



Capacity Strengthening

SBCC Capacity Strengthening in Action: HC3 Country Case Study Series

HC3 Strengthens the Social and Behavior Change Communication Capacity of the Nigerian National Malaria Elimination Programme

The Advocacy, Communication and Social Mobilization (ACSM) branch of the National Malaria Elimination Programme (NMEP) is tasked with coordinating the social and behavior change communication (SBCC) component of the malaria response in Nigeria.

To achieve high quality and effective malaria SBCC interventions, it is critical to have competent and coordinated SBCC systems in place. This competency increases the quality and effectiveness of SBCC interventions, while coordination reduces duplication of efforts and increases the consistency of messages between implementing partners who may be funded by different donors.

Background

Despite the high quality of a previous version of the malaria communication strategy, implementing it was a challenge. Before 2014, the Nigerian government, implementing partners and other organizations produced materials of varying degrees of quality, some with incorrect and conflicting messages and, as a result, malaria-focused messaging and communication products were inadequate and/or inconsistent. It became evident that clearer guidelines were needed to better understand roles, timelines and the purpose of strategic communication for malaria elimination efforts.

This case study highlights the Health Communication Capacity Collaborative's (HC3) efforts in Nigeria, starting in 2014, to strengthen the capacity of NMEP's SBCC processes and systems. This capacity strengthening was designed to help the NMEP provide effective leadership in coordinating malaria SBCC activities toward improving health indicators in Nigeria.

SBCC programs use the power of communication to change behaviors by influencing people's knowledge, attitudes and social norms to improve their health and environment.

HC3 developed the **SBCC Capacity Ecosystem™** to reflect the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. The Ecosystem is structured to consider SBCC capacity at the individual, organizational and system levels. The model recognizes that capacity strengthening is a dynamic, non-linear process that involves many interacting agents, and speaks to the inherently complex and often unpredictable nature of capacity strengthening and the ever-changing environments in which we work. It also recognizes that a single intervention is almost never enough to make change. The elements of the Ecosystem are necessarily mutually reinforcing.

The Ecosystem model is a framework for how capacity strengthening support was provided to the coordinating systems, organizations and individuals within the NMEP's ACSM unit and ACSM subcommittee/technical working groups, which, in turn, worked with the state malaria elimination programs. HC3's role in Nigeria was to build the skills of the state program staff to analyze, develop, plan, implement and monitor high-quality evidence-based malaria SBCC strategies and activities.

More information about the Ecosystem is provided at the end of this case study.

Capacity Strengthening at the System Level through Four Approaches

Approach 1: Supporting NMEP and Partners through Participatory Process Results in Review and Update of National ACSM Framework

Developing a high-quality national strategic framework is the fundamental first step in system-level coordination. The strategic framework provides the ACSM with a road map to guide their coordinating functions. HC3 Nigeria supported the NMEP and its partners in a participatory process to review and update the national strategic framework, resulting in new national ACSM guidelines in 2014. This national document guides the planning, implementation and evaluation of all malaria

SBCC programs in Nigeria. It was also the first malaria communication strategy globally to include the new malaria communication indicators from the Roll Back Malaria Partnership (RBM) *Malaria Behavior Change Communication (BCC) Indicator Reference Guide* (2014).

The guidelines include useful and practical steps for designing quality strategic communication materials for malaria prevention, diagnosis and treatment, including sample activities and tips for implementation, monitoring and evaluation. *The Malaria Strategic Plan 2014–2020* is also included as an appendix for easy reference.

The national ACSM guidelines is one of [a] kind, it is user-friendly and has been very useful during the development of [information, education and communication] IEC materials and other BCC-related activities. It will also be beneficial to partners and state ACSM officers if they are properly trained on the use of the document.

Adaolisa Ezechukwu,
Senior Medical Laboratory Scientist, National Malaria Elimination Programme

More than a dozen other African countries have asked Nigeria for copies of the ACSM guidelines and additional information on the coordinating mechanisms in order to emulate them.

