

# Advancing the Use of Community Structures to Improve Maternal and Child Nutrition Outcomes in Northern Nigeria

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# Outline

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1. Brief on Nutrition International
2. Behaviour Change Intervention Development Process
3. Implementing Behaviour Change Intervention Using Community Engagement Approach
4. Why this Strategies?
5. Results
6. Sustainability



Nourish Life



# A leader in global nutrition

## Nutrition International is a global nutrition organization headquartered in Ottawa, Canada

For more than 30 years, we have focused on delivering evidence-based, high-impact and cost-effective interventions that produce measurable results at scale. We're driven by our mission to achieve a world where everyone, everywhere, is free from all forms malnutrition and able to reach their full potential.



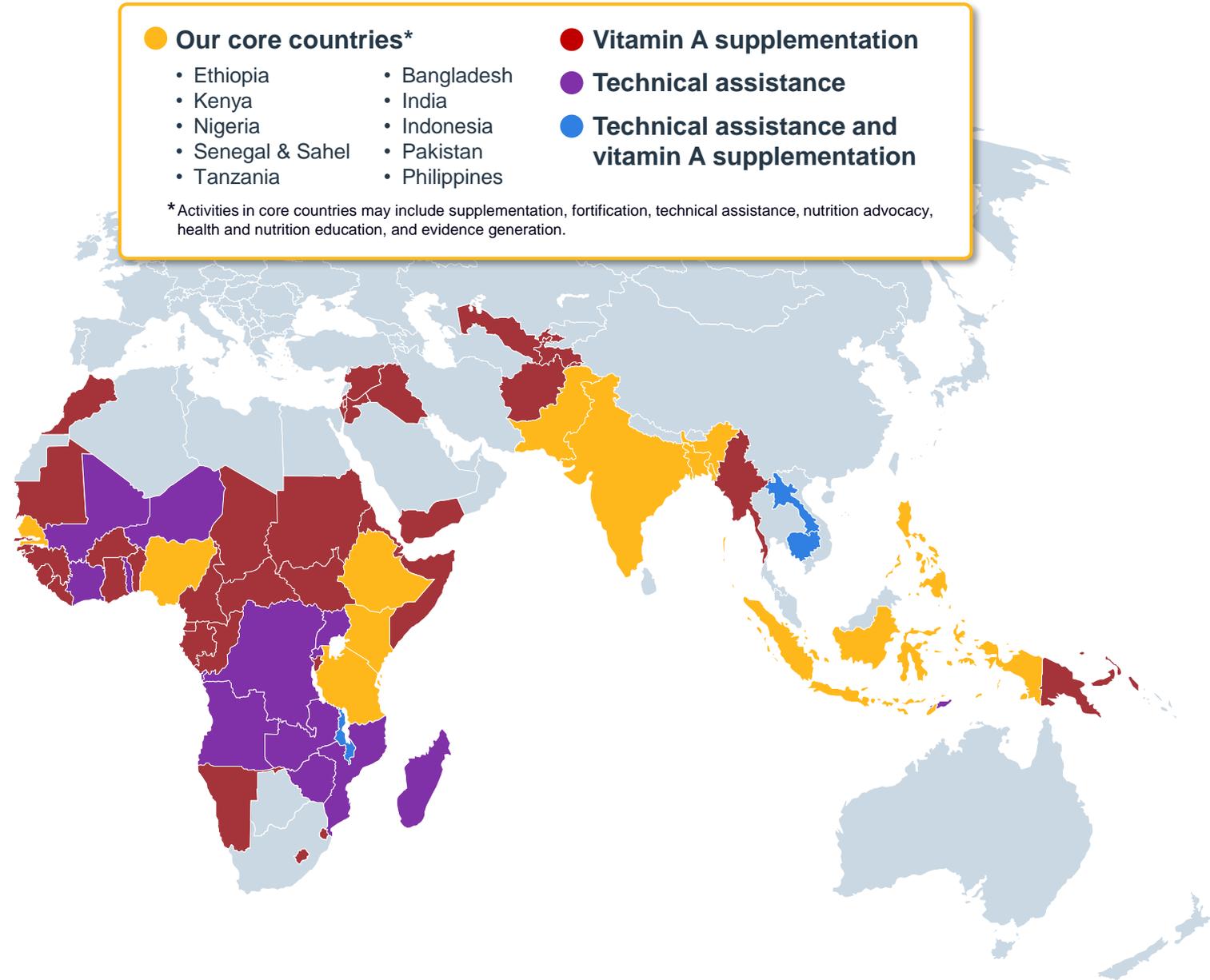
Nourish Life



# Our global reach

- **13** offices, including regional offices in Asia and Africa
- **10** core countries and **18** project countries
- Impact in **60+** countries
- **88** technical assistance assignments to governments and regional institutions since 2016

