



## A HOW-TO-GUIDE IN CONDUCTING EFFECTIVE AND VIBRANT SOCIAL MOBILIZATION ACTIVITY



**NURHI2**  
NIGERIAN URBAN REPRODUCTIVE  
HEALTH INITIATIVE  
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*Get it together for a  
brighter future*  
**KNOW. TALK. GO.**

The NURHI 2 Experience

## TABLE OF CONTENTS

Introduction.....	3
NURHI 2 Demand Generation Strategy.....	3
Theory-guided programming.....	4
NURHI 2 Audiences.....	5
Social Mobilization Strategy.....	6
Selection Process.....	6
Training of social mobilizers.....	7
Social Mobilization activities.....	7
Neighborhood Campaigns.....	8
Community Engagements.....	8
Key Life Event Celebration.....	9
Association Meetings.....	9
Family Planning Talks at Immunization Clinics.....	10
Talking points for social mobilizers.....	10
NURHI 2 Social Mobilization GO Referral card system.....	11
Mobilizer Review Meetings.....	12
Supervision and Monitoring.....	13
Social Mobilization Materials.....	14
Frequently Asked Questions on Family Planning/Childbirth Spacing Methods.....	14
Family Planning/Childbirth Spacing Methods Leaflet.....	14
Fi Yangan (Flaunt it!).....	15
GIT Stickers.....	15
Key Life Event Gifts.....	16
GIT Mobilizers' T-shirts.....	16
ANNEX.....	17
Annex 1: Talking points for social mobilizers.....	17
Annex 2: Social Mobilizer's Training Curriculum.....	20

## INTRODUCTION

The Nigerian Urban Reproductive Health Initiative (NURHI 2) project is designed to increase contraceptive use in Kaduna, Lagos and Oyo states. It is an extension of the successful NURHI Phase 1 Project (2009 - 2014) and runs from 2015 - 2020. This second phase of NURHI builds on successful strategies implemented over a six-year period in six Nigerian cities. Through a strategic combination of service delivery, communication and advocacy, the project aims to increase demand for and supply of family planning (FP) services, ultimately leading to long-term sustainability.

The external evaluation of NURHI provided evidence that the major intervention elements (including service delivery improvements, outreach services, radio and television broadcasts and social mobilization) were all associated with positive change in contraceptive use among women. Social mobilization, radio and TV entertainment education interventions were associated with significant changes in the utilization of contraceptives by women.

Numerous other studies have demonstrated the importance of social mobilization in the social and behavior change communication (SBCC) and in generating demand for products and services. This how-to-guide aims at providing guidance for implementing an effective social mobilization strategy for increasing contraceptive use.

### NURHI 2 Demand Generation Strategy

NURHI 2 uses communication to increase demand for family planning among men and women through an integrated communication strategy that employs a combination of social mobilization, media campaigns, and entertainment education. The demand generation strategy scales up what worked in cities under NURHI to Lagos state, as well as the urban and rural areas of Kaduna and Oyo. The NURHI 2 demand generation strategy:

1. triggers dialogue about family planning at community and household levels
2. normalizes family planning use
3. prompts couple discussion
4. corrects misinformation and dispel fears surrounding contraceptive use, and
5. refers men and women for services

NURHI 2 employs a multichannel demand generation strategy to create demand for family planning with an overarching brand - "Get it Together for a Brighter Future". The "Get it Together for a Brighter Future" logo as well as the "Know. Talk. Go" slogan were developed to encourage discussion, use, and access to family planning across all cities, and it's also the brand of NURHI 2 communication and service delivery sites.



NURHI 2 operates across two main levels of implementation: project-wide and state-specific. Overarching activities such as the "Get It Together for a Brighter Future", branding and flagship mass media activities are conducted project-wide across the three implementation states.

At the state level, two strategies are utilized:

- First, project-wide communication strategies and associated activities developed for all NURHI 2 implementation states are adapted to the local context and rolled out.
- Second, states utilize demand generation strategy to develop and implement communication activities with content specific to their needs.