Approach 2: Investment in Building an ACSM-Owned Structure and System to Ensure Quality and Minimize Duplication of Malaria SBCC Materials

Another important initiative for strengthening SBCC coordination within the ACSM was the creation of content design teams (CDTs) to facilitate the standardization process for malaria communication materials and products among malaria ACSM partners across the country and the creation of national centerpiece materials. Partners now no longer develop and produce malaria communication materials without first going through the technical review process managed by one of the material-specific CDTs – keeping malaria messages consistent and reducing duplication.

For example, when an organization develops a radio spot for malaria, they contact the communication desk officer at the ACSM who calls a meeting of the CDT for radio spots (five to nine people). The team reviews the script, then checks to see if a similar spot is already in the Centerpiece Materials database. This database consists of reviewed materials that can be customized for broadcast, thus averting the need for an agency to produce their

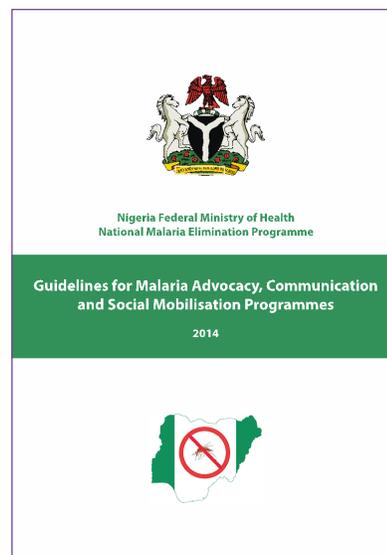


The radio magazine Content Design Team, made up of a wide range of SBCC professionals from different government and NGOs vets radio scripts for content.

own spot. If no radio spot suits the organization’s needs, or they just want to develop their own, the CDT will hand the organization the Radio Spot Creative Brief everyone uses to guide their radio spot development. This brief has been fully reviewed and is ready for production agencies to use. After the spot is produced, it comes back to the CDT for final comments, final revisions are made and the new material is added to the Centerpiece Materials database for any partner to adapt and use.

Itohowo Uko, known to all as “Ity,” is the head of the ACSM branch of the NMEP, a position she has held since 2011. As a passionate leader, she was greatly concerned about how her unit could fill its SBCC capacity needs and effectively perform its duty.

Owoya Samuel is the ACSM Communication Desk Officer who coordinates the activities of the CDTs. She remarks: “It is a good development and has made the program have control as it relates to quality of malaria messages that goes out to the populace. It has also been helpful to partners and states who adapt the material to suit their specific communication needs.”





Ity Uko expertly facilitates an SBCC training of media professionals in Benue State with support from HC3 Nigeria.

Approach 3: Strengthening SBCC Capacity of Partners and Critical Stakeholders within the Malaria Response

Considering capacity strengthening as a dynamic and complex process involving many interacting agents, HC3 Nigeria recognized the need to also strengthen the capacity of partners and critical stakeholders within the malaria response. Many ACSM partners who are part of the SBCC system benefited from skills training for technical capacity strengthening; this opportunity fostered stronger ACSM partnership. As a result, other technical branches of NMEP have been inspired to participate more meaningfully in ACSM workshops and activities, bringing greater recognition of the value that the ACSM adds to the malaria program.

The current National Coordinator of the NMEP, Dr. Audu Bala Mohammed, also noted: “We also saw how dormant the ACSM branch was before the coming of HC3 Nigeria, and how within the period of two years (2014 to 2016), the activities and programs of the branch have now been brought to light. Apart from the wonderful effort in the development and standardization of communication materials, HC3 Nigeria has gone to a great extent to build the capacity of the unit using formal and informal approaches, and now I have seen great improvement even in their performance.”

Approach 4: Proactively Engaging the Media

As another way of enhancing organizational capacity, HC3 Nigeria supported the NMEP to foster relationships and build goodwill with the news media with the aim of gaining media support for the malaria response. These efforts included helping the NMEP develop a robust media engagement strategy and conduct media literacy training for the heads of branches and technical leads

In fact, HC3 Nigeria capacity building has added value to the ACSM as a whole. For example, the creation of the Content Design Teams as the technical clearing house for vetting [reviewing] and clearing all malaria communication materials, has made harmonization of messages possible. We are now able to ensure quality, correctness, appropriateness and consistency in malaria messaging.

