ORIE Nutrition Research in Northern Nigeria

What are the barriers to attendance to the MNCHW and how can these be reduced

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Preface / Acknowledgements

This report presents findings from the operations research (OR) study which was conducted to identify barriers to attendance of the Maternal Neonatal and Child Health Weeks programme (MNCHW), in two states of northern Nigeria - Jigawa and Zamfara States. The work was a collaborative project between the London School of Hygiene & Tropical Medicine, Food Basket Foundation International and Oxford Policy Management. The OR research team included the following members in alphabetical order:

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Executive Summary

Introduction

MNCHW was launched in Nigeria in 2009, as a bi-annual campaign-style programme designed to deliver key child and maternal health interventions and to revitalise health care systems. Support to strengthen this programme, in the five northern Nigerian States of Katsina, Jigawa, Kebbi, Zamfara and Yobe, is being provided by the UK Department for International Development (DFID) through its 6-year programme - Working for Improving Nutrition in Northern Nigeria (WINNN). This programme is being implemented by Save the Children International (SCI) and Action Against Hunger (Action Contre la Faim, ACF) in partnership with the five state governments. WINNN focuses on strengthening three key interventions within MNCHW, which are supplementation of Vitamin A and deworming (Albendazole), for children 6-59 months of ages, and supplementation of iron-folate for pregnant women. However, a key challenge, identified by WINNN for MNCHW programme success, has been low rates of MNCHW attendance. This summary provides an overview of the operations research undertaken to understand the barriers to MNCHW attendance and how to strengthen social mobilisation to improve it.

Approach

The MNCHW operations research study was conducted in two local government areas (WINNN supported and not WINNN-supported local government authorities (LGAs) in two of the five WINNN states in northern Nigeria: namely Jigawa and Zamfara. Data were collected via focus group discussions (n=36) with MNCHW beneficiaries, husbands of MNCHW beneficiaries and social mobilisers; and via in-depth interviews (n=20) with State and LGA level officials and community leaders who had a range of responsibilities for the MNCHW programme and for social mobilisation. The FGDs participants were selected from four strata; namely urban versus rural and high to medium level of attendance versus low level of attendance communities.

Key Findings

Analysis of the data showed no notable differences between the two states or across LGAs within the states so only the combined results were reported here.

There was very low awareness of the MNCHW programme amongst women who had not attended MNCHW, amongst husbands and amongst social mobilisers. Even though knowledge of the MNCHW interventions and their health benefits was relatively high amongst the women who had attended MNCHW and government officials, it was low across other interviewee strata. Further, all interviewee strata, except government officials, confused MNCHW with other health programmes that were being implemented in the area.

The most important reasons for MNCHW attendance, as reported by the mothers, were its perceived health benefits, its delivery of free medications and for some mothers the health education / advice they received at MNCHW. Encouragement to attend MNCHW from announcements via social mobilisation, peers, relatives or community leaders were also important reasons/motivations for attendance. Critical reasons for non-attendance included the lack of a husband's support (in terms of permission, money, transportation, and encouragement), which for some husbands was related to scepticism of free government programmes, concerns about his wife interacting with other men or fatalistic / religious beliefs. The distance to travel to the MNCHW

delivery point, stock-outs/not receiving the intervention or negative experiences on visiting health facilities were important health system's level barriers to attendance.

Reported barriers to effective social mobilisation were related to the number and types of channels, late planning, late disbursement of funds and competition with other programmes, especially the Immunization Plus Days (IPDs). The use of multiple channels, for social mobilisation (e.g., the radio, town criers, people in authority, etc), was considered important to avoid missing women. Even though MNCHW was being advertised on the radio, mothers did not always hear or understand the messages broadcasted because they were listening passively, occasionally or not at all or the messages themselves were not in the local Hausa language. Even though town criers were considered an important social mobilisation channel, concerns were raised that women living on the outskirts of communities would not hear the messages. The absence of community volunteers was also perceived to be a barrier to awareness of MNCHW, and community leaders, especially religious leaders, were considered a critical channel for effective social mobilisation, especially for motivating men to encourage their wives to attend. To motivate women, to attend, recommendations were made to initiate female led house-to-house mobilisation to increase awareness and knowledge.

The messages that were perceived to work well in the current MNCHW mobilization included: messages that provide details of the health benefits of MNCHW interventions, as well as the dates and location; and messages that would capture the attention of audiences (e.g., playlets) and are easily understood (e.g., spoken in the local Hausa dialect). These responses concur with those on motivations to attend, which suggest that understanding the nature of interventions and their health benefits is an important motivational factor for attendance.

Beneficiaries or their husbands also found it difficult to distinguish the health benefits of the IPDs and MNCHW programmes; and they placed a higher value on the IPDs delivery channels and incentives (monthly house-to-house delivery and free soap) than on those used in MNCHW (bi-annual facility-based delivery and no external incentives). Some officials also prioritised social mobilisation for IPDs over MNCHW when their programme delivery periods overlapped.

Other recommendations made to improve MNCHW attendance included the use of incentives such as soap to encourage attendance; the involvement of community members, including women, in MNCHW planning, peer support to encourage attendance and the use of a house-to-house instead of a facility-based delivery strategy. At the health systems level, many of the recommendations from participants were related to reducing the distance that women had to travel by increasing the number of health facilities delivering MNCHW. Other recommendations were to avoid stock-outs and to circumvent holding MNCHW at the same time as IPDs.

Conclusions

The low awareness of MNCHW and its health benefits need to be addressed to improve attendance. Child health was highly valued by all interviewee strata. Therefore, an overall recommendation, which can be acted on immediately, therefore, is to combine health education with social mobilisation in order to increase knowledge of MNCHW and its health benefits across all stakeholders.

The MNCHW strategy should be reviewed. MNCHW delivers multiple complex interventions requiring skilled staff, which severely limits the number of facilities through which it can be delivered. The overall recommendation, which can be acted upon in the intermediate to long term, therefore, is to modify the current MNCHW strategy from delivering a complex set of interventions,

requiring skilled staff, to delivering a simple set of interventions that does not require highly skilled staff. This change would allow an increase in the number of health facilities and outreach posts through which MNCHW is delivered in order to address the MNCHW access barrier.

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List of Abbreviations

ACF	Action Against Hunger (Action Contre la Faim)
ANC	Antenatal Care
CMAM	Community Management of Acute Malnutrition
CV	Community Volunteer
DFID	UK Department for International Development
FBFI	Food Basket Foundation International
FGD	Focus Group Discussion
FOMWAN	Federation of Muslim Women's Associations in Nigeria
IDI	In-depth Interview
IPDs	Immunization Plus Days
IPT	Intermittent preventive treatment for malaria
IYCF	Infant and Young Child Feeding
LGA	Local Government Area
LSHTM	London School of Hygiene and Tropical Medicine
MDG	Millennium Development Goal
MNCHW	Maternal Neonatal and Child Health Weeks
OPM	Oxford Policy Management
ORIE	Operations Research and Impact Evaluation
PHC	Primary Health Care
SCI	Save the Children International
SMOH	State Ministry of Health
TBA	Traditional Birth Attendant
USD	United States Dollar
VAS	Vitamin A supplements
WINNN	Working to Improve Nutrition in Northern Nigeria

1 Introduction

The number of reported infant and maternal deaths, in Nigeria, is one of the highest in the world, and is second only to India [1, 2]. Within Nigeria the under-five mortality rates range from as low as103 and 176 reported deaths per 1000 live births in the south east and south west zones, respectively to 260 and 276 reported deaths per 1000 births in the north west and north east zones, respectively [3]. Further, the reported reduction in under-five morality between 1990 and 2010 of 2% was well below the targeted 10% reduction per year required to meet the 2015 Millennium Development Goal (MDG) 4[4]; which meant Nigeria's progress towards achieving MDGs 4 and 5 is classified as insufficient [5].

In response, the UK Department for International Development (DFID) provided support for three direct nutrition intervention programmes in five selected states in northern Nigeria through its Working for Nutrition in Northern Nigeria (WINNN) programme. WINNN is a 6- year 50 million Pound DFID-funded development project based in the northern Nigerian states of Katsina, Jigawa, Kebbi, Zamfara and Yobe. It focuses on improving lives of over 6 million children through key high impact nutrition interventions, namely:

a) Integration of micronutrient intervention into routine primary health services through its Maternal, Neonatal and Child Health Weeks (MCHNW),

b) Delivery of effective IYCF interventions in selected states and Local Government Areas in northern Nigeria,

c) Delivery of effective treatment for severe acute malnutrition through local health systems in selected states and LGAs in northern Nigeria via its Community Management of Acute Malnutrition (CMAM) programme, and

d) Strengthening of nutrition coordination and planning mechanisms at National and State levels.

The MNCHW programme provides vitamin A supplements (VAS) to preschool children, iron-folate supplements to pregnant women, screens preschool children for severe acute malnutrition, and provides de-worming tablets together with immunization. The Infant and Young Child Feeding programme (IYCF) improves breastfeeding and complementary feeding practices. The CMAM programme treats severe acute malnutrition among children 6-59 months of age. WINNN is being implemented by Save the Children International (SCI) and Action Against Hunger (Action Contre la Faim, ACF) in partnership with the five state governments. The MNCHW, CMAM and IYCF programmes are integrated into the health system, particularly at the Primary Health Care (PHC) level.

A key challenge for improving nutrition, in northern Nigeria, is the successful implementation of programmes at scale. To help address these challenges, a series of operations research studies (OR studies) are being undertaken to help determine how to strengthen the DFID supported MNCHW, CMAM and IYCF programmes. The OR research aims to identify the reasons for key bottlenecks to successful programme implementation and to make recommendations on how to mitigate them. Ultimately, this series of OR studies aims to

strengthen programme delivery and increase utilisation/ beneficiary demand to enhance programme scale-up. Together with programme implementers, researchers are identifying critical implementation issues that once addressed will improve equitable access to the programmes. The OR studies are being conducted in up to four of the five Northern Nigeria states where WINNN is supporting these programmes. Lessons learned from the OR studies will be shared across the five WINNN-supported states.

In this report, results from the first series of OR studies, which focused on MNCHW, are presented. It addressed the low attendance at MNCHW, aiming to understand the barriers to MNCHW attendance and how to overcome them through strengthen social mobilisation or MNCHW delivery. In the next two sub-sections, the MNCHW programme is briefly described and the study aims and objectives are presented. In subsequent sections, the research methods, study results, their interpretation and recommendations are presented. Detailed descriptions of the study results are presented in the appendices.

1.1 The Maternal, Newborn and Child Health Week

The **Maternal, Newborn and Child Health Week (MNCHW**) programme was designed to revitalise and bring people back to primary health care facilities in local governments throughout Nigeria and to extend coverage of key maternal and child health interventions to reduce maternal, newborn and under-five mortality [6]. It was first implemented nationally in 2009; and is conducted biannually by health workers, volunteers and partners, using a campaign style form of communication to encourage attendance. The cost of MNCHW are shared by multiple programmes and partners 7].

In the northern states of Nigeria, where this OR research was done, MNCHW was first carried out in Zamfara in May 2010 and in Jigawa in June 2010. It is supported by the State Government, UNICEF and other partners. The State Nutrition Officers coordinate MNCHW activities with support from Local Government Nutrition Officers (Nutrition Focal Persons) and Local Government Immunization Officers for planning, coordination and implementation of campaign activities. In the five WINNN supported states of northern Nigeria, the programme is being implemented by SCI and ACF in partnership with the five state governments of Jigawa, Zamfara, Kebbi, Katsina and Yobe.

The **overall goal** of MNCHW is to increase population coverage of needed low cost, high impact interventions and thereby contribute to reductions of morbidity and mortality in mothers, newborns and children less than 5 years of age in Nigeria [6, 7].

The **specific objectives** of MNCHW are to [7]:

1. Promote utilization of health facilities by pregnant women, newborn and children.
2. Mobilize pregnant women to have four focused antenatal care visits
3. Deliver Tetanus Toxoid to eligible women of reproductive age
4. Provide children 6-59 months with vitamin A every 6 months.
5. Promote home visits for newborns
6. De-worm 12-59 month old children every 6 months
7. Conduct growth monitoring and screening for malnutrition, and refer identified cases of acute malnutrition, in 6-59 months children, to health care services.

8. Distribute and promote the use of long lasting insecticide treated bed nets for under five year old children, pregnant and lactating women
9. Mobilize 0-11 month old children for routine immunisation according to the national policy.
10. Provide family planning/birth spacing information and services
11. Provide information and education to communities about best practices for safe motherhood, newborn and child survival.

The minimum integrated package of services of MNCHW include [7]:

1. Nutrition and care for 6-59 month old children: Vitamin A supplementation, deworming, mid-arm circumference measurements (MUAC) to screen for severe acute malnutrition and Immunization: oral polio vaccine, diphtheria, pertusssis, tetanus and hepatitis B vaccine and measles vaccine
2. Nutrition and care for Pregnant Women: Fe/Folate supplementation, tetanus toxoid vaccine and sulphadoxine-pyrimethamine for intermittent preventative treatment of malaria
3. Health Education: key household practices (feeding, health care, handwashing, etc.)

Within this package of services of MNCHW, WINNN is focused on improving the provision of Vitamin A supplements and Antihelminthics (Albendazole) to children 12-59 months of age and the provision of Iron-folate supplements to pregnant women. UNICEF is involved in the MNCHW social mobilisation process is done independently of its role in WINNN.

1.2 Objectives of the OR Study

The overall aim of the study was to understand the key barriers to MNCHW attendance and to identify ways to strengthen social mobilisation. The specific objectives of the study were:

1. To determine women's, husbands, social mobilsers and government officials awareness, knowledge and perceptions of the MNCHW programme
2. To understand reasons and motivations for attendance at MNCHW
3. To determine reasons for non-attendance at MNCHW
4. To determine barriers to awareness of the MNCHW programme
5. To elicit perceptions of women, husbands, social mobilisers and government officials on what works and what does not work in the current social mobilisation for MNCHW
6. To determine the motivation of social mobilisers for involvement in MNCHW social mobilisation
7. To identify recommendations for change in social mobilisation and in the overall MNCHW strategy to improve MNCHW attendance

2 Methods

2.1 Study Setting

The MNCHW study was conducted in two of the five WINNN states in north western Nigeria: Jigawa and Zamfara States.

2.1.1 Jigawa State:

Jigawa State with Dutse as its state Capital is one of 7 states in the north western region of Nigeria. Jigawa borders Kano to the southwest, and Katsina to the northwest, Bauchi State to the southeast, Yobe State to the northeast. To the north, Jigawa shares a border with the Republic of Niger [8]. It has 27 LGAs which make up 5 emirate councils. Its population is about 4.3 million (2006 census) with an annual growth rate of 3.5%. Primarily an agrarian state, Jigawa has a climate that is conducive for cultivation of staple food crops, livestock and fish production [8, 9].

Jigawa has a distinct health system - the Gunduma health system, which is based on the WHO recommended “District Health System”[10]. This system integrates both the primary and secondary health care services under one management and accountability structure, which is the responsibility of the Gunduma Health Board under the State Ministry of Health (SMOH). The overall structure decentralises services to the nine Gunduma health Councils. Each Gunduma Council is comprises of 2-4 LGAs and is responsible for supervising all health facilities within the council [9, 10].