**In more than 60 countries, Nutrition International nourishes people to nourish life.**

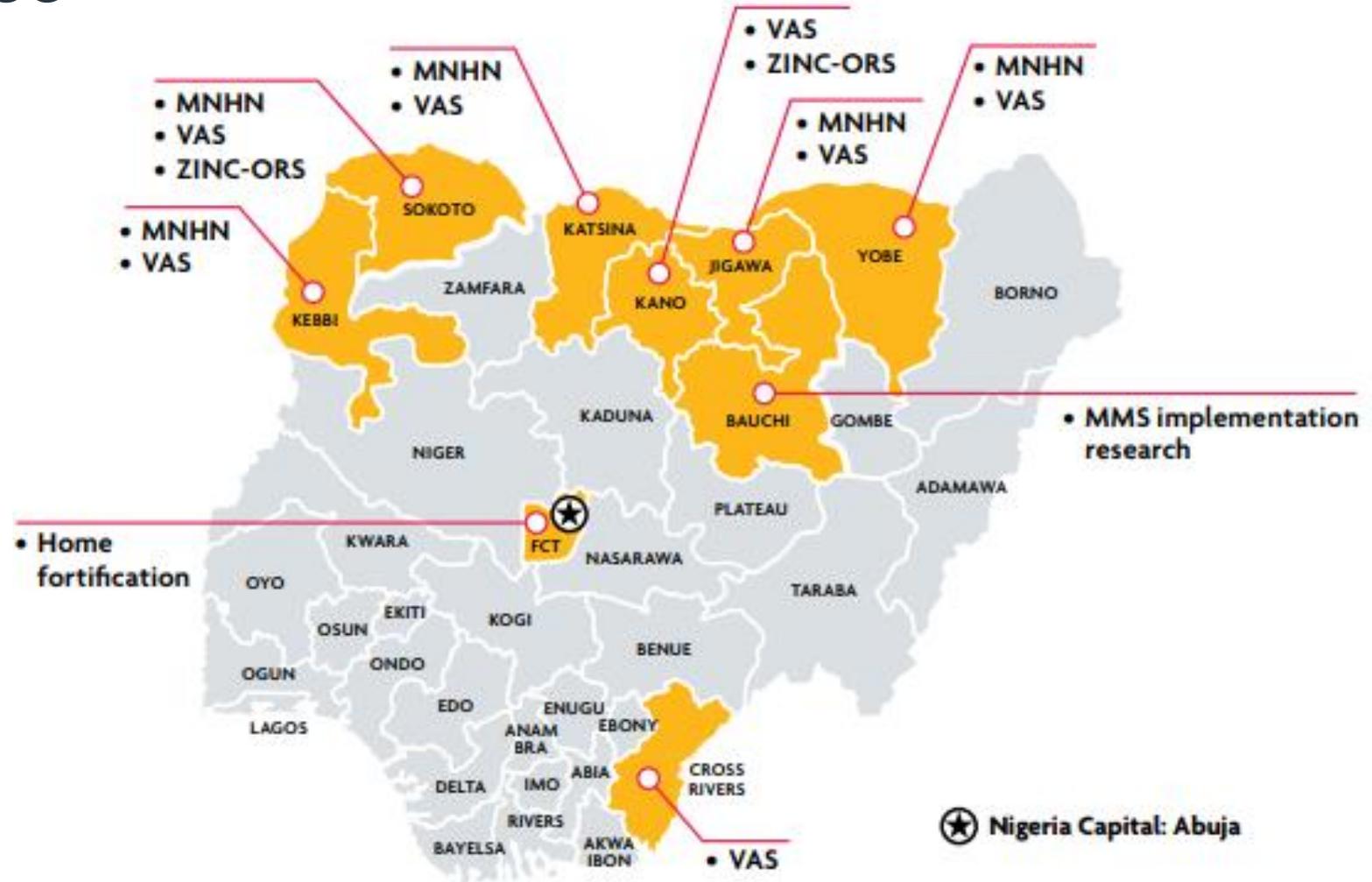


NOTE: This map is for illustrative purposes only and is not to scale. The boundaries used on this map do not imply endorsement by Nutrition International.