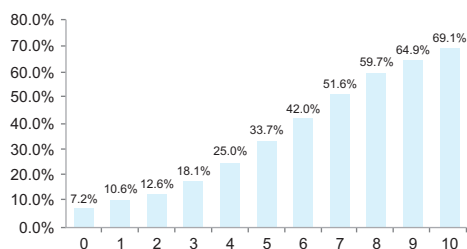
Both project-wide and state-specific levels of implementation ensure that the overall communication initiative are unified and work synergistically for maximum impact.

### Theory-guided programming (Ideation Theory)

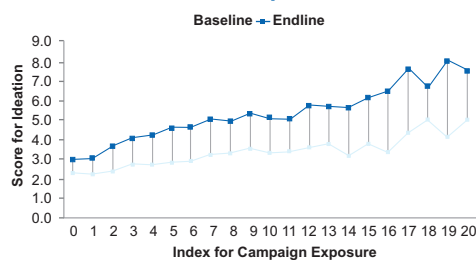
The major theory that shapes implementation of activities in NURHI 2 is ideation - the concept that people's actions are influenced strongly by their beliefs, ideas and feelings ("ideational factors") and that changing them can influence behaviors, including contraceptive use.

Through research, NURHI has identified ideational factors that predict contraceptive use. According to the NURHI Endline Evaluation, the project was able to change ideation among women in the six

### Percent currently using a modern method by number of ideational elements, NURHI 6 cities 2014



### Positive shift in ideation score increases with level of communication exposure



Multiple findings from NURHI researches and external evaluator - the Measurement Learning and Evaluation (MLE) project- looked at the factors associated with contraceptive use and identified eight ideational factors that are predictive of contraceptive use. Some are more important or amenable to change than others. According to the MLE cross-sectional survey, the following factors have proven to be very important in NURHI implementation states:

1. Self-efficacy: confidence in one's own ability to initiate and maintain contraceptive use
2. Discussion with spouse/partner about the desired number of children
3. Discussion with spouse/partner about family planning
4. Rejection of myths and misconceptions about family planning and the modern methods:
5. Knowledge about modern contraceptive methods
6. Belief in the safety and health benefits of contraception
7. Perceived social support for family planning
8. Desire to space or limit pregnancies

According to research conducted in Kaduna and Lagos state for FP landscaping exercises in 2015, the first five factors listed above most strongly correlate with contraceptive use.

### NURHI 2 Audiences

The NURHI 2 demand generation campaign focuses on four key audiences:

1. Women non-users who intend to use modern contraceptives
2. Male partners and spouses of non-users
3. Service Providers
4. Women who use traditional family planning methods (primarily rhythm and withdrawal).

NURHI 2 indirectly targets women who do not use contraception and have no intention to use by communicating with their spouses/partners and with women who intend to use modern or traditional methods.

The NURHI 2 Demand Generation strategy makes use of television, radio, print materials, job aids, community-level advertising and social mobilization initiatives that include entertainment education and interpersonal communication to increase contraceptive prevalence rate. The project strengthens referral linkage between communities and health facilities and mobilizes clients for FP services.

### Social Mobilization Strategy

Scaling up, institutionalizing and laying down roots of sustainability in NURHI Phase 1 has proven to be effective in a community social mobilization activities. This has continued under NURHI 2, with scaling up to Lagos State as well as expanding to more Local Government Areas (LGAs) in Kaduna and Oyo States. Each state has adapted the social mobilization approach and materials to suit its context. Referral to sites for services and further information were strategically timed to synchronize with plans of the service delivery team to train and equip providers, especially in the new areas.

All mobilization activities focuses on making FP information available and bringing the services closer to the community member seven in hard-to-reach areas of the rural and urban slums.

Social mobilization activities are coordinated by the Centre for Communication and Social Impact (CCSI) working through the Social Mobilization Consultants (SMCs) resident in the states.

### **Steps in Social Mobilization**

#### **Step 1: Selection Process**

Social mobilizers are volunteers selected from residents within the intervention communities. Mobilizers selected are artisans (hairdressers, barbers, tailors, traders, cobblers, mechanics, commercial motorcycle and tricycle riders) and sometimes include youth/women leaders, members of religious organizations, ward health committee members, ward development committee members, teachers, traditional birth attendants, housewives, Community Health Extension Workers (CHEWs) and community representatives.