Jigawa state has high mortality rates and burden of diseases profile. Its maternal mortality ratio (MMR) is estimated at 2,000 deaths per 100,000 live births and the under 5 mortality rate is estimated at 98 per 1000 [10]. According to the September 2012 SMART survey, in Jigawa State, the prevalence of Vitamin A supplementation was 81.6%, and 40.4% of children under 5 years of age were stunted [11]. The reported mean State vitamin A supplementation coverage rate, for the May 2013 MNCHW round, was 92%, ranging from 43% to 199% across LGAs; and exceeding 100% in 13 of the 27 LGAs in the state, indicating poor data quality and/or inaccurate population denominators.

2.1.2 Zamfara State.

Zamfara State with Gusau as the state capital is one of 7 states in the north western region of Nigeria. Zamfara borders Sokoto State to the north, Kebbi and Niger States to the southwest, Kaduna State to the South East and Katsina to the East. It has 14 LGAs and 147 political wards. Its population is about 3,278.873 (2006 census) with an annual growth rate of around 3.2%. Over 80% of the State population is employed in the agricultural sector [12] and it has a climate that is conducive for cultivation of staple food crops [13, 14].

Zamfara state has high maternal and child mortality rates and a high burden of disease profile. The maternal mortality ratio (MMR) is estimated at 1,049 deaths per 100,000 live births [15], and its under-5 mortality rate is estimated at 143 per 1000 [16]. According to the SMART survey in September 2012, the prevalence of Vitamin A supplementation, in

Zamfara State, was 32.3%; and 36.3% of children under 5 years of age were stunted [11]. The reported State vitamin A supplementation coverage rate, for the May 2013 MNCHW round, was 83%, ranging from 34% to 108% across LGAs; and it exceeded 100% in 3 of the 14 LGAs in this state, indicating poor data quality and/or inaccurate population denominators.

2.2 Study Ethics, Design and Sampling

2.2.1 Ethics

The study was approved by the University of Ibadan and University College Hospital Ethical Review Board, and by ethics committees from the Jigawa State Ministry of Health and the London School of Hygiene and Tropical Medicine. Informed verbal consent was obtained from all the participants.

2.2.2 Study Design

The MNCHW study was conducted, in November 2013 (just prior to the November round for MNCHW), in two of the five WINNN states in north western Nigeria: Jigawa and Zamfara States. The data were collected through focus group discussions (FGDs; n=36) and in-depth interviews (IDIs; n=20) for the following reasons:

i. Focus group discussion (FGD) and In depth Interviews (IDI) were used to ensure that perceptions, insights and experiences were gathered at all levels and that respondents were free to discuss these through the use of semi structured, open ended questions and probes for in depth exploration.
ii. FGDs were used to encourage interaction between participants to discuss their individual and shared perceptions and experiences [17].
iii. IDIs were used to explore in greater depth the perceptions of stakeholders on social mobilisation for MNCHW and on the MNCHW strategy in general, and to explore ideas on how to modify health care [18] and the delivery of interventions [19].
iv. FGDs were held with MNCHW beneficiaries, husbands of beneficiaries and those directly involved in MNCHW social mobilisation. IDIs were held with State and LGA level officials and community leaders involved in MNCHW.

2.2.3 Sampling

In each State, two LGAs were purposively selected to include, in this study - one LGA where WINNN works and another LGA where WINNN does not work. The LGAs were Babura and Birnin Kudu in Jigawa and Bungudu and Talata in Zamfara. Within each LGA, FGD participants were purposively selected from four defined strata. These strata were defined by urban versus rural locations and communities with high to medium level versus low level of reported vitamin A supplementation coverage during the May 2013 MNCHW round (Figure 2.1). Within each strata, homogenous FGDs were conducted with women who had attended the MNCHW programme (n=8 FGDs), women who had never attended MNCHW (n=8 FGDs), husbands of women who had attended (n=4 FGDs) and husbands of women who had not attended (n=4 FGDs) MNCHW, and selected groups of social mobilisers (n = 12 FGDs; Figure 2.1). The selected social mobilisers included town criers (n=3 FGDs), male

religious leaders (n=4 FGDs), community volunteers (n=4 FGDs; n=2 FGDs with males and n=2 FGDs with females) and health workers (n=1 FGD).

For **in-depth interviews,** participants were purposively selected to include State and LGA level officials and community leaders with a range of responsibilities for the MNCHW programme and for social mobilisation at the State (n=5 IDIs) or LGA (n=6 IDIs) levels. The officials included the State Directors of Primary Health Care, State Nutrition officers, State Health Educators, LGA Nutrition officers and LGA Health Educators. In depth interviews were carried out with community leaders who had been involved in social mobilisation (n=8 IDIs).One IDI was conducted with a town crier because there were insufficient numbers of town criers to hold a FGD with town criers in the location.

FGD Strata	Number conducted
FGDs with women who had attended the MNCHW programme	8
Women who had never attended MNCHW	8
Husbands of women who had MNCHW	4
Husbands of women who had never attended MNCHW	4
Selected groups of social mobilisers:	
Town criers	3
Religious leaders (male)	4
Male community volunteers	2
Female community volunteers	2
Health workers	1
TOTAL	36

Table 2.1: Number of FGDs conducted per strata

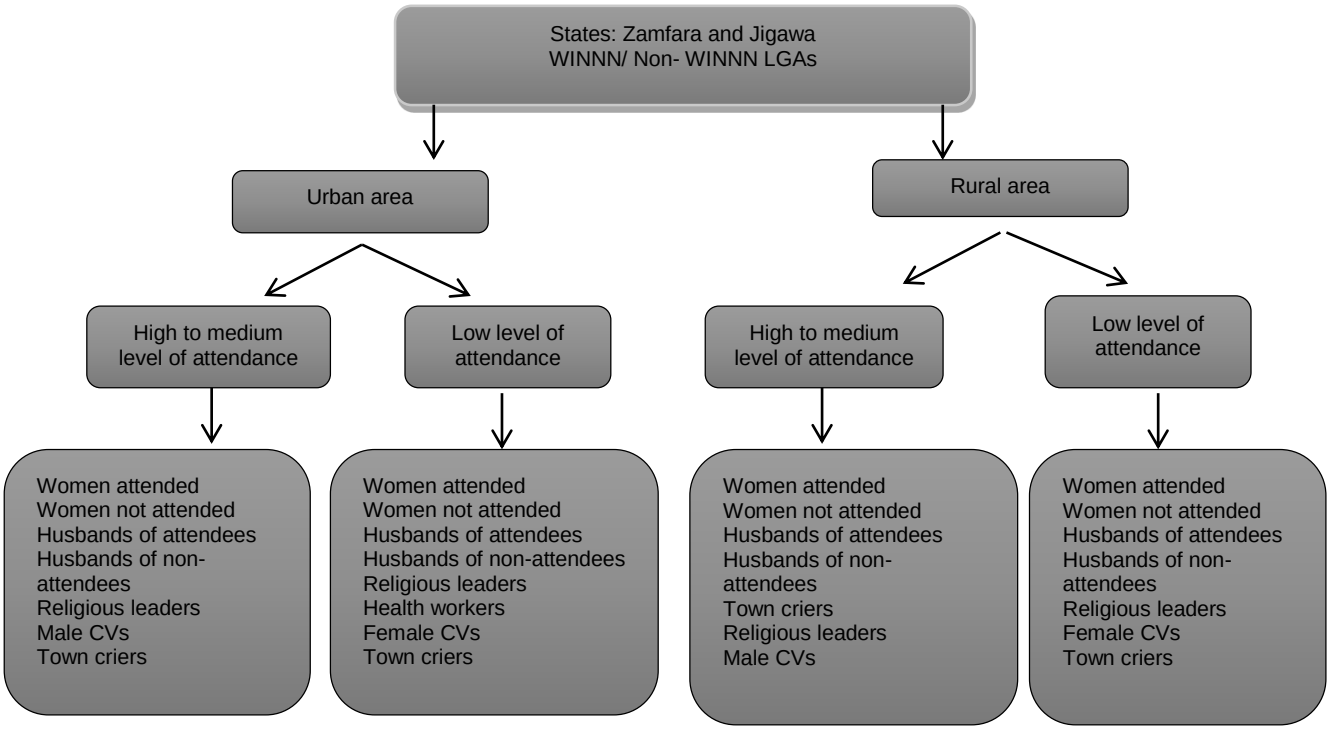

Figure 2.1: Sampling strata within LGAs for FGDs

2.2.4 Data collection and management

Theme guides were developed for each FGD and IDI category (Annex 1). These theme guides were pre-tested in a pilot study and further refined before use. The data were collected by eight field workers (four men and four women) who were from Jigawa State, Northern Nigeria and fluent in speaking Hausa and English. They were trained by experienced qualitative research trainers from Food Basket Foundation International (FBFI) and Oxford Policy Management (OPM). They were supervised on a daily basis by the study co-ordinator (CYD; female) from OPM and another trained qualitative researcher (HL, male) from FBFI.

The IDIs and FGDs were conducted in Hausa or English, depending on the participants preferred language of communication; and recorded using a digital recorder (Olympus Digital Recorder VN-711-PC) after verbal consent had been obtained from the participants. Field notes were also taken during the FGDs and IDIs. At the end of each day, these notes and recorded interviews/discussions were reviewed by the supervisors to ensure data quality, identify unanticipated emerging themes to explore through additional IDIs or probing and to provide individual advice on how to improve subsequent IDIs and FGDs.

All FGDs and IDIs, which had been conducted in Hausa, were first translated into English; and then all FGDs and IDIs were transcribed verbatim by 4 independent and experienced translators/transcribers who were fluent in both Hausa and English. All transcribed data were de-identified and given labels based upon their FGD strata, person number within the FGD, and numbered interviewee in the IDIs.

2.2.5 Coding and data analysis

Data were transferred to NVivo 10 for coding by the study co-ordinator (CYD). In this process, each of the transcribed FGD and IDI were labelled using consecutive numbers to ensure easy identification and referencing. A primary coding framework was developed by three members of the research team (JW, CYD, OA) based upon the objectives of the study including: barriers to awareness and perceptions of women; barriers to awareness and perceptions of husbands; reasons for attendance at MNCHW; reasons for non-attendance at MNCHW; motivation and support for attendance; motivation of social mobilisers for involvement; and the current social mobilization strategy: what works well, what does not work well and recommendations for improvement (**Figure 2.2**). During data coding, the primary coding framework was expanded to incorporate newly emergent themes. The sub themes, with the exception of 'the current social mobilisation strategy', were further coded around a second theoretical framework [20]. The aim of organising the data around this theoretical framework was to define the level (individual, socio-cultural and household, environmental, or health system levels) of pre-defined and emergent themes to aid in defining targeted recommendations for improving MNCHW attendance. These levels are defined in **Box 2.1**.

Box 2.1: Levels used in the secondary theoretical framework adopted for data coding

Individual level: **factors related to the respondent (s) knowledge, thoughts, beliefs, actions and behaviour.**

Social/cultural/household level: **factors related to the respondent (s) economic and social position, household factors including gender roles, societal and cultural norms and traditions, and religious practices.**

Environmental level: **factors related to weather conditions and physical access.**

Health system level: **factors related to the various components and quality of the health system, such as staff attitudes or performance, medication, service provision and user fees. This also includes all social mobilisation activities as a sub-category**

The second stage of the analysis, in which data were further synthesised, was carried out by five members of the research team (JW, CYD, OA, EF, and IA). As a group, the research team compared themes across interviewee strata (i.e., government officials, women attended, women not attended, husbands and social mobilisers) in order to assess and synthesise the perceptions and experiences of these different groups of people.

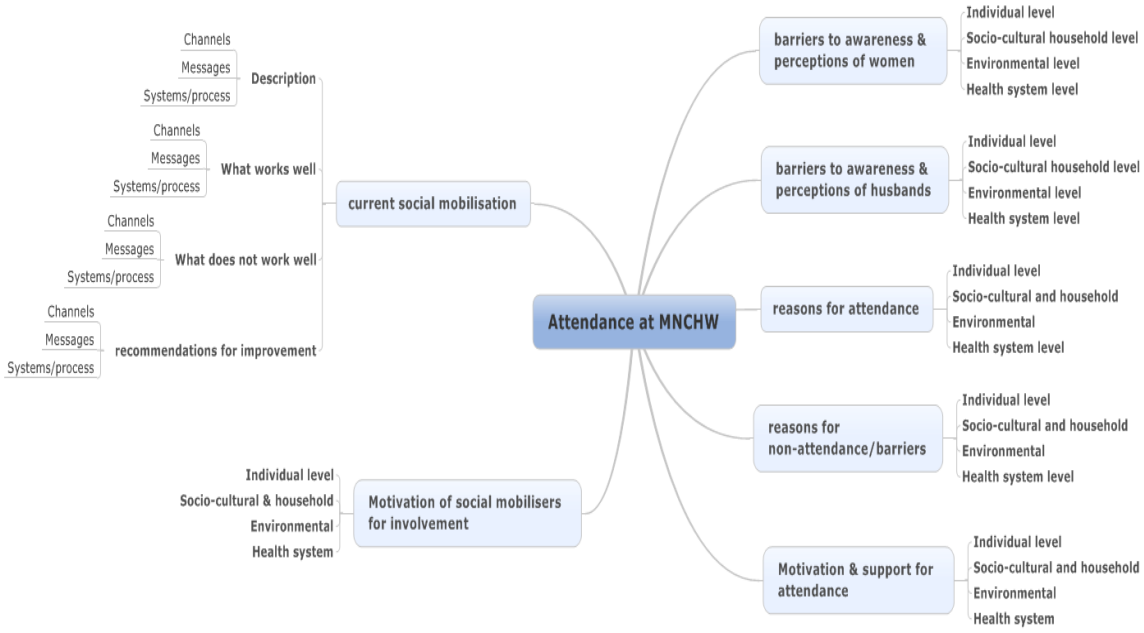

Figure 2.2: Primary coding framework

2.2.6 Quality Control

To ensure the quality of data, fieldworkers were extensively trained in the field on FGD and IDI techniques and on use of the theme guides. A pilot study was carried out to test the FGD theme and IDI interview quides and for the fieldworkers to familiarise themselves with the study topic and tools. These field trainings were followed by further training in Abuja where the trainers and fieldworkers together reviewed transcribed FGD and IDIs from the pilot study. Discussions and practice sessions were held with fieldworkers on achieving more depth in the FGDs and IDIs and adjustments were made to the theme and interview guides.

A pre-tested theme guide was used for the FGDs and a semi-structured interview guide was used for the IDIs to ensure the desired information was collected. All FGDs and IDIs were digitally recorded and reviewed daily by the study co-ordinators (CYC and HL). All recorded data were translated and transcribed verbatim by transcribers who were fluent Hausa and English. A member of the study team (CYD) who is also fluent in Hausa and English listened to a sample of the recordings and read through the transcripts to ensure that the translation and transcription were properly carried out.

The data were analysed in two phases by a team of three and five people, respectively. A group approach to analysis was used to reduce subjectivity of data interpretation. Further, a data interpretation workshop was held with multiple stakeholders from the UK and Nigeria and from within the programme (WINNN; chief of party, two from Save the Children and two from UNICEF) and external to the programme (OR research team and OPM staff) where interpretations of the findings were discussed. A draft report was also circulated, for review and comment, before it was finalised for general distribution.