# Nigeria Country Office

- Established in Nigeria in 2007
- Strong collaborations with government stakeholders at state and federal levels
- Sub-national programs in 9 States
- Supports Vitamin A Supplementation through provision of Vitamin A Capsules across the 36 states and FCT

## *Sub-national programs currently supported in Nigeria*



# Our focus

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To break the cycle of malnutrition and achieve the greatest impact, we focus on:



## Pregnant women and newborns

Well-nourished women are healthier, have safer pregnancies and deliver healthier babies — helping break the intergenerational cycle of poverty



## Children under five

Well-nourished children have stronger immune systems, which makes them more resistant to sickness and disease and improves their overall health, brain development and human potential



## Adolescents

Well-nourished adolescents are more likely to stay in school and succeed in their studies, improving their job opportunities and increasing their lifetime earnings and agency



## Women

Our approach emphasizes gender equality because women and girls bear a disproportionate burden of malnutrition and face unique nutritional needs at different points throughout their lives



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# **Behaviour Change Intervention Development Process**

# Problem Identification Process

## 2018 National Demographic Health Survey

•814 maternal deaths for every 100,000 live births

•- 1,549 per 100,000 in the NorthWest

•- 165 per 100,000 in the SouthWest

➤ Infant and under five mortality rates were 67 and 132 per 1,000 live births

➤ Anemia prevalence in pregnant women was 61%

13% of children under 5 had diarrhoea  
- 65% has access to treatment or advice

# Problem Identification Process

## Program Implementation Assessment (Desk Review)

- Poor IFA adherence by pregnant women

- Late ANC and irregular ANC attendance by pregnant women

- Low Vitamin A Supplementation Coverage during MNCHW

- Disparity in coverage of health services between rural and urban area

- Limited use of Zinc-LO ORS for diarrhea management for children under 5 years

Gender and sociocultural barriers to health service uptake

- Weak health seeking practices by community members most especially women

# Example of SWOT Analysis Developed – IFA Use



## Strength

1. Moderate knowledge on benefit of consuming IFA among pregnant and postpartum women
2. Women who attended ANC received services which include anti-malaria prophylaxis, administration of anti-tetanus Toxoid, counselling on HIV/AIDS, administration of IFA including health education on danger signs of pregnancy
3. Use of DRF to purchase IFA by some health facilities
4. Health workers, family and friend, newspaper, radio, TV are some of the sources of information on IFA

## Weakness

1. Low commencement of ANC during the first trimester among pregnant women
2. Poor adherence to IFA supplements, minimizing the effectiveness of this intervention at preventing and controlling maternal anaemia.
3. Weak supply chain and IFA Stock-out at the health facilities,
4. Lack of free IFA supplies at the health facilities. Some facilities sustain IFA supplies by buying from local manufacturers and they end-up selling to pregnant women
5. Most pregnant women do not attend the stipulated number (4) of ANC during pregnancy
6. Pregnant women reliance on husbands for financial support and transportation
7. Pregnant women low literacy level
8. Health workers depend on their experience to prescribe IFA.
9. Lack of nutrition counselling due to time and capacity issues
10. Pregnant women poor decision making around care seeking and in many cases access to communication i.e. cellphones
11. Pregnant women see IFA as curative rather than preventative

Opportunity	Threat
<ol style="list-style-type: none"><li>1. Educating male spouses and older women on the benefits of allowing women to attend ANC and taking IFA will lead to positive effects on attendance and uptake of IFA</li><li>2. Targeting the state and local government with messages on benefit of IFA and why it should be free and assessable to pregnant women</li><li>3. Targeting Health workers, including community health workers and volunteers with messages on respectful care, IFA administration and nutrition counselling for pregnant women</li><li>4. Reinforcing IFA communication messages to Traditional Birth Attendants including IFA administration, nutrition counselling, tracking and mobilization of pregnant women to the health facilities</li><li>5. The use of religious leaders to orientate followers on the benefit of taking IFA</li><li>6. The use of mobile phones in creating demand for ANC and IFA can be explored</li></ol>	<ol style="list-style-type: none"><li>1. Influence of male spouses and older women affects uptake of IFA</li><li>2. Misconception about IFA posing danger to mother and baby as IFA makes baby big.</li><li>3. Cultural belief, easy accessibility and affordability makes utilization of herbal concoction to thrive among pregnant women</li><li>4. Cultural belief: women are seen as being "strong" when they deliver at home.</li><li>5. Acceptance of early marriage</li><li>6. Faith-related factors impede care seeking behaviours, including prenatal care at the facility in some parts of Northern Nigeria e.g. Jigawa State</li></ol>