Selection of mobilizers in each LGA is done in conjunction with the active participation of local structures such as Ward Development Committees, LGA Health Educators, Service Providers and Traditional Leaders. Working with these groups, a list of mobilizers is compiled based on the 'Profile of the Get it Together Mobilizer' which are:

1. Age: 18-35
2. Literacy level: Minimum of Junior Secondary School 3
3. Popular, resident and acceptable within the community
4. Able to dedicate time to participate in FP mobilization activities
5. Interested in tracking referrals and keeping records
6. Available, humble, dedicated and committed to the cause of social mobilization and FP
7. Gender sensitive
8. Confident, outspoken, goal-oriented
9. Sensitive to cultures and religions
10. Role model
11. Good listener
12. Non-judgmental
13. Willing to volunteer

Where possible, the recruitment process leverages on already existing systems, such as mobilizers attached to primary healthcare facilities.

The Social Mobilization Consultants conduct verification process to validate the compiled list of mobilizers. The verification process involves meeting with each potential mobilizer to interview them and check their suitability based on the criteria listed in the 'Profile of the Get it Together Mobilizer'.

### ***Step 2: Training of social mobilizers***

Selected mobilizers are trained using the 'Social Mobilizers training curriculum' (See NURHI 2 social mobilizers training curriculum). The curriculum covers topics, such as: Introduction to the Get it Together campaign, Modern FP methods, How to conduct social mobilization activities, and How to refer people for services. The training spans a period of two days and employs an interactive approach, using more of role plays than presentations.

Refresher trainings are conducted quarterly using the 'Social Mobilizers' training Curriculum'. Areas of focus for these refresher trainings are

based on gaps observed during the period under review and leverage on the quarterly mobilizers' review meetings.

### **Step 3: Implementation of Social Mobilization activities**

Social mobilization activities are neighborhood campaigns, community engagements and key life events. Likewise, other activities such as FP/childbirth spacing (CBS) health talks hold at associations' meetings, religious gatherings and immunization clinics. Each of these activities presents an opportunity to enlighten community members on the different modern FP/CBS methods and their benefits. They also provide a platform to dispel myths and misconceptions that could affect uptake of FP services. Community members who express interest in learning more about a method or taking up a method are referred to a health facility close to them using the NURHI “GO” referral card.

**Neighborhood Campaigns:** At neighborhood campaigns, mobilizers move from door-to-door talking to community members about the benefits of FP and refer them to access services at nearby health facilities. If a service delivery outreach is planned, the mobilizers inform the community about the activity and the availability of free FP services.



*Neighborhood campaigns*

**Community Dialogues:** Community dialogues bring community members to a central location to educate them on the different modern FP methods and their benefits. The engagements feature satisfied users sharing experiences of modern FP methods. A service provider is also present during every community dialogue to deal with FP-related questions and concerns from the community members.



The dialogues include sessions for screening and discussing various NURHI 2 media products, including short form extracts of the NURHI 2 radio series, Newman Street (English, Yoruba or Hausa Dubs), TV or radio spots, the family planning song and music video. Community members then participate in facilitated discussions about the characters or situations they have just observed, providing an opportunity to counter fears and correct misconceptions about contraception.



*Community Engagement*

**Key Life Events:** Mobilizers identify key life events like weddings, naming and graduation ceremonies in their communities and follow up with the celebrants for opportunities to address guests on FP.

At the event, the Get it Together team educates people on different modern FP methods and their benefits. The celebrants are presented with branded Get it Together gift materials/freebies.



*Key life events*



*Key life events*

### **Association Meetings**

Mobilizers and SMCs attend associations meetings to enlighten its members on FP and its benefits. Where time permits, media materials are screened.



*FP talk at club meeting*



*FP Talk at Immunization clinic*

### ***Family Planning Talks at Immunization Clinics***

Mobilizers and SMCs attend routine immunization clinics to enlighten women in their post-pregnancy period on FP and its benefits. Media products are screened when possible.