3 Results

The planned total of 36 FGDs and 20 IDIs were conducted with beneficiaries, husbands of beneficiaries, social mobilisers, State and LGA level officials and community leaders (Annex 1). A total of 300 participants were involved in the study

Themes and sub-themes for each objective are summarised in Annex 3. In the sections below, narrative text is used to present them as they relate to each objective together with illustrative quotes. Participants in the IDIs and FGDs are referred to as respondents (R) in the narrative text. No differences were found in the framework or emerging themes and sub-themes between the States or between the husbands with a wife who had attended or had not attended MNCHW. The results were, therefore, collated across the two States, for all interviewee strata, and across the two interviewee strata of husbands, respectively. No new relevant information was heard within interviewee strata indicating saturation was reached in all.

3.1 Awareness, knowledge and perceptions of the MNCHW programme

There was very low awareness of the MNCHW programme amongst women who had not attended MNCHW and amongst husbands. Awareness of MNCHW amongst social mobilisers was also low and often confused with other health programmes. Confusion with other health programmes was evident across all interviewee strata with the exception of the government officials. Amongst attending women the confusion generally related to antenatal care (ANC) and immunisation. However, MNCHW includes components of ANC, which sometimes made it difficult to interpret whether women were talking about MNCHW or ANC. The distinguishing feature was the frequency of attendance where women described ANC as a weekly or monthly programme and MNCHW as the one that comes twice a year. Social mobilisers showed evidence of confusion between MNCHW and a number of programmes including Immunization Plus Days (IPDs), IYCF, CMAM, ANC and immunisation.

Knowledge of the MNCHW interventions and their health benefits was relatively high amongst the women who had attended MNCHW and government officials, but low across other interviewee strata. Health benefits, as mentioned by mothers who had attended MNCHW (as well as husbands, CVs and government officials) included: treating worms, increasing blood, improving eye sight and growing well. In some cases interviewees were able to link a named intervention to a specific health benefit, for example Vitamin A for improving the eye sight of children. In other cases the link was less clear and quite frequently interviewees merely linked MNCHW with a health benefit without any clarity on what this health benefit was.

Box 3.1: Illustrative quotes for awareness of MNCHW

R6: There is also lack of knowledge about the programme since it is not regular, and even if it is regular, it is not a must for you to know it is happening. These kind of things; something that will take a year, it is difficult for you to know of it unless.....

R (chorus) honestly we haven't heard of it.
R4:I have been hearing the radio but I've never heard of it"

(FGD11 women not attending)

R3: "Honestly I don't know anything about it and my wives had never attended the program."

(FGD23 Husbands)

R: "Yes there is [difference between MNCHW and other programmes] but it is not much. If people are told to come then they will. There is a weekly one that they do for pregnancy check-ups and even the children come for check-ups, some after 2weeks and some weekly and if they get stronger then they increase the weeks"

(IDI1 Government official)

Box 3.2: Illustrative quotes for knowledge about MNCHW

R8: "When they are taken to this program, they are given drugs for snakes of the stomach, and there is vitamin A to increase sight for little children, these are what is given to them."

(FGD 18 Husbands)

R2: "*They become healthy and grow up well."*

(FGD 12 Women attended)

R6: Addition to this is, this program we are discussing about; that is a program that government organizes with other organizations, where two weeks are set apart, twice every year to improve the health of women and children like we talked about. Such that when pregnant women attend and little children, they are given drugs such as Vitamin A, medicine to increase blood, medicine for worms of the stomach, and also the education they get on improving their health."

(FGD 26 Religious leaders)

R3: Because they know the benefit or the importance of it. This program that is conducted twice a year unlike the ones conducted in the previous years.

(FGD 18 Husbands)

R2: Because it takes care of our children's health, it helps our children."

(FGD3 Women Attended)

3.2 Reasons and motivations for attendance or non-attendance at MNCHW

The reasons for attendance, motivations and support for attendance and reasons for non-attendance are summarised in Figure 3.1 and detailed below.

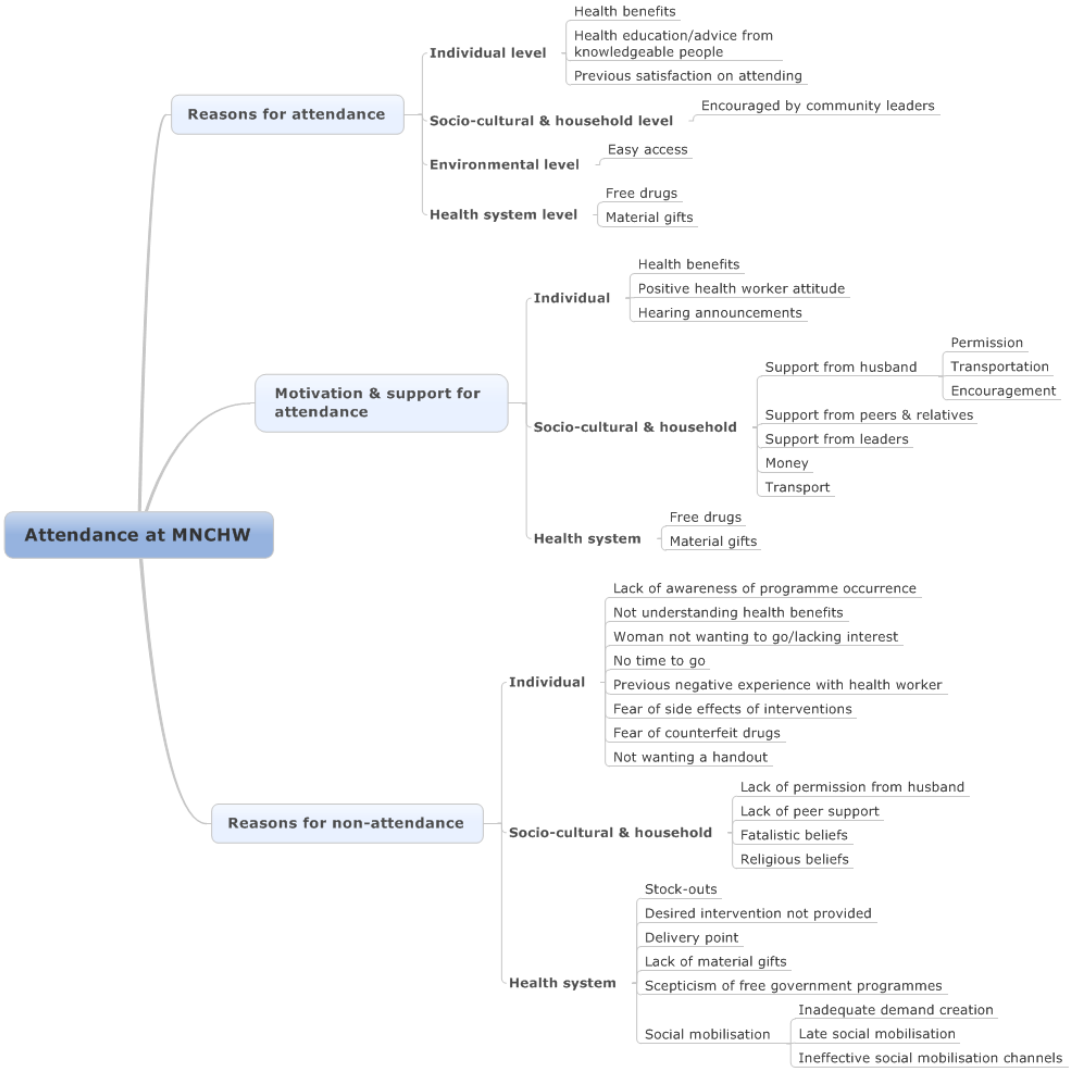

Figure 3.1: Reasons for attendance and non-attendance at MNCHW

3.2.1 Reasons and motivations for attendance

The most important reasons or motivations for MNCHW attendance, which were discussed by all interviewee strata, were the health benefits and free drugs. Among women (both attendees and non-attendees) and husbands, the health education / advice received at MNCHW motivated attendance; whereas only women who had attended MNCHW reported that hearing announcements from town criers motivated MNCHW attendance. All women and husbands reported that peers and material gifts, such as soap, motivated attendance. Material gifts were also considered a motivator of MNCHW attendance by the social

mobilisers. Community leaders, as reported by all interviewee strata, except the women, motivated attendance by encouraging men to permit their wives and children to attend the programme. Previous satisfaction on attending MNCHW and easy access were reported as reasons to attend but only amongst the attending mothers.

When the motivations/ reasons for MNCHW attendance were categorised by individual, socio-cultural/household and health systems levels, the individual level reasons/motivators were the perceived health benefits, health education/advice, a positive health worker attitude and hearing announcements. At the socio-cultural and household level they were support from husbands (in terms of permission, money, transportation, and encouragement), support from peers and relatives, and support from leaders. At the health system level, they were free drugs and material gifts.

Box 3.3: Illustrative quotes for reasons/motivation for attending MNCHW

R6: "It's about health and precaution, so we bring them for that, even though they might be healthy"
(FGD6 Women Attended)

R6: the reason it encourages, since when they come they are checked; their health and the health of their children, so this is their encouragement"
(FGD29 Community volunteers)

R2: "because they know the benefit of the product she observed her colleague with a child suffering and the other one pregnant and she came the will of Allah she has been cured and that is why she too will come around this will help her child health"
(FGD21 Husbands)

R12: "And I'm sure that when she goes for antenatal, they write drugs for her and say go and buy and drink, and she comes to the program and they tell her take and she sees it is the type that was given to the other who her husband bought for her, but she has taken hers free."
(FGD17 Husbands)

R5: "……. some husband, if he wants her to go but he understands she doesn't have the interest, he can give her something as a gift for her to go because he knows the benefit"
(FGD21 Husbands)

R6: "……If you hear that someone got the medicine for their child you will also get up and come and get yours likewise if you collect it and tell someone, that person will also follow your footstep"
(FGD5 Women Attended)

3.2.2 Reasons for non-attendance at MNCHW programme

Multiple reasons for non-attendance were reported across the interviewee strata that often mirrored those given for attendance (Figure 3.1). Lack of awareness was reported as a reason for not attending MNCHW only by women who had not attended MNCHCW and by government officials. Women who had attended MNCHW felt that non-attending women were aware of MNCHW but had chosen not to attend out of lack of interest or understanding of the programme's health benefits. Lack of knowledge of its health benefits was reported as

a reason for non-attendance by women (attending and non-attending) and by government officials. This lack of knowledge of health benefits and general lack of explanation of the interventions and benefits, including dissipating worries about side effects, such as infertility or birth control, ran through many of the reasons for non-attendance at the individual level. Both women who had attended and not attended MNCHW reported prior negative experiences on visiting health facilities, as a barrier to attendance. Other barriers to attendance at the individual level were lack of time to attend (reported by non-attending women and husbands), fear of counterfeit drugs (reported by community volunteers) and not wanting a hand-out (reported by both groups of women).

Socio-cultural and household level factors were also strong deterrents to attending MNCHW. A husband's permission is an absolute requirement, although there were reports that women do not always go even when this permission is granted. Other barriers expressed by husbands included concerns about their wives meeting other men, scepticism of free government programmes and fatalistic beliefs or religious beliefs. Peer support is also important as women generally reported being encouraged to attend if their peers had done so. At the health system level, distance and lack of transport or lack of money for transport were often mentioned as a reason for non-attendance at MNCHW across all interviewee strata. Drug stock-outs were also mentioned by women who had not attended MNCHW and government officials, as a reason for non-attendance. These barriers to attendance were compounded by their experience with the IPD delivery model, where IPD is taken to the house. There was an expectation among husbands that MNCHW would also do the same.

Other reasons given at the health system level, for non-attendance, were late social mobilisation and ineffective social mobilisation channels. The health officials also discussed barriers such as security, the hard to reach groups, such as nomadic Fulani pastoralists and a lack of education/sensitisation.

Box 3.4: Illustrative quotes for reasons for non-attendance at MNCHW

R: "Maybe they are not mobilizing well; maybe they are not informed well. Yes, that is the only reason I can look at it because no mother will reject the services that are rendered during MNCH Week, because it is something to do with her life and the life of her child…… except if the mother is not informed ……."

(IDI2 Government official)

R2: "They say their children are okay [healthy] and they won't take them"

(FGD15 Women non-attending)

R9: "…….sometimes they do that quarrelling this is what is making the village women discourage. You came, no explanation, no attention, what they need to tell you is not in calmness but carelessly……"
R2: "……some of the pregnant women are small girls .....whenever some of the girls visit the hospital and are insulted they even cry"
R3: "I have cried before as well"

(FGD4 Women Attended)

R2: "Truly, when you go and are humiliated, there is no way tomorrow you will enjoy going back, except you are patient and ask God to help you wherever you go, to get well"

(FGD10 Women Not Attended)

3.2.3 Barriers to awareness of the MNCHW programme

The most common social mobilisation channels to increase awareness of MNCHW were town criers, the radio and community or religious leaders; although health workers, peers and the newspaper were also discussed by some respondents. Messages delivered through these channels focused on asking families to bring their child, for MNCHW, to a specific facility on specific dates instead of its health benefits.

Barriers to awareness were related to inadequate access to any of these social mobilisation channels, ineffective or insufficient social mobilisation channels and inappropriate or non-effective messages. Even though the MNCHW was being advertised on the radio at the time of the study, women who attended MNCHW and officials reported that programme beneficiaries did not always hear or understand the messages broadcasted. This lack of awareness occurred because they were listening passively, occasionally or not at all or the messages themselves were not in the local Hausa dialect. The radio messages also did not reach all women because of environmental barriers such as no radio signal, the lack of a radio or the timing of broadcasts.

Similarly, even though town criers were considered an important social mobilisation channel, concerns were raised by women who had not attended MNCHW that women who were living on the outskirts of communities would not hear the messages. The absence of community volunteers for MNCHWs was also perceived to be a barrier to awareness of MNCHW.

Of these barriers, factors relating to the radio (no radio signal, listening passively and timing of the broadcast) were considered important across all interviewee strata.

Box 3.5: Illustrative quotes for barriers to awareness of the MNCHW programme

R: "so automatically here if a town announcement works here, in another LGA maybe it would be a radio, like for (mentions name of town), there is radio FM within the catchment areas, even beyond, but there are some places that radio FM, umm Freedom, cannot get"

(IDI8 Government Official)

R3: "Sometimes you don't really understand what they are saying on the radio, as you might be distracted from other things that you are doing, like you might be doing other work. So it's not as effective as if it was announced or discussed"

(FGD8 Women Attended)

R all: "……because those at the extreme end of the town don't hear the news"
R6: "……..the town crier stops at the middle of the town, the extreme is not reached"

(FGD12 Women Not Attended)

3.3 The perceptions of women, husbands, social mobilisers and government officials on what works and what does not work in the current social mobilisation for MNCHW

3.3.1 What works in social mobilisation

The social mobilization channels that were perceived to work by all interviewee strata included the use of traditional and religious leaders and influential people at various levels, town criers / announcers and the radio. Government officials emphasised the importance of using multiple channels to avoid missing people, especially those living at a distance from the town centres. A cascade style, for social mobilisation, was considered effective by most interviewee strata where messages are passed down from political, cultural or religious leaders to the people through the mosques or town criers. Informal channels through word of mouth were also considered effective by women (both groups) and husbands. Health workers, house-to-house mobilisation (especially when done by other women), TBAs, newspapers, local government, telephone, Islamiyya (Islamic religious) schools and playlets were also mentioned by some interviewee strata. Of these channels, town criers and people in authority were identified as important social mobilisation channels by all interviewee strata.