# **Implementing Behaviour Change Intervention Using Community Engagement Approach**

**Coordinated set of activities designed to alter specific behaviour patterns in individuals, communities, or populations**

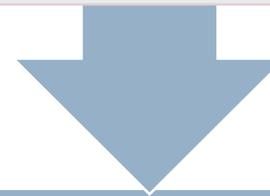


## **Purpose**

Improve Health Outcome

Promote Positive Behaviours

Address Complex Social Determinants



## **Levels of Intervention**

Intrapersonal

Interpersonal

Community

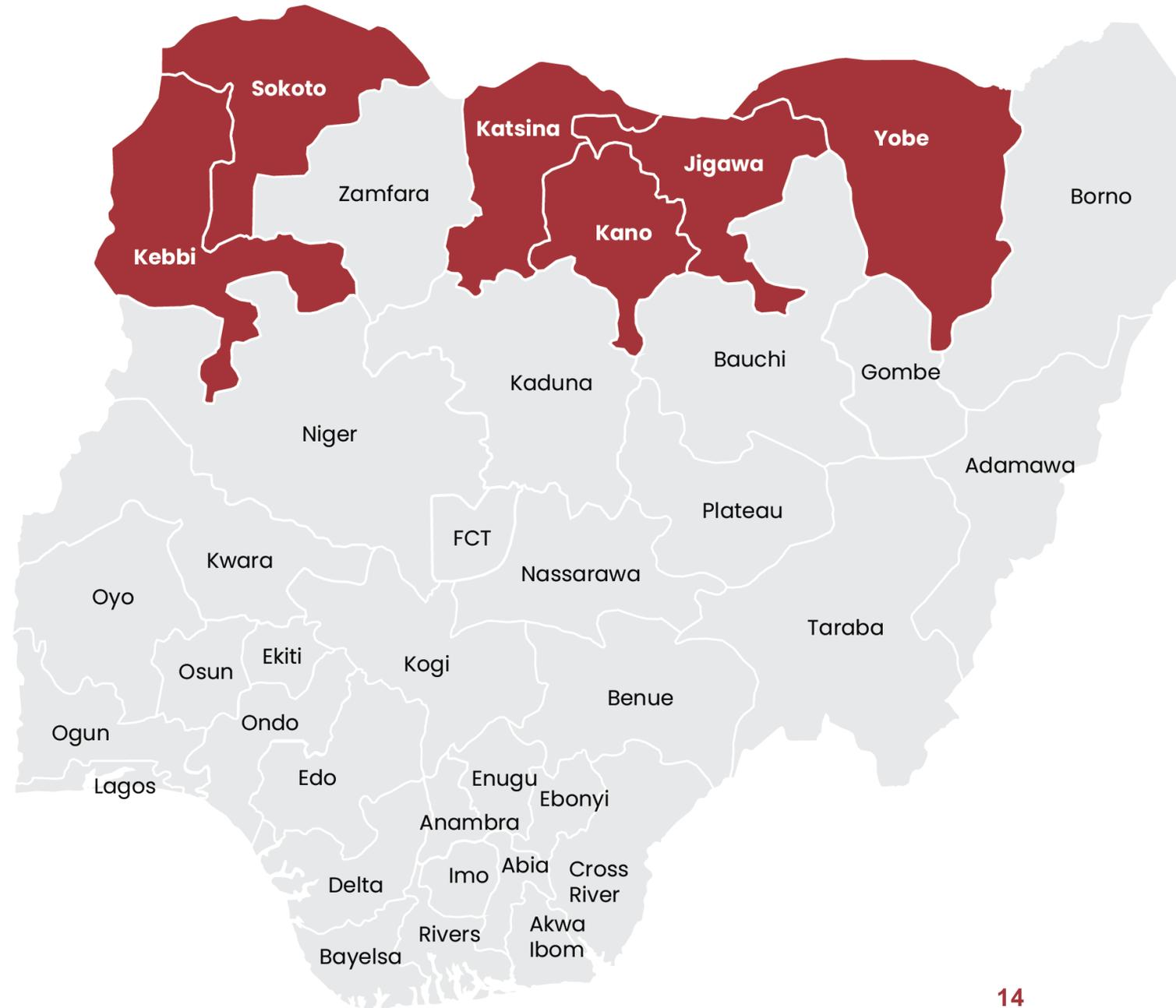
Policy

# **Behavioral Change Intervention (BCI)**

## States Selected

*(Based on Poor Maternal and Child nutrition indices from NDHS 2018)*

1. Kebbi
2. Sokoto
3. Kano
4. Katsina
