and utilised Attendance lists • Meeting reports |
| Production and airing of integrated TV, radio jingles | Process-Based | | |
| Develop integrated manual on IPC for service providers at all levels. | Goal-Based <ul style="list-style-type: none"> • Integrated manual developed | Manual being used to guide training | <ul style="list-style-type: none"> • Copy of manual • Videos and copies of other supporting materials • Training reports/pictures |
| Strengthening child participation | Process-Based | | |

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|--|---|---|---|
| Community Led Total Sanitation (CLTS) | Process-Based | | <ul style="list-style-type: none"> Attendance list Activity reports |
| Door-to-door sensitisation, practical demonstration, food and cooking demonstration, hygiene promotion. | Process-Based <ul style="list-style-type: none"> Study administrative documents | <ul style="list-style-type: none"> Number of attendees who demonstrate confidence in | <ul style="list-style-type: none"> Attendance list Activity reports |
| Community engagement through the establishment and/or engagement of Groups to support mother/caregivers in the practice of the essential family behaviours | Outcome-based <ul style="list-style-type: none"> Conduct survey | <ul style="list-style-type: none"> Proportion of mothers/caregivers who practice of the essential family behaviours | <ul style="list-style-type: none"> Attendance list Activity reports |
| Community Engagement, Advocacy, Sensitisation Meetings, videos | <ul style="list-style-type: none"> Process-Based | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> |
| Awareness creation through mother-to-mother support group | Outcome-based <ul style="list-style-type: none"> Conduct survey or FGDs to gauge level of awareness | <ul style="list-style-type: none"> Proportion of surveyed mothers who report improved awareness of issues discussed in the mother-to-mother support groups | <ul style="list-style-type: none"> Report of surveys/FGDs Attendance lists |
| Capacity building and strengthening motivation through retreats, training on customer service and innovation in health care, how to reach mothers EFP (Essential Family Practices) and BR (Birth Registration) | Outcome-based <ul style="list-style-type: none"> Conduct surveys among clients on satisfaction with services Study administrative documents on service utilisation | Number of persons previously not utilising services due to bad service culture of service providers but now utilise them | <ul style="list-style-type: none"> Administrative data on service utilisation Report of surveys |
| System strengthening through consultations, working groups | Outcome-based <ul style="list-style-type: none"> Conduct surveys among clients on satisfaction with services Study administrative documents on improved system capacity | Improved capacity of a previously weak system | <ul style="list-style-type: none"> Manuals, checklists or and reports Screenshots of online platforms, photos of in-person sharing, etc |
| Farmers field schools: use of agrotech solutions as e- | Outcome-based | Number of agrotech solutions used | Activity reports Media monitoring reports |

| | | | |
|--|---|---|---|
| wallet app for fertiliser, engaging farmers on local platform, radio programmes, etc | <ul style="list-style-type: none"> • Conduct surveys among clients on satisfaction with services • Study administrative documents on improved system capacity | Number of local platform, radio programmes, etc used in engaging farmers | Analysis of recordings Screenshots of agrotech app usage |
| Behaviour Insight | Goal-based <ul style="list-style-type: none"> • Desk study of administrative documents | Number of activities conducted to gather insight into behaviours in Barde and Shani LGAs | Report of data gathered and analysed to inform programming |
| Change Management Training | Process Based <ul style="list-style-type: none"> • Conduct surveys among project team | Proportion of team members who report positive improvements in their abilities to handle the changes | Survey report |
| Project Team Meetings for joint planning and After-Action Reviews | Process-Based <ul style="list-style-type: none"> • Review project documents | <ul style="list-style-type: none"> • Number of project meetings held • Proportion of such meetings used for planning and AAR. | <ul style="list-style-type: none"> • Attendance list • Meeting reports |
| Documentation of new processes and knowledge | Goal Based <ul style="list-style-type: none"> • Enumerate documentations conducted • Review documentation processes | <ul style="list-style-type: none"> • Evidence of clear documentation systems established • Number of platforms created and utilised for knowledge sharing | <ul style="list-style-type: none"> • Manuals, checklists or and reports • Screenshots of online platforms, photos of in-person sharing, etc |

Chapter 5: Partnership

Partnerships would be key to the implementation of this strategy as they would be pivotal for data generation, knowledge management and programme efficiency. Given the security challenges and the limitations in manpower, partnering with different groups would help mitigate risks that would arise from travels, overnight stay in rural and semi-rural areas. The partnerships save costs and foster sustainability.

The strategy implementation would seek to partner with the following groups:

1. Academia: for knowledge generation and capacity building. They are also strong influencer groups in some of the communities;
2. Community/Faith-Based Organisations: They are trusted community institutions that have roots in their localities - FOMWAN, Women in Daawah, CWSN Civil Society Organisations. Their regular meeting platforms can serve as opportunities for information dissemination, feedback and even service delivery;
3. Professional Organisations: Groups like farmer's cooperatives, teachers' unions, and unions of health workers are important for capacity building and project monitoring;
4. Private Sector
5. Children and Youths- school radio clubs, hygiene champions, peer groups
6. Trade associations – patent medicine vendors, food vendors, Market Associations, NURTW etc.