The messages that were perceived to work well in the current MNCHW mobilization included: messages that provide details of the health benefits of MNCHW interventions as well as the dates and location; and messages that capture the attention of audiences (e.g., playlets) and are easily understood (e.g., spoken in the local Hausa dialect). These responses concur with those on motivations to attend, which suggest that understanding the nature of interventions and their health benefits is an important motivational factor for attendance.

Box 3.6: Illustrative quotes for effective social mobilisation channels

R4: Apart from the radio, you know when a letter comes from his highness, and leaders, the sectional heads will gather the poor people and inform them on what is going on. He can pass it through the mosque, through the town crier to make the announcement"

(FGD30 Religious Leaders)

R: "The best among them will be the town criers. It is the town criers that will deliver the message to the doorstep of everyone as they go neighbourhood after neighbourhood announcing it about the program and when and how it is going to take place…….. As soon as they announce that, you will see people attending the program with their children"

(IDI18 Community Leader)

R "the main success now is the contribution given the LGA chairman for the MNCH week, which is just encouraging ownership"

(IDI1 Government Official)

R8: "……our husbands will tell us and if you ask him where he got the news then he will tell you that you don't have to know but you should go. If you are satisfied with his answer then you will get ready and go in the morning"

(FGD6 Women Attended)

Box 3.7: Illustrative quotes for messages that work

R2: "If they [messages] are not [understandable], we would not attend"

(FGD7 Women Attended)

R5: "That you would be motivated when you hear the information. That you don't know anything about it but when you hear that thing is quality, that encourages you. Even if you don't have the money you would look for it anywhere in order to them to be able to go to the hospital in order to collect the assistance"

(FGD23 Husbands)

At the health systems level, government officials thought MNCHW resulted in more referrals into the CMAM programme, which successfully treats childhood severe acute malnutrition. They also thought MNCHW was encouraging partnerships and a supportive environment across the public health system where local government were beginning to take ownership of the programme to effectively address public health problems.

3.3.2 What does not work in social mobilisation

There were several levels reported at which social mobilisation did not work well, including the effectiveness of delivery channels (process), the appropriateness of the messages used to create demand and bottlenecks in the supply side. Single channels used in social mobilisation did not reach all women or their husbands, which was recognised by government officials who reported that multiple instead of single channels were needed to enhance message coverage. Individual MNCHW social mobilisation channels that were perceived not to work well included: the radio when there was no radio in the household, a lack of a signal or inattentive listening; and health workers because their role, as perceived by husbands, was one of treatment instead of prevention of illnesses. For husbands, promoting health care was the role of Emirs and Imams and of other social groups working with women instead of health workers.

Across interviewee strata, there were some reservations about using radio messages, which were perceived not work well because the messages were inappropriate or did not motivate women to attend. Radio messages used in other states were not always pretested before airing which meant the language used was inappropriate or not well understood (not in the local Hausa dialect). The messages themselves, according to women who had attended MNCHW, did not motivate attendance and create a demand because they did not explain programme details, such as dates or location or the health benefits of the MNCHW programme.

Box 3.8: Illustrative quotes for social mobilisation channels that do not work

R3: "Sometimes you don't really understand what they are saying on the radio, as you might be distracted from other things that you are doing, like you might be doing other work. So it's not as effective as if it was announced or discussed"

(FGD8 Women Attended)

R4: "Frankly in the case of the doctor, he is important and in another way he is not important because apart from we who visit him, we that we understand him, we are ones only going to him but the emirs

& imams by the will of Allah I think there is no other method that is better than this and then the committee which will be established both for women and men"

(FGD 24 Husbands)

At the health system level, late distribution of funds, as reported by government officials, was an important barrier to effective MNCHW social mobilisation. This lack of readily available funds, for social mobilisation, was a particular concern for community level interviewee strata. It meant that social mobilisation began too late, leaving inadequate time to make plans to attend; and it limited the choice for social mobilisation channels because money was not available to pay radio station bills. It was not only social mobilisation activities that were felt to start later than necessary but also planning for MNCHW. Multiple independent health programmes were putting pressure on the health system; in particular, the government officials reported a competition for resources between the IPDs and MNCHW programmes.

Stock-outs of MNCHW drugs were another health system level barrier, for effective social mobilisation, because they discouraged women's attendance due to unfulfilled expectations and fuelled some distrust of the government system. This opinion triangulates well with that of women saying that the availability of free drugs was a motivator to attend MNCHW, whereas previous experiences with stock-outs were a reason for not attending.

Box 3.9: Illustrative quotes for delays in social mobilisation planning

R4: "sometimes if it is going to take place tomorrow it will be announced today"

(FGD5 Women Attended)

R: "for IPDs, and for this maternal and child health week, sometimes, immediately after we finish the polio, we just jump into the maternal and child health week. So and err, for the maternal and child health week, we don't have posters, I think now I don't have any poster for MNCH in my LGA……."

(IDI12 Government Official)

R: "even for the maternal and child health week, we are still making the work plan, but the time, the variation between the pre implementation and implementation, we [don't] have enough time in order to prepare for the social mobilization"

(IDI12 Government Official)

Box 3.10: Illustrative quotes for messages that do not work

R: "sometimes we have challenges, when we, for instance we tell them SP is to be given but then it is not given, but it is better to inform them than not to say it and then they are given. So all the interventions they are expecting, if they ask for it, it is better; you understand, now we can decide to go for a compound meeting or dialogue and they will say last time you promised to bring immunization and medicine for malaria and you didn't bring it, so we'll now say okay, we will bring it"

(IDI3 Government Official)

3.3.3 Motivation of social mobilisers for involvement

Effective social mobilisation, to encourage attendance, is reliant on highly motivated social mobilisers. The motivation, for work done by social mobilisers, included externally driven factors such as monetary rewards, gifts from people and source of employment; and internally driven factors such as a sense of duty, heavenly rewards or personal satisfaction. The town criers had a clear sense of duty to their role in the community. Across all types of social mobilisers there was a commitment to community development.

Box 3.11: Illustrative quotes for motivation of social mobilisers for involvement

R4: "Because we waste our time in it, and it is something we are accustomed to, it's only an incentive, and we also find out that there is heavenly reward attached to it, that makes us to be more serious about it. Whenever the program comes up whether with money or not we stand up to help to its success because we are taught to be doing a community work for Allah`s sake and for the development of our community"

(FGD27 Community Volunteers)

R: "no we are not paying them any allowances unless some incentives, it is our contribution to the development of the society"

(IDI20 Community Leader)

R5: "What encourages us to get involved in this program is, the world has developed everything is done with research , which is why whenever they tell us that there is a program from the government that will help our wives and children. We encourage them as much as possible to attend the program without any problem"

(FGD33 Religious Leaders)

3.3.4 Recommendations for change in social mobilisation

Several recommendations on ways to strengthen MNCHW social mobilisation to increase attendance were made across interviewee strata. These recommendations included changes to the channels, messages, and the MNCHW process (Figure 3.2). Strengthening personal channels and the use of multiple channels were perceived to be the most important changes needed to strengthen social mobilisation channels. Using simple messages that emphasised MNCHW programme benefits were perceived to be the most important change need to strengthen social mobilisation messages.

The importance of using multiple channels was reported by government officials, community leaders and husbands. Suggested multiple channels included religious and community leaders, town criers (and to increase their numbers), singers, drummers and posters. A recommendation to introduce a process where women go house-to-house to discuss the benefits of MNCHW and encourage attendance was made by women, government officials, community leaders and social mobilisers. The perceived advantages were that women do not need permission to enter houses and they knew how to convince other women of the programme benefits. This theme of making greater use of women was also apparent in recommendations made by husbands, women and government officials, who each proposed that women's groups and TBAs be sensitised and encouraged to pursue peer-to-peer promotion of MNCHW. However, as noted by women, channels that reach household heads (which included husbands as well as fathers of husbands) need strengthening given their influence on women's attendance. To reach men, recommendations from husbands, health workers and women were to increase the use of influential people such community, religious or traditional leaders who influence men's actions.

An important recommendation made by all interviewee strata, for strengthening social mobilisation messages, was to educate women and men about the MNCHW programme and its benefits. From their perspective, understanding MNCHW programme benefits creates a demand for the programme. Other recommendations to strengthen social mobilisation messages, which were made by women, husbands and government officials,

were to use simple, clear and standardised messages that provide details about the programme and its benefits; and to use playlets.

There was a diverse range of opinions on how to strengthen the process of social mobilisation to improve attendance at MNCHW. All interviewee strata recommended starting social mobilisation well in advance of MNCHW to sensitise people and allow advanced planning. The women and husbands also recommended organising meetings to explain the programme's benefits to them and to actively address their expressed concerns/fears. Other important recommendations were to provide incentives or equipment (i.e., megaphones), to those involved in social mobilisation, as is done in the IPD programme. Suggested incentives for women to attend MNCHW, and for social mobilisers working on MNCHW, included money to cover transport costs or non-monetary gifts. To reach those living at a distance (i.e., hard to reach), this support for travel was considered particularly important.

Box 3.12: Illustrative quotes for ways to strengthen social mobilisation channels

R10: "There is no fear of entering any home with the husband challenging you on why you entered his house because you are a woman and if you enter you will meet other women, you will show them a friendly face and show them that you and them are all the same and tell them what is happening and they will listen"

(FGD7 Women Attended)

R: "it is very good to get women who can enter house by house to inform other women about the benefit of the program, even if their husband goes out, they can ask their in-law for permission to go and collect it. Really, it is a very good idea and they should be shown how they can take the drugs or medicine"

(IDI11 Government Official)

R7: "like the imams, religious places are a place where people come in large numbers so it will be good when it is prayer time or lectures. They can explain to our men and enlighten them about encouraging the health of their women and children, that way they will know the full benefits of the program"

(FGD8 Women Attended)

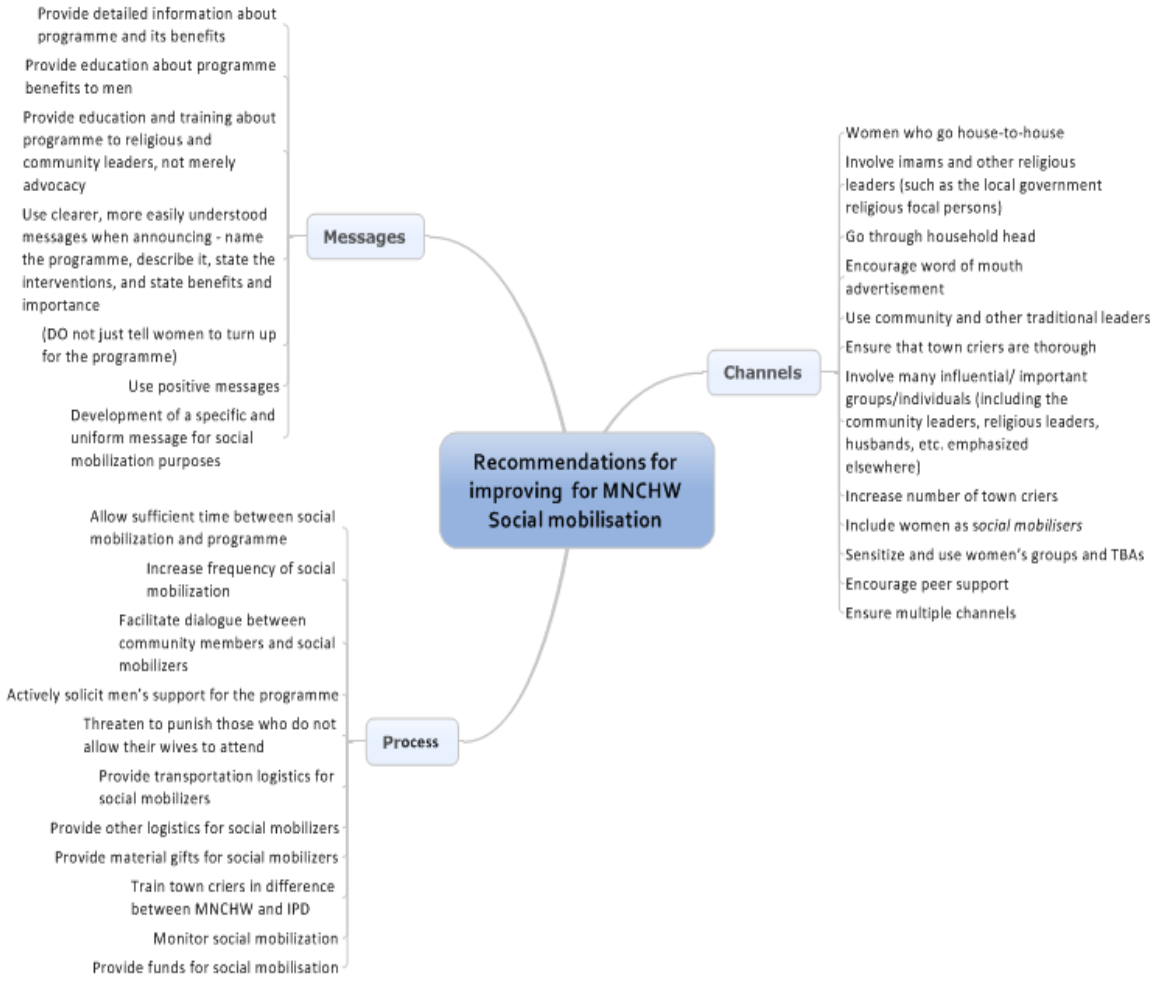

Figure 3.2: Recommendations for change in the social mobilisation programme

3.3.5 Immunisation Plus Days (IPDs)

There was generally a great deal of confusion between MNCHW and IPDs across the interviewee strata. This confusion ranged from not understanding the difference between the two programmes, to avoiding going to MNCHW or waiting at home for it because IPD is delivered at home. In addition, preparations for MNCHW were delayed, in one reported instance, because it overlapped with IPD programme implementation. The IPDs were considered by some respondents to be a health programme where drops were administered to their children. However, some of the respondents, when asked to distinguish between the IPDs and MNCHW, thought that there was no difference between the two health programmes. For respondents who were able to distinguish between the two, the differences highlighted included the difference in the delivery strategy, the social mobilization process and the incentives provided during the IPD plus programme. The IPDs home delivery was preferred over the MNCHW facility-based delivery across the interviewee strata. Government officials, some husbands and social mobilisers felt that because IPD was delivered at home this acted as a disincentive to women to travel to MNCHW. Because IPD is a monthly programme it was felt that most people were aware of it. Conversely, because MNCHW only happens twice a year it was perceived as having lower value than other health programmes and more awareness raising is necessary.

Polio immunisation is currently called IPD plus with the 'plus' perceived by many as referring to the incentives given. Soap was most commonly mentioned incentives given, which according to the responses of FGD participants was a powerful incentive for involvement.