### ***Talking points for social mobilizers***

The ideation theory is key to the implementation of social mobilization activities. Messages relayed by social mobilizers target the way people think, feel, and what they believe affect their use of FP. During the orientation, each mobilizer is taken through talking points developed to address different ideational factors and given a copy of the talking points for reference.

## Talking points for social mobilizers

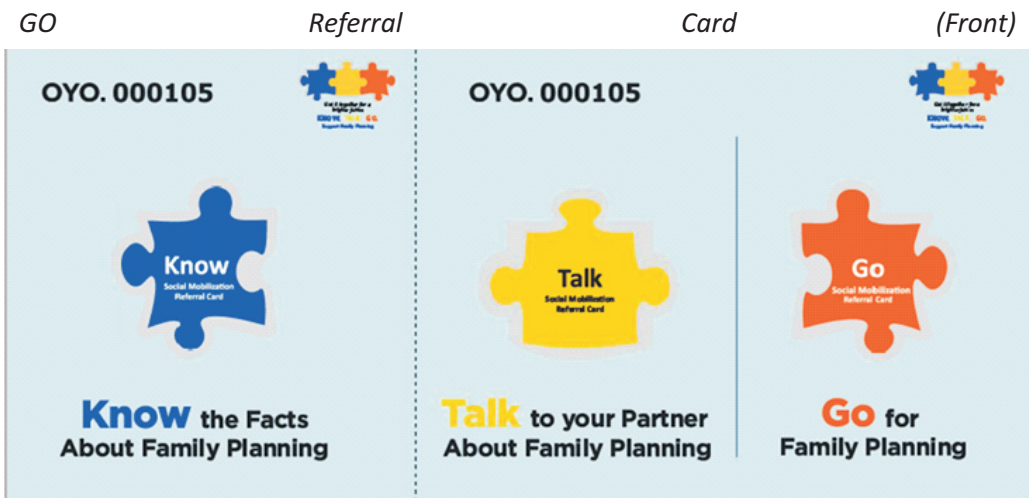
### Beliefs and attitudes

- ∅ Modern family planning methods are safe
- ∅ There is a method that suits you
- ∅ Family planning methods are available and affordable
- ∅ There are trained family planning providers waiting to attend to you and address any concerns you might have about family planning
- ∅ Your spouse can support you to use modern family planning
- ∅ The FAQs provides correct facts about modern family planning methods
  - *Ensure you hand out FAQ to any community member with doubt or M and M about family planning*
  - *Refer to HF and follow up*
- ∅ Side effects are normal but temporary
- ∅ Fertility will return after discontinuing your method.

*Ideational factors talking points for social mobilizers*

### NURHI 2 Social Mobilization “GO” referral card system

The NURHI “GO” referral card is used during all social mobilization activities to direct potential FP/CBS clients to health facilities where a FP service provider can attend to their needs.



*GO Referral Card (Front)*

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

Client's Name: \_\_\_\_\_

Mobilizer's Name: \_\_\_\_\_

Mobilizer's Phone NO: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

**FACILITY**

*GO referral card (back)*

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

Activity: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Phone No: \_\_\_\_\_

Mobilizer's Name: \_\_\_\_\_

Mobilizer's Phone No: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

**SOCIAL MOBILIZER**

The “GO” card is numbered serially and comprises of two parts, “KNOW” and “TALK/GO”. Once a client expresses interest in accessing FP/CBS services, the social mobilizer fills the information on the back of the “KNOW” and gives the “TALK/GO” part to the potential client to visit the facility.

Content of the “KNOW” referral card

1. Date
2. Activity
3. Client's Name
4. Client's Phone Number
5. Mobilizer's Name
6. Mobilizer's Phone Number
7. Facility Name
8. Facility Address

Content of the “TALK/GO” referral card

1. Date
2. Client's Name
3. Mobilizer's Name
4. Mobilizer's Phone Number
5. Facility Name
6. Facility Address

Once the information has been filled, the mobilizer detaches the “TALK/GO” referral card and hands it over to the client who takes it to the health facility. For record purposes, the mobilizer keeps the “KNOW” referral card stub in the referral booklet.