5. Jigawa
6. Yobe

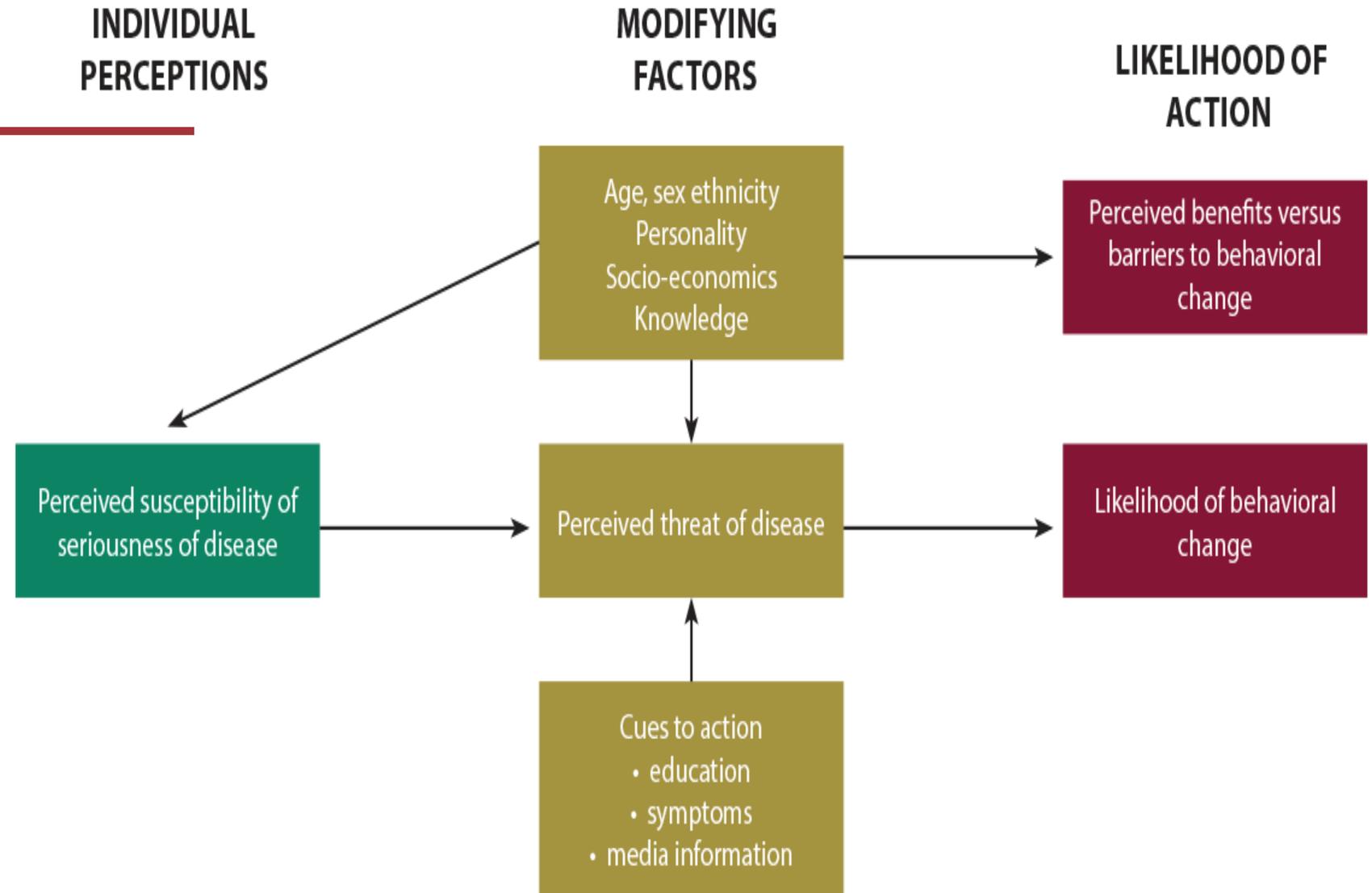


# BCI Strategy Development Process

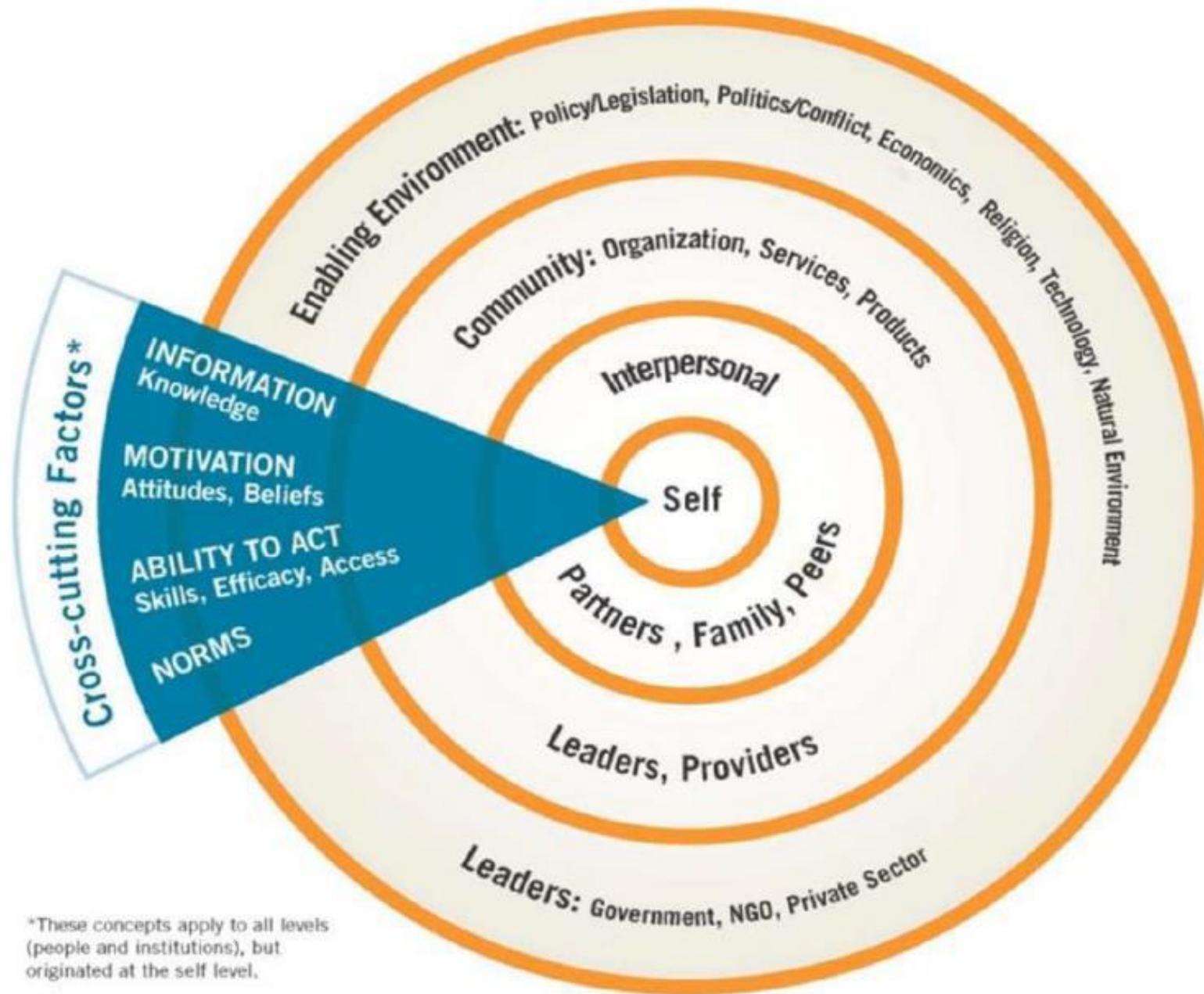
- Research/Analysis
  - Desk review – MNCHW and HMIS data review
  - Qualitative inquiries to fill the gaps findings
- Reviewed existing BCI strategy
- Conducted stakeholder review and consensus meetings at National and State levels
- Conducted a Sex and Gender-Based Analysis and developed Gender Action Plans across the six focus states.
- Conducted Post Event Evaluation Surveys (PECS) to identify program implementation gap
- Had consultations (In-depth Interviews and Focus Group Discussions) with community members and facility stakeholders.
- Used the health belief and Socio Ecological Models



# Health Belief Model



# Socio Ecological Model





## Developed Solutions and Platforms

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- Strengthened community platforms - religious leaders, ward development committees, women/men support groups

- Orientation and deployment of Town announcers for demand creation during MNCHW

- Identification and use of community influencers - Male Motivators, Community Volunteers, to promote MIYCN, VAS, IFA, Zinc-LO ORS.

- Use of community dialogues, household visits, and religious and social events as entry points.