Box 3.13: Illustrative quotes for comparisons with IPDs

R: "And at the same time, like now, you know our people develop a habit of meeting at home and giving them all the intervention like IPDs, so up till now, some people it will be difficult to convince them to come to the health facilities, because you know they are used to just being in their homes and they meet them there"

(IDI1 Government Official)

R: "for so long we've been talking that immunization, the OPV, the IPD should not be close to the MNCH because this one is house to house, and this one we are saying come to the facility, people will be looking at it, why are we dribbling them? So I think that's my main umm problem with the issue of IPD and MNCH week at the same time."

(IDI18 Government Official)

R3: "but this one that is done monthly, virtually everybody knows it, from Women to the Leaders, Teachers, and Youths everybody knows that if the month comes, it will be done. But this one is forgotten, except if it turns when Town Crier is going round then it would be noted that this is what is happening."

(FGD34 Religious leaders)

Government officials talked about the clash in timing with IPDs and MNCHW. IPDs are done every month but the implementation dates appear to change across the month to the detriment of MNCHW planning and social mobilisation. A key recommendation from government officials was to ensure that there was adequate time to plan effectively for MNCHW and that there was as much time as possible between implementing IPD and MNCHW.

Box 3.14: Illustrative quotes for IPD incentives

R: "you see even though these drugs are given free, but you see it happened that if we take for instance how they do IPDs and they are given plus, like soap or I can't forget a time they came and shared mosquito nets to every woman, every woman, even if she doesn't have a child, they went house by house and gave them, so if it were that time they did the same for this MNCH week, if there was this plus, meaning what they will add to draw the attention of those women, I think this will add to strengthen the program how people will attend, because people, even though it is something that is important, but you will see that you have to go through another route to draw their attention again, that is you have to think of another way to influence them"

(IDI11 Government Official)

R3: "that's right. The support they need in order to empower them is such that is been carried out on polio, from house to house which you find out that some of the women are hiding their children not wanting them to participate in the immunization exercise. They will say; they won't do it for them, they won't do it for them. For some, as a result of the free soap given to their children after the immunization. Some even if they are not interested, but because of the free soap, they would want to come or send their children to be immunized."

FGD36 (Community Volunteers)

Box 3.15: Illustrative quotes for competition for resources with other health programmes

R: "for IPDs, and for this maternal and child health week, sometimes, immediately after we finish the polio, we just jump into the maternal and child health week. So and err, for the maternal and child health week, we don't have posters, I think now I don't have any poster for MNCH in my LGA……."

(IDI12 Government Official)

R: "We started this jingles on the 20th, 20th of October, but we've stopped it, I made them stop it because earlier I thought that we'll have IPDs on the 12th to 15th but then it was shifted to 16th to 19th, and so we came back and sat down with our informant and I asked him if there was going to be a clash that may distort the minds of people in to saying that we are cutting a program and introducing another and cutting it off, but I suggested to him that since it is just for four days, the MNCH week should be cut for four days and if it finishes, they should then reframe the message that is has been brought back……."

(IDI3 Government Official)

3.3.6 The MNCHW Strategy

Recommendations to modify the MNCHW strategy so as to increase attendance came from across all interviewee strata. These recommendations included changes at the individual level, socio-cultural/ household level and also at the health system level (Figure 3.3). At the individual level all interviewee strata recommended providing MNCHW attendees with material gifts such as soap, mosquito nets and other incentives to encourage attendance. Given the high levels of poverty even small gifts will encourage attendance because of the material benefit received.

Both the women and husbands recommended involvement of community members in the planning process to strengthen ownership and tailor it to their needs. The women (non-attendees) also recommended involving women in the planning process because unlike men

they would know how to make the programme comfortable for women to attend. However, all community level interviewee strata emphasised the need to target men in the social mobilisation process, because they can encourage, support (especially with transport money) and even monitor their wife's attendance and compliance to the programme. From the results above, effective social mobilisation of men was perceived to be through influential people who can address their fears, convince them of the programme benefits and even pressure them to allow/support their wives' attendance.

Box 3.16: Illustrative quotes for ways to encourage attendance

R4: "what will make them come out more is to give them maybe soap (laughing) if they see it they will come out more or maybe some detergent. If they receive these things they will pay more attention. Some women, even if the husband is in the farm, she will just wear her hijab and come to the venue"……. R3: "Even if it is a N20 detergent"

(FGD7 Women Attended)

R6: "If for example I attend and I know someone that hasn't and she asks about the program, I tell her that they are educating us about how to take care of our children and the mother of the child. This will encourage her and if the program is going to hold again in the future she will ask me to remind her if she doesn't hear about it"

(FGD13 Women Not Attended)

The MNCHW strategy must also ensure the experience is positive for women who attend because word-of-mouth and peer pressure were considered important motivators of attendance and travel distance a significant barrier. The recommended non-structural changes to the MNCHW system of which several are highlighted in sections above, included avoiding drug stock-outs, increasing the frequency of MNCHW to three times a year, and increasing the number of reliable and committed health workers administering MNCHW and training them in ethical practice to help reduce waiting times. The recommendations also included promoting greater respect and personalised attention to each woman, and providing material incentives for attendance (e.g., soaps, bed-nets). Structural or delivery process changes were also recommended by all interviewee strata to reduce the distance women had to travel to MNCHW. All interviewee strata recommended increasing the number of health facilities delivering MNCHW or initiating mobile outreach delivery systems, especially for those who are hard–to-reach. Husbands recommended house-to-house delivery of MNCHW similar to what was done for the IPDs programme.

Other recommendations made by government officials were to strengthen the monitoring and supervision and to avoid holding MNCHW at the same time as the IPDs programme because programme recipients do not easily make a distinction between the two programmes.

Box 3.17: Illustrative quotes for the distance barrier for MNCHW attendance

R2: the reason why my friend said this, is because bringing the centre closer will encourage us to allow our family to attend the program."

(FGD22 Husbands)

R4: "The small villages, it will be good to take the program to the smaller villages so that they don't have to travel far to come here"

(FGD8 Women Attended)

R: "Health facilities are not enough because there are some living in far places to the health centres selected for the program. This is why some of them cannot participate and they are the majority. For instance if we select (mentions name of town) as the centre, definitely there are some women that are five to seven kilometres away from the centre. That is why they are not coming to collect it, therefore it is very important to increase the number of the centres we have as well as additional staff. Because it is through that we can get increase in coverage. Definitely we may get complete coverage."

(IDI5 Government Official)

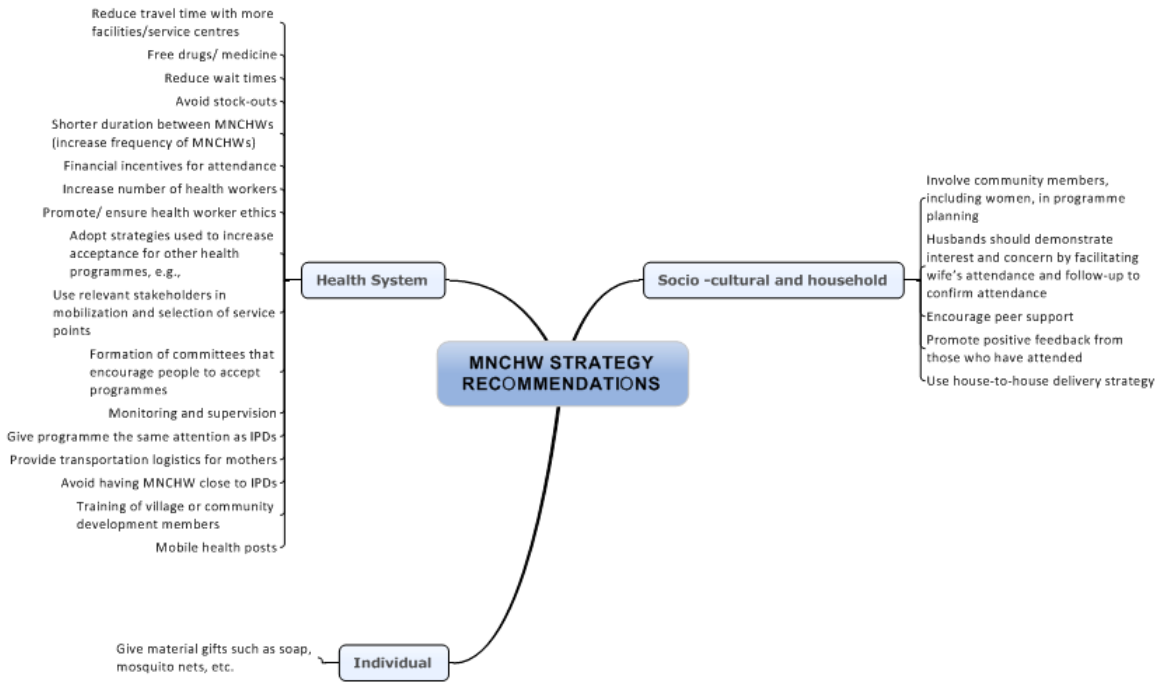

Figure 3.3: Recommendations for change with the MNCHW strategy

4 Discussion

In this study we collected, collated and synthesised the perceptions and experiences of providers, recipients and related individuals on MNCHW, and we particularly focused on the social mobilisation activities for MNCHW. It is important to note that the results presented here are based upon the perceptions and experiences as reported by those interviewed and the interpretation of these by the research team, who coded, analysed and interpreted the data.

4.1 Increase awareness / knowledge of MNCHW interventions and their health benefits

The low level of awareness and knowledge of MNCHW and its health benefits among women, their husbands and social mobilisers emerged as the most important factors at the individual level for which programme activities may feasibly make a difference to attendance at MNCHW. Increased knowledge is required by women, and by their husbands who grant permission for MNCHW attendance. Whilst the majority of women who had attended MNCHW were able to discuss the interventions involved, not all knew the health benefits of these interventions. The majority of those who had not attended MNCHW had not heard of the programme, did not know what interventions were included or the health benefits of the individual interventions. The importance of understanding health benefits was reported by across all interviewee strata as a motivator to attending MNCHW and health services more broadly. There was a general sense across the interviewee strata of an appreciation of, and thirst for knowledge on how to improve health.

Its known from numerous studies that both women's and husbands' education is a determinant of attendance at antenatal care (ANC) [21], which provides some of the primary interventions in MNCHW; and that mother's education level is positively associated with child nutrition status [22]. Although these studies used formal level of education rather than health education, as the indicator, it still suggests that knowledge has an important influence on health-nutrition related behaviour in low resource settings; and that knowledge about the MNCHW programme and its benefits might influence attendance in this northern Nigerian setting. There are other examples where knowledge of diseases and how to prevent them has been shown to be a determinant of the uptake of interventions, for example knowledge of the risks of malaria in pregnancy increases coverage with intermittent preventive treatment for malaria (IPTp) [23]. However, knowledge alone does not ensure behaviour change [24]; so the multiple barriers to attendance will need to be addressed.

In order to improve knowledge of the MNCHW interventions and their health benefits, the dissemination of this information should be across and within all key community level stakeholder groups (i.e., beneficiaries, husbands of beneficiaries and social mobilisers). Further, the messages delivered through social mobilisation channels should be reviewed and revised to improve the information on interventions and the health benefits that they include. This means a consideration of the most appropriate channels and the most effective messages for achieving this. The most effective channel will vary depending upon the target group and the most effective messages are also likely to vary depending upon both target group and channel. Suggestions from the study participants on the best channels and messages to reach and increase the knowledge of different target audiences are summarised in Figure 4.1. Within this figure, suggestions that will involve changes to the current social mobilisation process are highlighted in yellow.

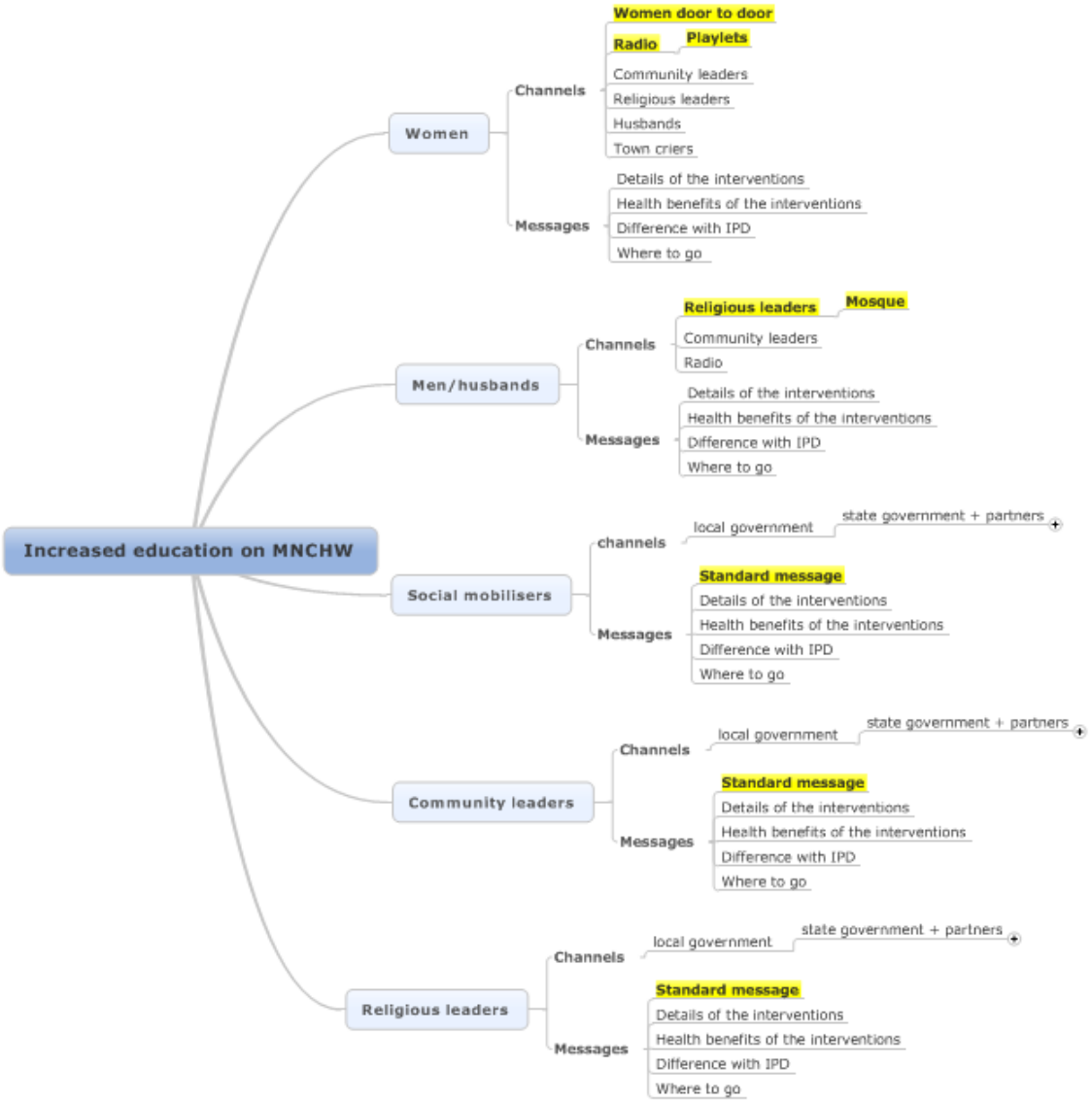

Figure 4.1: Social mobilisation channels for dissemination of education on MNCHW by target group

4.2 Information and education channels

The use of multiple channels for social mobilisation was suggested by many of the interviewees because it would increase the likelihood that a member of a target group will be reached by one of them. There were also certain channels that were felt to be more important than others for reaching specific target groups. For example, for reaching women, the use of radio playlets or by women going door to door to increase awareness and knowledge of MNCHW health benefits were considered effective.