***Itohowo “Ity” Uko,
Head of the ACSM branch of the NMEP***

of the NMEP and ACSM partners. HC3 also developed a standardized news media toolkit and guidelines for media engagement to facilitate effective media relations. Tailored SBCC trainings were also organized for media practitioners in the various states where HC3 Nigeria is working. Within the two-year period, HC3 Nigeria supported the NMEP to train 60 media practitioners in SBCC. Subsequent efforts with the NMEP and HC3 Nigeria seek to nurture media groups for long-term sustainable media advocacy platforms for malaria.



Dr. Audu was a part of HC3 Nigeria SBCC capacity building efforts while Head of the Programme Management Branch of NMEP. Now, as National Coordinator, he greatly supports and values ACSM's work.

Challenges

HC3 Nigeria experienced several key challenges when project implementation began. For example, while the ACSM branch had job descriptions for the staff, it did not have specific terms of reference for their work. Except for the director, all staff were new to the ACSM, having transferred from elsewhere.

Because a majority of the ACSM staff had limited SBCC knowledge, HC3 Nigeria was asked to train two groups of staff: the first, who were then redeployed out of the branch shortly after the training was conducted, and the second, who were assigned to replace the first group. The

positive outcome from training the redeployed staff is that they were able to bring a good SBCC perspective to their new work.

HC3 Nigeria began working with the Nigerian government when the National Strategic Framework had to be updated. One of the greatest challenges was getting all partners to understand the importance of the document and the need to review and update it on an ongoing basis. It was initially pitched that partner contributions to the Framework would make their work easier in the long run in terms of standardizing messages and segmenting audiences, as well as offering clear direction on how and when to engage the NMEP. Regular participation in the ACSM subcommittee meetings will also provide partners with an opportunity for experience sharing and discussion that they would not want to miss. Over time, the more the Framework is used, the more it will be regularly updated in order to remain useful.

Lessons Learned

In an environment of limited resources and a significant health challenge like malaria, it is essential to have systems and guidelines in place for smooth coordination and effective checks and balances to ensure quality communication materials are produced.

Long-term investment in building structures and resources can result in sustainable impact when done in a collaborative manner with a focus on impact and supporting local objectives and priorities, including donor investments.

The ACSM continues to follow the 2014 guidelines and strongly encourages communication partners to follow the process of message harmonization and materials review to ensure NMEP quality and standards are met. This demonstrates the ACSM's strong commitment to upholding the new systems put in place to improve malaria communication.

Ity concludes: "As an individual, I can say, there is a remarkable difference in my technical capacity between when we started and now. I am now very familiar with the process of materials development and review. I also think my facilitation skills have greatly improved. I can

better supervise my staff and coordinate the activities of my branch. Even the ACSM sub-committee has become more vibrant and productive than it used to be, and partners are happy....HC3 has contributed a lot to making all of these possible through capacity building and the exposure they have given to me and my team."

Resources

Federal Republic of Nigeria. (2014). *Malaria Strategic Plan 2014–2020*. Abuja: Government of Nigeria.

Roll Back Malaria Partnership (RBM). (2014). *Malaria behavior change communication (BCC) indicator reference guide*. Geneva: RBM.

More information about the SBCC Capacity Ecosystem is provided on the next page.