At the health facility, the FP provider collects the “TALK/GO” referral card and stores it in the NURHI referral box. Monthly, the SMCs sort and count the referral cards in the boxes. The SMCs also retrieve the “KNOW” referral cards from the social mobilizers and match up the serial numbers on the cards to confirm the clients that completed referrals. An inventory of all “GO” referrals cards issued and the status of completion are recorded for documentation and tracking purposes.

### Mobilizers' Review Meetings

Quarterly review meetings are organized to review performance of social mobilizers. Mobilizers who record the highest number of completed referrals or have consistently demonstrated commitment to improving FP use in their communities are recognized with a Super Mobilizer token gift.

These quarterly review meetings also serve as platform for refresher trainings.

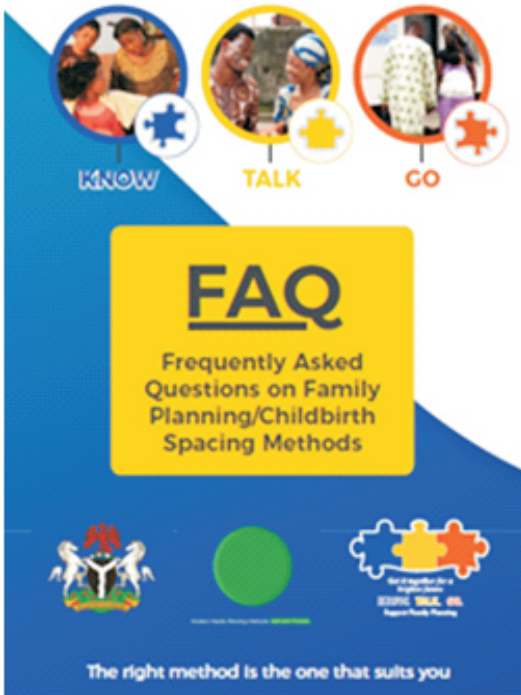


*Mobilizers' review meeting*

### Supervision and Monitoring

Social mobilization activities are coordinated by CCSI working through SMCs resident in the states. The SMCs, present at every activity, supervise the day-to-day activities of social mobilizers in each LGA (maximum of 60 social mobilizers). The SMCs report to the NURHI 2 personnel who is responsible for all the DG-related efforts in the state.

Monthly, mobilizers keep a record of the number of people reached during each activity and make these figures available to the SMCs. The SMCs thereafter pick up referral cards from the facilities and compile data on complete referrals from social mobilization activities. A complete referral is when a client takes the GO card to a facility, gives the card to a service provider and receives FP service.



### Social Mobilization Materials

Frequently Asked Questions (FAQ) on Family Planning/Childbirth Spacing Methods

The booklet addresses various questions on modern FP methods, provides a description of each method and possible undesired effects. It also dispels myths and misconceptions about FP.



### Family Planning/Childbirth Spacing Methods Leaflet

The leaflet provides short descriptions of modern FP methods with accompanying relevant pictures.



### Fi Yangan (Flaunt it!)

Fi Yangan encourages FP users to flaunt their use of a modern FP method. This leaflet was developed for areas where use of modern FP methods is considered secret affair and women are openly discouraged (by other community members) from using modern FP method. The leaflet features testimonials of a woman and a couple who are satisfied modern FP users.



### GIT Stickers

These stickers are placed in the communities to trigger conversations about FP/CBS. For example, the stickers are placed on commercial motorcycles, cars, buses, shops and sometimes in houses.



### Key Life Event Gifts

Gifts at the Key Life Event include branded towels and water flasks. Celebrants receive either of the gifts in a GIT branded shopping bag.



### GIT Mobilizers' T-shirts

Social mobilizers are kitted in these t-shirts during all community-level activities. The t-shirts carry local language slangs that can trigger conversations on FP.