Not all areas of Jigawa and Zamfara have radio coverage, but even where they do the interviewees reported varied levels of usage and attention to the programmes. Playlets however, were reported to be attention catching and perhaps a good way of disseminating health and MNCHW information messages to women.

There were two recognised benefits of women providing information and education by going door to door around the villages. First of all, because they are female, they are less likely to need permission or to be refused permission for access to a pregnant woman or carer of a child less than 5 years of age than a male health worker or social mobiliser. Secondly, a woman is more likely to gain access to the house than a man and there was a perception that she would have the ability to convince women to attend MNCHW because the communication was directly from a woman to a woman.

There are examples from other countries of successful door-to-door information channels through women. In Pakistan, the Pakistan Lady Health Worker programme, which is a long running door-to-door health and health information delivery intervention, has been effective in increasing the use of modern family planning methods [25]. Use of women's groups has been shown to be cost effective in reducing neonatal and maternal mortality rate at an incremental cost of USD 211 per life year gained by neonates in Nepal [26]. The success of using women or women's groups to deliver health education to women cannot be directly extrapolated from these examples of other programmes but should be evaluated within the context of Northern Nigeria and of the MNCHW. According to the interviewees, women's groups are present in Jigawa and Zamfara including the Federation of Muslim Women's Associations in Nigeria ('FOMWAN'), a non-profit and non-governmental civil society umbrella body for Muslim women associations in Nigeria.

Whilst health was clearly an issue of major importance to women, for men the major factor cutting through their responses was their strong religious beliefs. Religion and culture are intricately intertwined in Northern Nigeria. The boycott of the 'Kick polio out of Africa' campaign in 2003 by political and religious leaders in Kano, Kaduna and Zamfara States is an example of the power of these leaders to support or block health interventions. In the Northern States of Nigeria, community leaders are the gate keepers and decision makers and traditional leaders have powers of influence derived from both culture and religion [27]. Strengthening the involvement of these religious and traditional leaders presents the best novel opportunity for convincing husbands of the advantages of allowing and facilitating their wives visits to MNCHW.

Despite previous reports of strong links between receiving polio vaccinations and getting health education from town announcers [28], our data suggest that for MNCHW town announcers mainly provide information on time and venue rather than specific information on the interventions or their benefits. The use of a standard message containing information on each of the interventions of which MNCHW is comprised together with their health benefits would 1) improve the likelihood of the correct information being relayed; 2) provide the health information, which based on the findings of this study, is a motivator to attendance at MNCHW; and 3) clarify the difference between MNCHW and IPD for the social mobilisers.

4.3 Review the MNCHW strategy

The aim of the MNCHW strategy in Nigeria is to increase coverage with a number of maternal, neonatal and child health interventions, to revitalise primary health care and encourage routine attendance at health facilities [6]. Based on the responses from the broad range of stakeholders interviewed, there are questions to be raised and debated on whether the strategy in its current design is likely to be able to achieve both increased coverage and strengthening of routine systems. Across interviewee strata (stakeholder groups) the need to expand the number of facilities included in MNCHW was consistently suggested. In Jigawa and Zamfara States, not all health centres are included in MNCHW; and outreach from these facilities is not an element of the strategy (although there were reports that outreach is practiced by some health facilities).

Child Health Days (CHD) may be seen as the focused vertical intervention from which the concept of MNCHW has evolved over the last two decades. CHDs traditionally have been biannual campaign-style events delivering a small package of interventions, usually including vitamin A supplementation, deworming and immunizations. CHDs have been shown to be particularly cost effective in a context of very weak health systems [29], where funding is provided jointly by the government and development partners and the total number of co-delivered services is relatively low [30].

Over the years there has been a rise in the number of services delivered during the MNCHW, especially in sub-Saharan Africa, where co-delivery of 5 or more services per event is common [30]. Evidence suggests that high numbers of co-interventions, especially that requiring behaviour change, might have a negative influence on coverage because of the need for specialised staff. In settings such as northern Nigeria, where trained health care capacity is limited, interventions requiring specialised information and relatively complex modes of delivery are perhaps more effectively delivered on an individual basis or through women's groups [30]. However, further research is required into the effectiveness and cost effectiveness of alternative MNCHW delivery packages.

It would also be worthwhile debating the applicability of each of the interventions included in MNCHW for this vertical biannual method of delivery. Biannual delivery of vitamin A supplementation is clearly appropriate because it is simple to deliver by relatively unskilled staff and it is an intervention that is recommended to be taken every 6 months. Evidence from sub-Saharan African countries also show campaign style delivery of vitamin A supplements is effective for increasing its low coverage rates [31]. In contrast, the health impact of giving pregnant women iron and folic acid once every 6 months is less clear because its effectiveness, for reducing maternal anaemia and the risk of neural tube defects, depends on timely (first trimester of pregnancy) and daily supplementation [32]. Similarly, behaviour change interventions are highly discretionary and require specific and often unique information for different target groups. Its quality of delivery must also remain high to be effective and maintain a demand for a programme; which can be challenging in campaign style programmes with limited availability of skilled staff to run the sessions [30].

Strengthening of routine primary health care (PHC) services has always been an explicit aim of MNCHW, but it has also been the element of the strategy that has been most hotly debated and for which there is little evidence of success to date. There are concerns, for example, that MNCHW will divert primary health care staff away from their usual tasks and burden primary health care managers with complex planning and management to successfully execute the programme [31]. Evidence of competition instead of integration across programmes in our study suggests it might be an issue in the primary health care settings of Jigawa and Zamfara.

CHDs, maternal and child health days (MCHDs) and MNCHW have been delivered through a variety of channels depending upon the health systems context in the country. However, to ensure equitable delivery, it usually involves an expanded number of intervention delivery points in comparison to that of the available health facilities [33]. Conversely, the current strategy in Jigawa and Zamfara includes a much reduced number of delivery points for the intervention and requires women to travel large distances. It is unlikely therefore, that this strategy will increase equitable coverage of the interventions included in MNCHW significantly, nor that it will encourage women to attend routine services at their local health facility. It is therefore also less likely to be cost effective.

4.4 Gender and differences across interviewee strata

There was a high degree of agreement across interviewee strata on many factors influencing MNCHW attendance, including concerns about access and effective social mobilisation channels and messages. In terms of the MNCHW strategy, most interviewee strata also discussed the importance of a participatory process, for MNCHW planning and social mobilisation, involving women as well as other community members. However, comparisons across themes and sub-themes for each objective across the interviewee strata (Annex D) also raised interviewee strata differences - most notably among government officials and husbands.

The government officials, unlike other interviewee strata, also attributed poor attendance to a lack of education, lack of sensitisation and security issues. They, however, did not place importance on the more emotive barriers raised by the mothers and fathers of programme beneficiaries, such as the fear of drug-related side effects and suspicions of government/foreign programmes, as these were not raised in the IDIs. An under-estimation of the influence of these emotive issues would potentially impede efforts to improve attendance if they are not addressed in education efforts. Health care/health was also viewed by some fathers of programme beneficiaries through a religious/fatalistic lens, which underscores the importance of using religious leaders as a key social mobilisation channel.

Understanding the influences of the roles of men and women and the power relationship between on health seeking behaviours or on intervention processes are critical, for successful intervention design [34]. The low status of women in northern Nigerian societies, which is dictated by Islamic laws of purdah, limits their decision making power and mobility for health seeking behaviour [35], which was well recognised by all interviewee strata who discussed the husband's influence on their wife's attendance of MNCHW. Not only do wives require their husband's permission to attend MNCHW but they also depend on him to provide transport money when MNCHW is held at a distance from the home; which in a resource constrained environment would compete with other resource demands. Clearly, effective awareness-raising and education programmes targeting husbands on MNCHW and its health benefits is essential, for increasing MNCHW attendance, given the husband's role of gate-keeper of his family's health seeking behaviour.

The key barriers, which were specific to husbands, to address via education or intervention design included those highlighted above (suspicions and fears), and concerns about their wives interacting with other men. The use of female health care workers or community volunteers to administer MNCHW would address some of these concerns, as well as education/counsel from religious or community leaders to alleviate their concerns and point out the health benefits of MNCHW attendance. A complementary channel, for literate men, might be printed material in newspapers. Multiple channels that reach fathers of MNCHW beneficiaries will need to be fully exploited given the important role of husbands in their wives health seeking behaviour.

For women, efforts to improve MNCHW attendance should take into account the perception across most interviewee strata that women are better able than men to communicate with mothers of programme beneficiaries about the importance of MNCHW attendance. This consideration dovetails with suggestions put forward by some husbands that female town criers should announce MNCHW, and by some officials and women of including women in the social mobilisation planning process. For women, peer support and mouth to mouth communication were also important influences on their health seeking behaviour – which underscores the importance of creating a "friendly" and encouraging reception during MNCHW, especially for young mothers.

4.5 Recommendations

Results from this study point towards two sets of recommendations as described below.

4.5.1 Immediate recommendations for the short term:

Combine health education strategies with social mobilisation strategies to increase the knowledge of all stakeholders about the interventions included in MNCHW and on the health benefits of each of these interventions.

Based on this recommendation we suggest the following is undertaken within the OR work stream:

- In the next MNCHW round, pilot realistic changes to the social mobilisation process based on key study results, for health education delivery and social mobilisation channels and messages, in randomly selected LGAs of WINNN states. If these modifications demonstrate improved MNCHW attendance, then advocate, for their adoption at the state or national policy level.

- Review and revise the current national MNCHW guidelines for social mobilisation based on our findings and refine state social mobilisation plans.

- Present the findings in the National MNCHW stakeholders meeting

4.5.2 Recommendations for the medium to longer term:

Further increase the coverage of Vitamin A supplementation and reduce socio-economic disparities in coverage by:

- Reassessing the appropriateness of the current approach of delivering a complex set of interventions during the MNCHW that require skilled staff in a few facilities to delivering a simple set of interventions that can be delivered by less skilled staff and therefore in more facilities or as mobile out-reach programmes

- Increasing the number of health facilities and outreach posts through which MNCHW is provided

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Annex A List of FGDs and IDIs

List of FGDs and IDIs List of FGDs and IDIs					
Location	**Characteristic**	**Type of interview**	**Respondents**	**Gender**	**No participants**
Jigawa					
Babura-LGA Kanya Baba-ward	Urban High	FGD	Husbands of non-Attended	M	9
Babura-LGA Kanya Baba-ward	Urban High	FGD	Town Criers	M	6
Babura-LGA Kanya Baba-ward	Urban High	FGD	Women Attended	F	6
Babura-LGA Kanya Baba-ward	Urban High	FGD	Women non-Attended	F	12
Babura-LGA Takwasa-ward	Rural low	FGD	Husbands of women attended	F	6
Babura-LGA Takwasa-ward	Rural low	FGD	Non-Attended Women	F	9
Babura-LGA Takwasa-ward	Rural low	FGD	Religious Leaders	M	9
Babura-LGA Takwasa-ward	Rural low	FGD	Women Attended	F	12
Birnin Kudu-LGA Chandan-ward	Urban low	FGD	Attended Women	F	6
Birnin Kudu-LGA Chandan-ward	Urban low	FGD	Female CVs	F	6
Birnin Kudu-LGA Chandan-ward	Urban low	FGD	Husbands of Non-Attended	M	6
Birnin Kudu-LGA Chandan-ward	Urban low	FGD	Non-Attended Women	F	6
Birnin Kudu-LGA Chandan-ward	Urban low	FGD	Town Criers	M	5
Birnin Kudu-LGA Lafiya-ward	Rural High	FGD	Attended Women	F	12
Birnin Kudu-LGA Lafiya-ward	Rural High	FGD	Husbands of Attended Women	M	7
Birnin Kudu-LGA Lafiya-ward	Rural High	FGD	Male CVs	M	6
Birnin Kudu-LGA Lafiya-ward	Rural High	FGD	Non-Attended Women	F	10
Birnin Kudu-LGA Lafiya-ward	Rural High	FGD	Religious Leaders	M	6
Jigawa		IDI	State Health Educator	M	1
Jigawa		IDI	State Nutrition Officer	M	1
Babura-LGA Kanya Baba-ward	Urban High	IDI	Community Leader	M	1
Babura-LGA Takwasa	Urban High	IDI	LGA Nutrition Officer	M	1
Babura-LGA Takwasa-ward	Rural low	IDI	Community Leader	M	1
Birnin Kudu-LGA Chandan-ward	Urban low	IDI	Community leader	M	1
Health Educator, Birnin Kudu LGA	Urban low	IDI	Health Educator	M	1

Nutrition Officer Birnin Kudu LGA	Urban low	IDI	Nutrition Officer	M	1
Birnin Kudu-LGA Lafiya-ward	Rural High	IDI	Community Leader	M	1
Total participants Jigawa					**148**
Zamfara					
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	FGD	Mothers non attended	F	6
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	FGD	Female CVs	F	6
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	FGD	Fathers attended	M	12
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	FGD	Mothers attended	F	10
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	FGD	Religious leaders	M	7
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	FGD	Health workers	M	6
Bugudu-LGA Furfuri-ward Auki	Rural low	FGD	Mothers attended	F	11
Bugudu-LGA Furfuri-ward Auki	Rural low	FGD	Mothers non attended	F	8
Bungudu-LGA Furfuri-ward Auki	Rural low	FGD	Husbands of non attended	M	6
Bungudu-LGA Furfuri-ward Fantaru	Rural low	FGD	Male CVs	M	7
Talata Mafara-LGA Ruwan Bore	Urban low	FGD	Mothers attended	F	6
Talata Mafara-LGA Ruwan Bore	Urban low	FGD	Mothers non-Attended	F	6
Talata Mafara-LGA Ruwan Bore	Urban low	FGD	Religious leaders	M	7
Talata Mafara-LGA Ruwan Bore	Urban low	FGD	Husbands of Attended	M	6
Talata Mafara-LGA Makera-ward	Rural High	FGD	Mothers attended	F	12
Talata Mafara-LGA Makera-ward	Rural High	FGD	Mothers non-attended	F	13
Talata Mafara-LGA Makera-ward	Rural High	FGD	Town Criers	M	6
Talata Mafara-LGA Makera-ward	Rural High	FGD	Husbands of non attended	M	6
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	IDI	LGA health educator	M	1
Bungudu-LGA Bungudu-ward Bungudu-town	Urban high	IDI	Community leader	M	1
Zamfara State	State	IDI	Director Primary Health Care	M	1
Zamfara State Health Educator	State	IDI	State Health Educator	M	1

Zamfara State Nutrition officer	State	IDI	State Nutrition officer	M	1
Bungudu-LGA Furfuri-ward Auki	Rural low	IDI	Community leader	M	1
Bungudu-LGA Furfuri-ward Auki	Rural low	IDI	Town crier	M	1
Talata Mafara-LGA Ruwan Bore	Urban low	IDI	Community leader	M	1
Talata Mafara-LGA	Urban low	IDI	Health Educator	M	1
Talata Mafara-LGA	Urban low	IDI	Nutrition officer	M	1
Talata Mafara-LGA Makera-ward	Rural High	IDI	Community leader	M	1
Total participants Zamfara					**152**
Overall total participants					**300**

Annex B Theme Guides

In this annex, the theme guides for the three different types of focus groups (women, husbands and social mobilises) and the three different types of in-depth interviews (state level health educators and nutrition officers, LGA level health educators and community leaders) are presented below.