- State-wide media coverage to amplify reach.



# Example of Expected Behavior Change Outcomes

## Pregnant Women

1. Register early for ANC, preferably in the first trimester.
2. Attend ANC throughout pregnancy for a minimum of 4 contacts, ideally 8.
3. Consume IFA supplements daily throughout pregnancy
4. Empowered to express their needs for healthcare

## Husbands

1. Actively support their pregnant wives to register early for ANC and attend at least 4 ANC contacts
2. Support their pregnant wives to consume IFA supplements daily throughout pregnancy

## Mother-in-laws

1. Actively support their pregnant daughter in-laws to use IFA supplements throughout pregnancy

## Husbands and Wives

Have more equitable relation to caregiving and decision making within the households to access health care

# Gender Responsive Community Engagement

**Inception meeting** to introduce the BCI strategy to the state gatekeepers/ government officials drawn from state ministries



**Sensitization of Community Leaders** to mobilize families and communities to adapt the desired behaviors and ensure ownership



# Engagement of Community and Religious Leaders

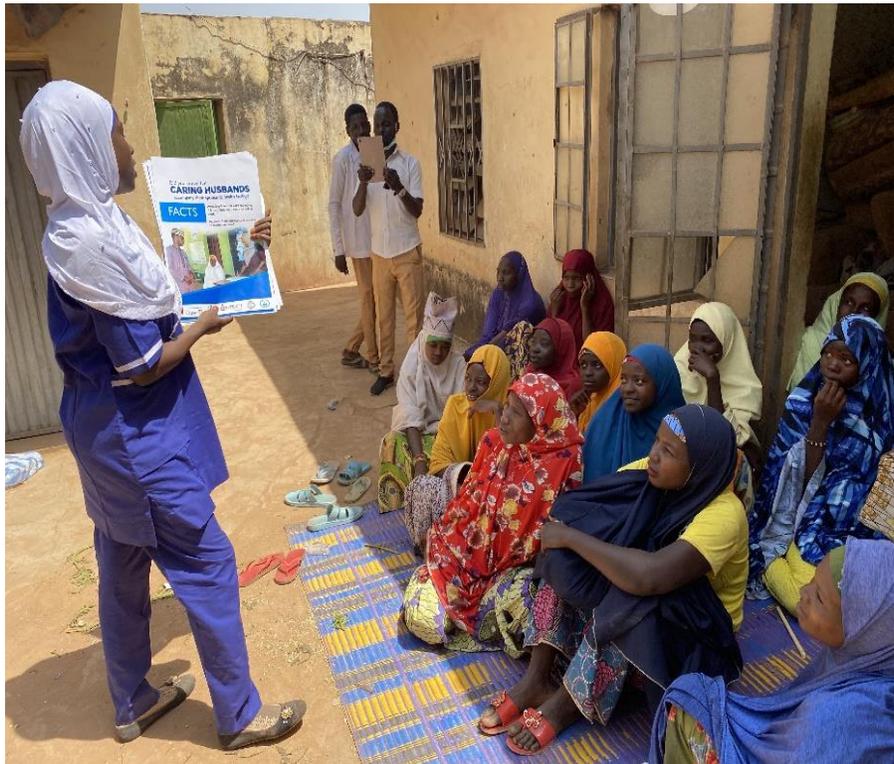


## Kano State (left to right)

- i) Traditional Leader from Gano ward, calling on Health workers to improve in treating health seekers especially women;
- ii) Religious (Liman) Leader from Ungogo making contribution and pledge to promote the uptake of zinc LO-ORS;
- iii) Group photo of the community influencers (males)

# Gender Sensitive BCI Messages and Materials Developed, Pre-tested & Validated

Messages targeting different audience from the adolescent pregnant girl, pregnant woman, mother-in-law, husband, religious/traditional leaders, and policy makers were developed and reviewed during a co-creation workshop, pre-tested and adopted after validation with stakeholders.



Pre-testing in Jigawa



Validation meeting in Sokoto

# Capacity Building

- 7,401 individuals (policy makers, health workers, CHWs, religious/community leaders, male motivators, women-led organizations) were trained
- Strengthened community engagement and gender-responsive behavior change initiatives, enabling wider demand creation for maternal nutrition services



Training of HWs/CVs, kebbi



Group activity, Jigawa

# Gender Sensitive BCI Materials

The validated gender responsive BCI messages were then designed into posters, fliers, stickers, counselling cards, and scripts for jingles and dramas.