### **Talking points for social mobilizers**

According to the MLE cross-sectional survey, the following factors have been shown to be very important in all NURHI 2 implementation states

1. Self-efficacy: Confidence in one's own ability to initiate and maintain contraceptive use
2. Discussion with spouse/partner about the desired number of children
3. Discussion with spouse/partner about family planning
4. Rejection of myths and misconceptions about FP and the modern methods
5. Knowledge about the modern contraceptive methods
6. Belief in the safety and health benefits of contraception
7. Perceived social support for FP
8. Desire to space or limit pregnancies

According to research conducted in Kaduna and Lagos State for FP landscaping exercises in 2015, the first five factors in this list were most strongly correlated with contraceptive use.

Mobilizers are kitted with messages targeting the key ideational factors as follows:

- ***Self-efficacy: confidence in one's own ability to initiate and maintain contraceptive use***
  - ∅ By using modern family planning, you will be healthy and able to give your children and family the best care
  - ∅ Frequent hospital visits will be reduced and out of pocket expenses will be less
  - ∅ You will be empowered and confident to seek modern family planning
  - ∅ You can benefit from modern family planning
  - ∅ Your religion does not disapprove of childbirth spacing
  - ∅ Fertility will return after discontinuing your method.
  - ∅ It is not a thing of shame to admit that you are using modern FP. It is a thing of pride, a testament of your ability to take responsibility for good health and take care of your family

Note to mobilizers:

- o Provide information on where clients can access FP services

- o Hand out FP methods leaflets, FAQs etc.
- **Discussion with spouse/partner about the desired number of children**
- **Discussion with spouse/partner about FP**
  - ∅ FP encourages you to discuss with your spouse/partner and agree on the number and spacing of children to ensure a healthy family. Family planning also helps individuals/couples who do not want anymore children.
  - ∅ Visiting a FP clinic with your spouse/partner will answer all your FP questions. You will be confident and empowered to use modern FP.

Note to mobilizer:

- ∅ Give out 'be beautiful' or 'be successful' and encourage them to read with spouse/partner.
- ∅ Men and Women should use this material to initiate discussion.
- **Knowledge about the modern contraceptive methods**
  - ∅ Pills (including the minipill for nursing mothers)
  - ∅ Injectables (taken every two or three months, depending on the type selected)
  - ∅ Implant
  - ∅ Intra-Uterine Device (IUD)
  - ∅ Male Condom
  - ∅ Female Condom
  - ∅ Exclusive Breastfeeding Method (LAM)
  - ∅ Bilateral Tubal Ligation (BTL - permanent method for women)
  - ∅ Vasectomy (permanent method for men).
- **Belief in the safety and health benefits of modern contraception**
- **Rejection of myths and misconceptions about family planning and the modern methods**
  - ∅ Modern family planning methods are safe
  - ∅ There is a method that suits you.
  - ∅ FP methods are available and affordable
  - ∅ There are trained service providers waiting to attend to you and address any concerns you might have about FP

- ∅ Your spouse can support you to use modern FP methods
- ∅ The FAQs provides correct facts about modern FP methods
- ∅ Side-effects are normal but temporary.
- ∅ Fertility will return after discontinuing your method.

Note to mobilizer:

- o Ensure you hand out FAQ to any community member with myths and misconception about FP
- o Refer clients to health facility and follow up
- ***Perceived social support for family planning***
  - ∅ Many people are benefitting from modern FP methods.
  - ∅ Some of them are people like you who want to remain healthy and also have healthy families.
  - ∅ Many people are willing to share their experiences using modern FP. Recommend FP to a friend today.
  - ∅ There is a system in place to educate and provide you with quality services to meet your unique needs.
  - ∅ Go to a health facility where trained providers are waiting to attend to your needs.
- ***Desire to space or limit pregnancies***
  - ∅ FP helps you and your partner decide when to start having children and how much time in between births
  - ∅ FP is a safe and effective way to have children when a couple wants to have them
  - ∅ FP allows mothers to rest between pregnancies in order to regain their health and strength, thus reducing the risk of complications during or after pregnancy
  - ∅ By delaying the next pregnancy, a woman is able to spend quality time with each child

Overall, social mobilization activities in NURHI 2 implementation States continue to contribute to family planning uptake and a resultant increase in CPR.