B.1 Focus Group Discussion themes/questions for women who attended/did not attend MNCHW.

Objectives:

1. To determine women's awareness and perceptions of the MNCHW programme
2. To identify current channels and messages about MNCHW attendance
3. To determine why women bring their young children to MNCHW
4. To determine why women do not bring their young children to MNCHW
5. To identify ways in which to motivate or support women to bring their children to MNCHW

Question 1: Can you tell us what you know about MNCHW?

Explanation: just to be sure we all understand the same thing for the rest of the discussion - the MNCHW is a programme that the government in collaboration with some agencies has set for a week for the advancement of health care for pregnant women and children under the age of 5. This programme takes place twice a year for 5 days each. Pregnant women and children who are taken into this programme are given things like vitamin A, ion-folate supplement, de-worming tablets, long lasting insecticide treated nets, drugs and advice to improve their lives.

- What is your general opinion (good or bad) of MNCHW?
- What benefits do pregnant women receive from MNCHW?
- What are the benefits for children under-5 from MNCHW?

Question 2: When an MNCHW programme is occurring in your area – where do you hear about it?

- Where does the information come from?
- How is the information spread?
- Which is the source that most people hear?

Question 3: What are the typical messages that you hear?

- What is your opinion about these messages?
- We're interested to hear about whether they are informative and why?
- We're interested to hear about how well they influence attendance and why?

- Do you hear about MNCHW far enough in advance to plan your attendance and what do you need to plan in order to attend?

Question 4: in your opinion, why do some women from your [*town /village*] bring their young children to MNCHW? *(Motivation) (Facilitating factors)*
Note: probe further when doing a focus group discussion with the group of women who have attended MNCHW

- What motivates them/you to attend MNCHW?
- What supports/helps them/your attendance at MNCHW?
- Do mothers sometimes bring some but not all eligible children? If so, what motivates their decisions?

Question 5: In your opinion, why do some women from your [*town /village*] <u>not</u> bring their young children to MNCHW? *(barriers)*
Note: probe further when doing a focus group discussion with the group of women who have <u>NOT</u> attended MNCHW

- Is it about awareness and why?
- Is it about who decides whether you attend or not and why?
- Is it about past experiences and why?

Question 6: In your opinion, what could be done to motivate women to attend MNCHW?

- What changes to the sources of information about MNCHW could be made?
- What changes to the messages about MNCHW or their timing?
- Are there examples of other programmes that have <u>motivated</u> women to participate in them
- What did they do to successfully motivate women to attend?

Question 7: In your opinion what could be done to support women to attend MNCHW?

- What support is needed from people who influence women that is husband, other family members/religious leaders, etc?
- What changes to the programme itself?
- Would it help if women were more engaged in planning MNCHW and how might this happen?
- Are there examples of other programmes that have <u>supported</u> women to participate in them

B.2 Focus Group Discussion themes/questions for husbands of women who had/had not attended MNCHW.

Objectives

1. Understand their awareness and knowledge about MNCHW
2. Determine opinions about MNCHW
3. To understand why some husbands prevent their wives and children from attending MNCHW
4. To understand what could be done to motivate husbands to support their wives to attend
5. To understand what motivates some husbands support their wives to attend MNCHW

Question 1: Can you tell us what you know about MNCHW?

Explanation: just to be sure we all understand the same thing for the rest of the discussion - the MNCHW is a programme that the government in collaboration with some agencies has set for a week for the advancement of health care for pregnant women and children under the age of 5. This programme takes place twice a year for 5 days each. Pregnant women and children who are taken into this programme are given things like vitamin A, ion-folate supplement, de-worming tablets, long lasting insecticide treated nets, drugs and advice to improve their lives.

- What is your general opinion (good or bad) of MNCHW?
- What benefits do you think pregnant women receive from MNCHW?
- What benefits do you think children under-5 receive from MNCHW?

Question 2: When an MNCHW programme is occurring in your area – where do you hear about it?

- What are the typical messages that you hear?
- Do these messages motivate attendance and why?

Question 3: in your opinion, why do some husbands allow their wives and children to attend MNCHW? And how do they support them to attend? *(Motivation) (Facilitating factors)*

- What motivates them to attend MNCHW?
- What supports/helps them attend MNCHW?

Question 4: In your opinion, why do some husbands not allow their wives and children to attend MNCHW? *(barriers)*

Question 5: In your opinion, what might help convince these husbands to allow their wives and children to attend MNCHW?

- What might influence them i.e., family members/ religious leaders, etc?
- What types or sources of information about MNCHW would influence them?
- Are there examples of other programmes where resistance from husbands to allowing their wives and children to participate in MNCHW was overcome
- What did they do to successfully influence husbands to allow their wives and children to attend?

B.3 Focus Group Discussion themes / questions with social mobilisers/health educators

Objectives:

1. To understand social mobilisation from the perspective of those involved in it
2. To understand factors that motivate their involvement
3. To determine perspectives on what works well and what does not work well in the social mobilisation process
4. To identify realistic ways in which the social mobilisation could be strengthened to improve MNCHW attendance

Question 1: Could you tell us about the MNCHW programme *(knowledge, attitudes)*

- What is their general opinion about MNCHW?
- What are the benefits to MNCHW?

Question 2: Could you tell us about the social mobilisation approach used to encourage women to attend MNCHW

- What channels are used?
- What messages are used?
- What micro-planning is done?
- What is your general opinion about the social mobilisation programme?

Question 3: In your opinion what works well in the social mobilisation approach currently used to encourage MNCHW attendance?

- What channels of information are most effective in encouraging attendance (radio, town crier, etc) and why?
- What messages best motivate women to attend and why?
- How does micro-planning strengthen the process?
- Who are they reaching and why?

Question 4: In your opinion what does not work well in the social mobilisation programme?

- What channels are not effective and why?
- What messages are not effective and why?
- How could micro-planning be strengthened?
- Who are they not reaching and why?

Question 5: In your opinion, why do some women from your [*town /village*] not bring their young children to MNCHW?

- What is their awareness of MNCHW? Why may they not be aware of MNCHW?
- Who are these women and what prevents them from bringing their young children to MNCHW?*

Question 6: In your opinion, what changes to the social mobilisation approach (channels or messages) would motivate women MNCHW?

- What changes to the channels of information about MNCHW and how?

Probe: to find out their opinions/reactions to different channels such as radio, drama, songs, etc

- What changes to the message content / timing might encourage greater attendance?
- What changes in micro-planning would strengthen the social mobilisation programme and how could it be done?

Question 7: In your opinion, what changes to the social mobilisation approach would support women to attend MNCHW?

- Who else should be targeted because of their influence on women's attendance i.e., family members/ religious leaders, etc? to support their attendance and how?
- What changes to the programme–staff factors, training, environment, incentives, locations etc?

Question 8: What benefits and challenges are there in your role as a social mobiliser in MNCHW and what needs to happen to deal with these challenges?

- Training (including understanding of gender issues which may affect women's health-seeking behaviour/attendance at MNCHW)
- Gender balance among social mobilisers i.e., would it help if there were more female social mobilisers?
- Supervision
- Motivation/incentives
- Things requiring external input

B.4 In-Depth Interview themes/questions for health educators

Questions

1. How would you describe the main elements of your role as an LGA health educator?
2. What are the structures for health education in your LGA?
3. Who are the people for whom you provide health education?
4. What are the structures for social mobilisation within your LGA?
5. What is your role in social mobilisation in your LGA?
6. Which group are the best social mobilisers in your opinion in your LGA? And why? Does it depend on the programme? Could you give me an example?
7. How are health education and social mobilisation different from your perspective? And how do they differ in practice in your LGA? In what way?
8. What are the main constraints in providing health education within your LGA?
9. How is the geographic spread of delivery of health education to the target population in your LGA? Are there areas that you think are less well covered? Which areas are these and why?
10. What are the main constraints in providing social mobilisation within your LGA?
11. How is the geographic spread of delivery of social mobilisation in your LGA? Are there areas that you think are less well covered? Which areas are these and why?
12. Are there particular programmes that you have a role in?
    If yes, which programmes? And what help do you provide to these programmes?

13. Is your work all on government programmes? Or are there other programmes from outside partners working within the LGA in which you play a role?
14. What are these programmes?
15. Can you give an example and tell me your role within the programme?
16. Do you conduct training sessions yourself?
    If yes, who for?

    If no, who conducts the trainings? And are these trainings under your guidance?

17. Who provides guidance to you in your role? Does this work well?
18. What do you know about the Maternal, Neonatal and Child Health Weeks which we call MNCHW?
19. Have you had a role in MNCHW?
    If yes, Could you describe the role that you have taken?

    If no, Do you think that you should have a role and what should this role be?

Ask these questions to those who have BEEN INVOLVED in MNCHW

20. What has been your role in social mobilisation for MNCHW?
21. Who are the specific groups of people that you have trained for social mobilisation in MNCHW? And why these groups?
22. Do you feel that these are the people that you should be training for social mobilisation for MNCHW?
23. Who else should be trained for social mobilisation in MNCHW?
24. What would you suggest as the ways in which we can most effectively increase attendance at MNCHW?
25. What are the constraints to these suggestions being successful?
26. What do you think are the main differences in approach and success between MNCHW and IPD? What do you think are the reasons for these differences?
27. Are there other comments you would like to make on MNCHW and our hope of increasing attendance?

Ask these question to those who have <u>NOT</u> BEEN INVOLVED in MNCHW

28. Who are the specific groups of people that you feel should be trained for social mobilisation in MNCHW? And why these groups?
29. What would you suggest as the ways in which we can most effectively increase attendance at MNCHW?
30. What are the constraints to these suggestions being successful?
31. What do you think are the main differences in approach and success between MNCHW and IPD? What do you think are the reasons for these differences?
32. Are there other comments you would like to make on MNCHW and our hope of increasing attendance?

B.5 In-Depth Interview themes/questions for state level Health Educator and Nutrition Officer

Questions

1. How would you describe the main elements of your role?
2. Who are the people for who you provide guidance directly? How does this work?
3. Who provides guidance to you in your role? Does this work well?
4. Are there particular programmes that you have a role in?
   If yes, which programmes? And what help do you provide to these programmes?
5. Is your work all on government programmes? Or are there other programmes from outside partners in which you play a role?
6. What are these programmes? Can you give an example and tell me your role within the programme?
7. Do you have a role in social mobilisation for programmes? If yes, which programmes?
8. What are the systems through which social mobilisation is conducted within this State?
9. What from your perspective are the main social mobilisation constraints within the State?
10. Do the effectiveness and the constraints to social mobilisation vary **across** the LGAs in your State? In what way? And why? Do you have any specific examples?
11. Do the effectiveness and the constraints to social mobilisation vary **within** the LGAs in your State? In what way? And why?
12. How is the geographic spread of delivery of social mobilisation in your LGA? Are there areas that you think are less well covered? Which areas are these and why?
13. What from your perspective are the main health education constraints within the State?
14. Do the effectiveness and the constraints to health education vary **across** the LGAs in your State? In what way? And why? Do you have any specific examples?
15. Do the effectiveness and the constraints to health education vary **within** the LGAs in your State? In what way? And why?
16. How is the geographic spread of delivery of health education to the target population in your LGA? Are there areas that you think are less well covered? Which areas are these and why?
17. How are health education and social mobilisation different from your perspective? And how do they differ in practice in your LGA? In what way?

18. What do you know about the Maternal, Neonatal and Child Health Weeks which we call MNCHW?
19. Have you had a role in MNCHW? Could you describe your role?
20. What can you tell me about social mobilisation for MNCHW? Are you aware of anything different about this compared to other programmes? Could you describe this with an example please?
21. What can you tell me about health education for MNCHW? Are you aware of anything different about this compared to other programmes? Could you describe this with an example please?
22. From your perspective what are the main positive points or successes of MNCHW?
23. From your perspective what are the main negative points or barriers to success of MNCHW?
24. Do you think that the majority of the target group attend MNCHW? Why?
25. What do you think are the main reasons for non-attendance?
26. Could you suggest some ways that you feel we could work to try to increase attendance at MNCHW?
27. What are the constraints to these suggestions being successful?
28. What do you think are the main differences in approach and success between MNCHW and IPD? What do you think are the reasons for these differences?
29. Are there other comments you would like to make on MNCHW and our hope of increasing attendance?

B.6 In-Depth Interview themes/questions for community leaders

Questions

1. What is your role in supporting your community? What are your responsibilities?
2. What is your role in supporting the health of your community? What are your responsibilities in this? And who else in the community helps you in this role?
3. Have you been involved in any health education activities? Can you tell me something about these activities?
4. Who in the community helps you with these activities?
5. Have you been involved in social mobilisation activities? Can you tell me something about these activities?
6. Who in the community helps you with these activities? Can you tell me about everyone who has a role in social mobilisation in your community
7. Which are the strongest social mobilisers in your community and why are they the strongest? Does this depend on the programme? Does this depend on the target people for the programme?
8. Do social mobilisers manage to reach everyone in your community? Or are there people who it is hard for them to reach? What is the reason for this?
9. What do you know about the Maternal, Neonatal and Child Health Weeks which we call MNCHW?
10. Have you had a role in the social mobilisation for this MNCHW programme?
11. Who in the community helped you social mobilisation for this programme? Do you think they did a good job? Or did they have problems and why?
12. How does the social mobilisation for MNCHW differ from that of IPDs? Which one works best and why? Or are they the same?
13. What do you think are the reasons that women and children do not go to MNCHW in your community?
14. What do you think are the most important things that we could do to support women and children in your community to go to MNCHW?