Radio Jingle



**DID YOU KNOW THAT  
PREGNANT WOMEN  
HAVE A RIGHT TO EXPRESS THEIR  
NEED FOR HEALTH CARE?**

It is important for every pregnant woman to go to a health facility and have a skilled birth attendant, such as a midwife, doctor or nurse, assisting her during delivery



Did you know that  
**CARING HUSBANDS**  
accompany their spouse to health facility?

**FACTS**

Attending Antenatal Care and taking IFA daily does not mean your wife is weak

Antenatal Care attendance is beneficial to mother and child



**CARD 11** Treatment of Childhood  
**DIARRHOEA**  
What Head of Households Need to Know

Encourage and support your spouse to seek prompt care for diarrhoea in children under 5 at the health facility or a trained health care worker in your community

Encourage and support your spouse to use Zinc and ORS combination to manage diarrhoea in children under 5 at all times

ZINC and ORS when taken in full dosage for treatment of diarrhea prevents future reoccurrence for up to 3 month

Good personal and environmental hygiene prevents diarrhoea

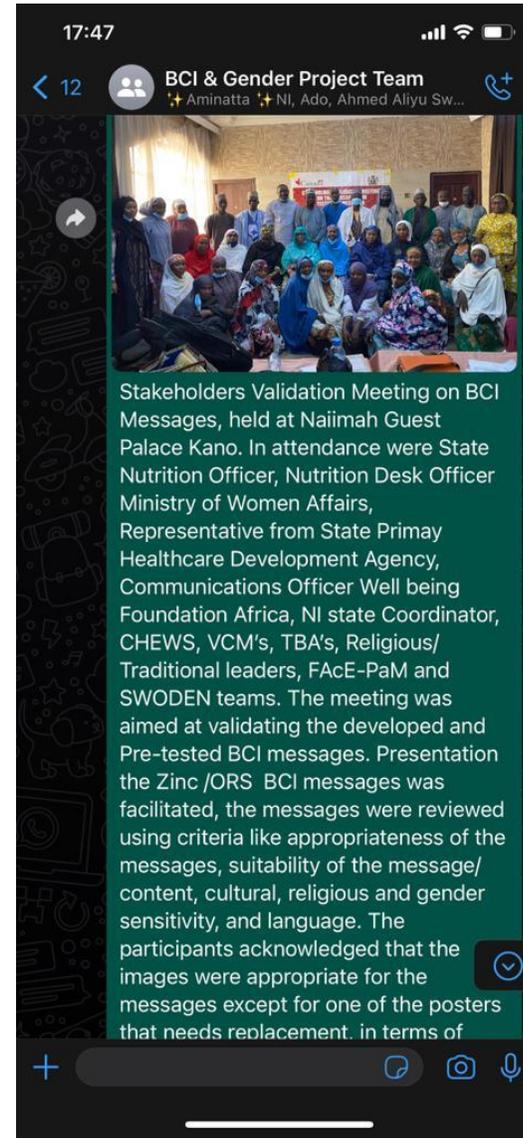


# Messages Dissemination Approaches

- Trained CHWs, TBAs/CVs conducted sensitization at different points:
  - **Facility Level:** Immunization centers, Health Talk during ANC
  - **Community Levels:** Naming ceremony (suna), Weddings, Compound meetings, men/women group gatherings
  - **Household Levels:** Home Visits
- Jingles/drama aired via radio and social media
- Posters and Jingles distributed to the health facilities and communities



# WhatsApp for real-time reporting



# Why These Strategies?

- Communities trust local influencers more than outsiders
- Sustainable, low-cost approach
- Aligns with state and federal nutrition strategies
- Builds on existing social and health systems



# Results

1,658,426 people reached with key messages on IFA during home visits and community outreaches



- Overall, 9,356,510 children aged 6-59 months (89.7%) were reached with two doses of VAS in NI-supported states, which was 3% higher than the national average.

- 206,856 (96%) episodes of childhood diarrhoea treated with Zinc and ORS out of the 216,108 episodes of diarrhea seen at primary healthcare facilities across two NI-supported states.

# Results

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- 1,477,995 (84%) pregnant women completed 1 Antenatal Care (ANC) visit.
- 747,908 (43%) pregnant women completed 4 Antenatal Care (ANC) visits.
- Women report improved access and shared decision-making

# Sustainability

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- Anchored in existing government and community structures
- Religious/traditional leaders embedding nutrition messages
- Ongoing inclusion in state nutrition strategies
- Strengthened local ownership



# Thank you!

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Questions/comments?