Acknowledgments

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Bolade Oladejo – HC3 Nigeria Documentation Innovation Specialist

Dr. Bala Mohammed Audu – National Coordinator, Nigeria National Malaria Elimination Programme

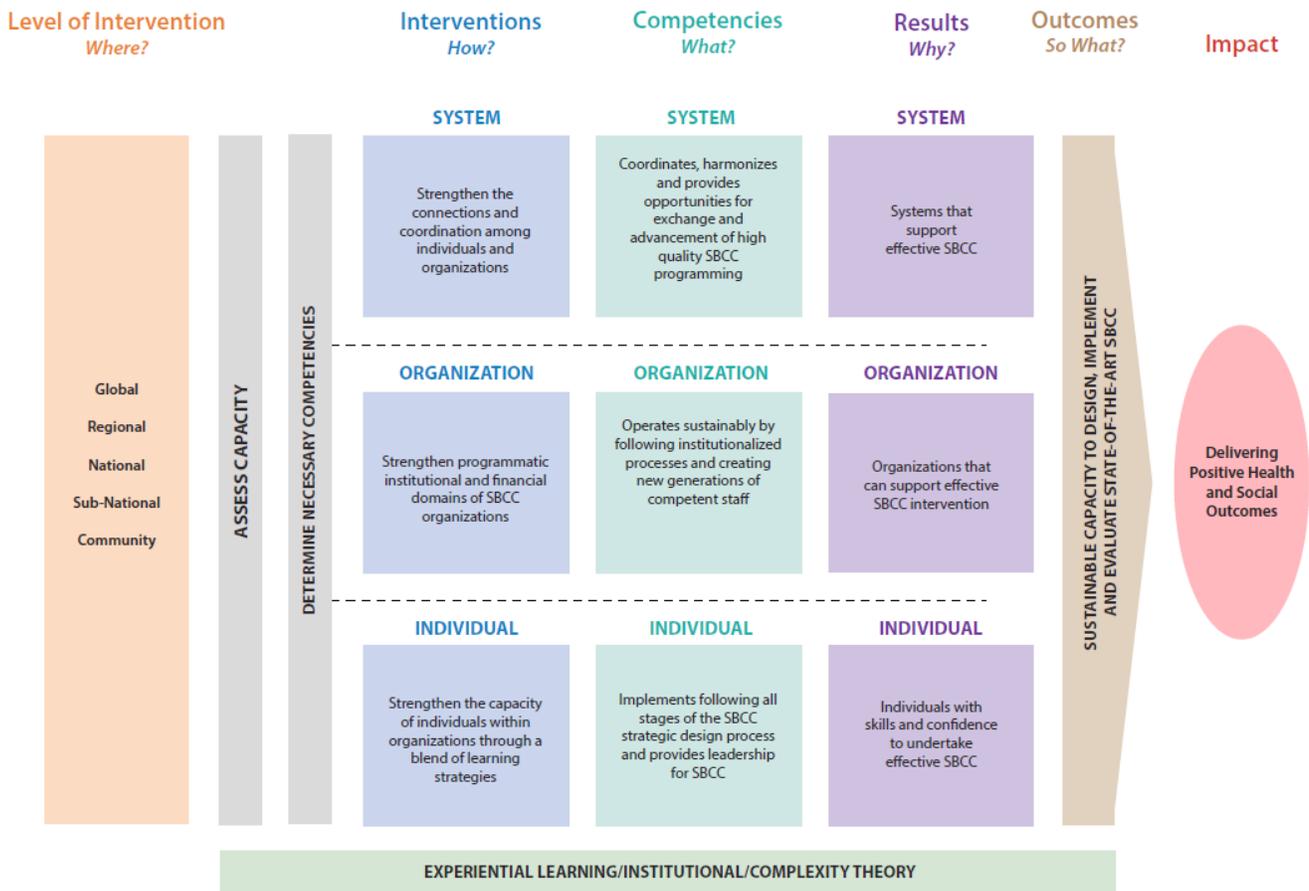
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HC3 Nigeria and their partners would like to dedicate this case study with affection and respect to the memory of Zainab Laminde Usman, Advocacy and Capacity Building Specialist at HC3 Nigeria, whose inputs are also reflected here.

SBCC Capacity Ecosystem™



A New Model for SBCC Capacity Strengthening

The HC3 **SBCC Capacity Ecosystem** reflects the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBCC. While arising from the work of HC3, it is a model that can be used by any project seeking to strengthen SBCC capacity at the local, regional or global level.

More information about the Ecosystem can be found at: <http://healthcommcapacity.org/sbcc-capacity-ecosystem/>.

www.healthcommcapacity.org



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