Annex C Themes, sub-themes and illustrative quotes

Themes	Sub-themes	Quotes
1. Awareness, knowledge & perceptions of the MNCHW programme		
	Low awareness some confusion with ANC, immunisation, IPD, CMAM	*R: "Yes there is [difference between MNCHW and other programmes] but it is not much. If people are told to come then they will. There is a weekly one that they do for pregnancy check-ups and even the children come for check-ups, some after 2weeks and some weekly and if they get stronger then they increase the weeks" IDI17* (Community Leader)
2. Attendance at MNCHW		
2.1 Reasons for attendance	**Individual**	
	Health benefits	*R8: "When they are taken to this program, they are given drugs for snakes of the stomach, and there is vitamin A to increase sight for little children, these are what is given to them" FGD 18* (Husbands) *R6: the reason it encourages, since when they come they are checked; their health and the health of their children, so this is their encouragement" FGD29* (Community Volunteers) *R: "Knowing the importance, maybe through the media they were informed that the Vitamin A is very important, the iron folate is important, immunization too is important, all these, I have mentioned all these in out jingles and sensitization, advocacy and what have you, that makes the program is so important and they were really assimilate the information and they agree with it, that is it, that makes the program so successful I believe" IDI9* (Government Official) *R6: "It's about health and precaution, so we bring them for that, even though they might be healthy" FGD6* (Women Attended)
	Education on health care / advice from knowledgeable people	*R2: "Even we as women, if we attend this program we gain more knowledge about how to take care of our children and ourselves" FGD5* (Women Attended) *R1: "…….what makes me to allow my family is because before I am among those that don't allow but because of this kind of sitting with knowledgeable people who are ahead of us they*

Themes	Sub-themes	Quotes
		tell us the important of the programme they enlighten us and we see some women in the town that follow the instruction of this health ministry. we see the difference in the way of living of their children and our children or their wives and our wives but the same food they eat is the same food we eat and the water they drink is the same water we drink but why he attend the hospital regularly and he use the instruction of the hospital and what the hospital want people to do. That is why we come back to our senses we obey what they said……" FGD20 (Husbands)
	Previous satisfaction on attending	*R11: "When you attend the program and you are satisfied, that will encourage you to come again" FGD6* (Women Attended)
	Socio-cultural & household	
	Encouragement to attend by community leaders	*R4: The community leader used to encourage us to gather them. Once, the community leader makes the announcement, all of them except those who are not around, will encourage the community leader by coming out and gathering at the hospital for the program" FGD25* (Town Criers)
	Environmental	
	Easy access	*R5: "We are happy for the help that you are giving we and our children, as now we don't have to travel to another town to get medication" FGD5* (Women Attended)
	Health system	
	Free drugs	*R12: "And I'm sure that when she goes for antenatal, they write drugs for her and say go and buy and drink, and she comes to the program and they tell her take and she sees it is the type that was given to the other who her husband bought for her, but she has taken hers free" FGD17* (Husbands) *R6: "…… just coming to the hospital and getting drugs free is enough encouragement……." FGD29* (Community Volunteers) *R: "it is well accepted by the public, honestly, since but also if they tell you that something is free, it is known that not everyone will come, but we can get like seventy five to eighty in attendance, you see we can say it is accepted"IDI11* (Government Official)

Themes	Sub-themes	Quotes
		R6: "Because of the injections and medication that we get, they make us (mother and baby) healthy" FGD8 (Women Attended)
	Material gifts	*R6: "……...the moment they hear they will be given some gift like soap and the rest, like now haven't you gathered some and given them, and they are happy about it, and now they know about the program, so you see they will go and inform others, they too will be encouraged to go……..." FGD29* (Community Volunteers)
2.2 Motivation and support for attendance	**Individual**	
	Health Benefits	*R2: "because they know the benefit of the product she observed her colleague with a child suffering and the other one pregnant and she came the will of Allah she has been cured and that is why she too will come around this will help her child health" FGD21* (Husbands)
	Positive health worker attitude	*R1: "…….the way the hospital workers take care of them, not despising them, encourages them towards attendance" FGD 22* (Husbands)
	Hearing announcements	*R8: "If you hear the announcements and your husband gives you permission to go then you can go" FGD7* (Women Attended)
	Socio-cultural & household	
	Support from husbands (permission, transportation, encouragement)	*R12: "When you give her money to mount a motorcycle or a car, you have helped her, you have supported her" FGD17* (Husbands) *R5: "……. some husband, if he wants her to go but he understands she doesn't have the interest, he can give her something as a gift for her to go because he knows the benefit" FGD21* (Husbands) *R5: "make [the men] understand, if they are educated about the program it will be better, because even if you want to do it and your man doesn't allow you, then you can't….." FGD5* (Women Attended) *R2: "we need our husbands to help us by allowing us attend this thing" FDG10* (Women Not Attended)

Themes	Sub-themes	Quotes
	Support from peers and relatives	*R3: "……..if her sister pays her a visit, she will encourage her by telling her that if your Husband tells you to attend the programme please because of Allah be encouraged to attend, because this is what usually happens at the programme……..." FGD21* (Husbands) *R6: "……If you hear that someone got the medicine for their child you will also get up and come and get yours likewise if you collect it and tell someone, that person will also follow your footstep" FGD5* (Women Attended)
	Support from leaders	*R4: "……in any town, there is leadership and honestly this our leader, the explanation he give us on any programme that arises even that is enough. and if your husband is not around he gives her order to go and attend because he goes to the mosque stands and explains vividly because ALLAH give him knowledge and he is an orator. He will convince us until it comes to the level of our understanding and this encourage us and by hearing that the people know that the king will not bring any thing (any programme) that will harm us……." FGD20* (Husbands) *R: "……..our elders; the religious heads and traditional heads, we give them honour and respect, we honour then, since what the men are thinking is you cannot bring something that is not good since you are a head, and you say you will bring to your community something that will cheat them, so through that we obey them knowing that what they bring to us is not offensive……" IDI11* (Government Official)
	Money and transportation	*R2: "what you can help with is not far from money, and transport" FGD11* (Women Not Attended)
	Health system	
	Free drugs	*R1: "……. Another encouragement is that you see the drugs are free, and that giving drugs free……..." FGD22* (Husbands) *R6: "I think even the medicine that is given to the children……." FGD5* (Women Attended)
	Material gifts	*R6: "There is support from the government you know there are some items was given to the religious leaders, and they take it and give to the parents of these children free, and some of them when they see she is given something, when next she hears the programme will take place, they will too will go" FGD21* (Husbands) *R3: "They said they will give us soap if we attend" FGD8* (Women Attended)

Themes	Sub-themes	Quotes
		R7: "…….if they bring those soaps, we hurriedly go and collect it, and when there is no soap, we say go back home " FGD15 (Women Not Attended)
2.3 Reasons for non-attendance	**Individual**	
	Lack of awareness of programme occurrence	*R: ……...you know some are ignorant and then maybe the town crier didn't do a good job, but except if it is ignorance or information did not get to them" IDI13* (Community Leader) *R: "Maybe they are not mobilizing well; maybe they are not informed well. Yes, that is the only reason I can look at it because no mother will reject the services that are rendered during MNCH Week, because it is something to do with her life and the life of her child…… except if the mother is not informed ……." IDI2* (Government Official) *R6: "there is also lack of knowledge about the program, since it is not regular, and even if it is regular, it is not a must for you to know it is happening. This kind of things; something that will take a year, it is difficult for you to know of it unless……..." "honestly we haven't heard of it" R4: "I have been hearing the radio but have never heard of it" FGD11* (Women Not Attended)
	Not understanding health benefits	*R: "What I understand with such people I would almost say is lack of education……" IDI11* (Government Official) *R: "Lack of enlightenment and educating the people is the main reason. In most cases people are ignorant about the program and some will get a false idea about the medicine thinking that it will make them infertile or something like that. So it is ignorance and illiteracy that is the reason why some people don't accept it" IDI18* (Community Leader) *R8: "They announce it, so a lot of people do hear about it. It's just that some people don't know the benefit, some need more explanation about the program and some are just backward" FGD8* (Women Attended) *R2: "They say their children are okay [healthy] and they won't take them" FGD15* (Women Not Attended)
	Woman not wanting to go for lack of interest or unknown reasons	*R6: "Some their husbands will tell them to go and they will say no……" FGD13* (Women Not Attended) *R1: "I even have a friend that the husband will give her permission to go but she will not…... she doesn't want to" FGD8* (Women Attended)

Themes	Sub-themes	Quotes
		R10: "……..some of the pregnant women don't care about their own health and even if they know about the program will not tell their husband talk less of him allowing them to go …….. If he gives her the permission to go she will say she is busy" FGD9 (Women Not Attended)
	No time to go	*R3: "Some might want to go but because she has too much work at home she is unable to attend and so she will say she won't go, if she does who is going to do her work for her" FGD13* (Women Not Attended)
	Previous negative experience with health worker	*R9: "…….sometimes they do that quarrelling this is what is making the village women discourage. You came, no explanation no attention, what they need to tell you is not in calmness but carelessly……" R2: "……some of the pregnant women are small girls .....whenever some of the girls visit the hospital and are insulted they even cry" R3: "I have cried before as well" FGD4* (Women Attended) *R2: "Truly, when you go and are humiliated, there is no way tomorrow you will enjoy going back, except you are patient and ask God to help you wherever you go, to get well" FGD10* (Women Not Attended)
	Fear of side effects from interventions	*R6: Yes, this program, the reason some people don't allow their wives to attend, there is the fear of polio that is done, and you know, there is a tradition, some will never take it, even the white man's medicine, you will find that some will never take the white man's drug, he sees it as all lies, but also, if the thing happens, you will see again he goes to the hospital and he doesn't know what will be done, at the time you are taken to the hospital - you don't know, so those are the things that stop some people from going for that program, definitely" FGD19* (Husbands) *R: "…….some will get a false idea about the medicine thinking that it will make them infertile or something like that……" IDI18* (Community Leader) *R10: "Honestly for some, it is fear that stops them from bringing their children because they think that the Programme is aimed at reducing the population, and if they bring their child he will die, that is it, honestly for some it is just fear" FGD14* (Women Not Attended)

Themes	Sub-themes	Quotes
		R1: "…….Some may think that the polio program has affected them negatively that is why they are not accepting it while for others, it is due to lack of trust" FGD2 (Women Attended) *R3: "Some say the medicine they get is not healthy for them" FGD8* (Women Attended)
	Fear of counterfeit drugs	*R3: "Well sometimes they say we are disturbing them about medicine, medicine, is that medicine genuine? ....." FGD29* (Community Volunteers)
	Not wanting a hand-out	*R1: "……..some prefers to use her money to buy it rather than for the government to help her……..." FGD2* (Women Attended) *R6: "……...one might say that she is not going because the drugs that they are going to give us might not be worth ₦10 and I can afford it" FGD6* (Women Attended)
	Socio-cultural & household	
	Lack of husbands permission (due to various reasons)	*R5: For me, why it is a bit confusing for me in the area of allowing my family to go to this hospital, because mostly when they said it is men that look after the women, so that is it. ……that is amongst the reason why some men don't allow our wives to go to the hospital" FGD24* (Husbands) *R: "..... like now the men have gone to the farm but the women cannot go out and the reason is they do not have the permission, but if they give them the permission that anytime the issue of healthcare arises, even when I am not around, I have given you the permission, if it were so, the moment we come, we will find them [women] gathered" IDI9* (Government Official) *R5: "Some want to come but the husband; if the husband doesn't give you permission to go you can't go….." FGD13* (Women Not Attended) *R6: "some [men] don't have the time to listen to the radio and so they don't know the benefits and therefore they won't tell their wives to go and give the program a try"* *R2: "Most of the problems are from the men, If you ask some women why they didn't go, they will say their husband didn't allow them he doesn't want it" FGD7* (Women Attended)
	Lack of peer support	*R11: "others are discouraged by other women even if they are not feeling well until the condition becomes critical" FGD4* (Women Attended)

Themes	Sub-themes	Quotes
	Fatalistic beliefs	*R1: "No one is going among my wives. I want them to attend but God did not want it. But I enjoyed or saw the ones being assisted with the support" FGD23* (Husbands)
	Religious beliefs	*R3: "Secondly I will say that some women don't attend because her husband will not allow her to; he (husband) will say that religion has prohibited it, that it has prohibited vaccinations unless the person gets sick and then they can find a cure. So it doesn't matter how much you try to convince him, he will not agree, if you spend ten hours talking to him, he will not agree" FGD28* (Health Workers)
	Health system	
	Stock-outs	*R: "……There is a health facility located at (Mentions place) of which the drugs are taken; it finishes on that day i.e. SP and Artesunate. All these things bring lower coverage" IDI5* (Government Official) *R5: "I have heard them saying they were giving out free medicine in this hospital but when I came everybody was buying it" FGD13* (Women Not Attended)
	Distance to health facility for programme and lack of transportation	*R1: "…….because of the distance ……and you don't have the transport to take her to that place to collect that medicine……" FGD24* (Husbands) *R6: "the reasons that stop them, there is distance, and then there is lack of good roads, and lack of funds for transport to come in time for this program……." FGD30* (Religious Leaders) *R: "it's too far for them to come from different places to come and collect the services……" IDI12* (Government Official) *R1: "the challenge of transport fare" FGD10* (Women Not Attended) *R4: "because of the distance a lot of them are unable to come" FGD8* (Women Attended)
	Desired interventions not provided	*R7: "……The reason is that sometimes, there is a particular ailment that disturbs the community, but you find out that attention is given to other ailments alone not minding other ailments. Like this polio, you see that when outbreak of measles comes, no one bothers, malaria comes, no one bothers, but a woman is suffering with her child, maybe his father doesn't have money, but they bring this medicine for polio free, but he doesn't have the money*

Themes	Sub-themes	Quotes
		to buy or she doesn't have the money to buy her child drugs and this is their focus, maybe malaria or diarrhoea, or measles etc. they are here, these are the most common, but you find out that there is no emergency taken in time to address these. That is why people's heart is turned away from bringing their children or the women themselves attend" FGD30 (Religious Leaders)
	Delivery point	*R1: "…….like polio, they go house to house doing it, and then this one, a place was set apart and it is compulsory for you to go to that place, even though it is free and we know the importance, this is one of the reasons that stops us from allowing our wives to go to that place, because of the distance and then the polio, they come right home and give it, and then you yourself sometimes you don't have the chance to take your wife, and you don't have the transport to take her to that place to collect that medicine. This is one of the reasons that when we look into it we see that their going and coming is a problem for us. And so we forfeit it and allow others go" FGD24* (Husbands) *R: "And at the same time, like now, you know our people develop a habit of meeting at home and giving them all the intervention like IPDs, so up till now, some people it will be difficult to convince them to come to the health facilities, because you know they are used to just being in their homes and they meet them there" IDI1* (Government Official)
	Lack of material gifts	*R2: "Honestly, I think some of the things that stop people from coming to this program for injections and so on like my friend said is due to insufficiency of "PLUS", you will see that some women will come today and tomorrow she will come as well, she will hear that somewhere else someone else has been giving for example mosquito nets and she didn't get any. These are a few of the things that discourage some women from attending" FGD28* (Health Workers)
	Scepticism of free government programmes	*R: "You know, when some people are not feeling well, they normally go to the hospital follow the queue, spend money and so on but here, they are told to come, that they will be treated for free. So here some people feel like there is a change but there isn't because the government loves its people because it gives them these free donations and if they are scared of being harmed……..." IDI17* (Community Leader)
	Inadequate demand creation	*R: "……it is inadequate demand creation, it is not enough, because it is something gotten after every six month ……..we fail to hold that even people look forward to that time to come, now a mother is given supplement for her child, it is expected that in her mind she waits for another six months, she even starts counting the months when her child will get such, but*

Themes	Sub-themes	Quotes
		we find out that she forgets, until we come back again and have to start from the beginning which is not the best" IDI3 (Government Official)
	Late social mobilization	*R5: "……except our reason for not sending our families to attend this program, is; whenever the announcement is made, they don't pass the information until in the morning, and that time, we have gone to the bush and we have not giving our families the permission to go out without us at home……..." FGD22* (Husbands)
	Wrong social mobilization channels	*R5: In my opinion, what doesn't go well is the ways information is passed on to the public……..when you pass information through the right channels like Mallam has mentioned, through the community leaders and media houses…….. So you see, if preparations are made on time, you go through the right people because there are people whom the community holds in high esteem. Here in Nigeria for instance, both Muslim and non-Muslim give importance to religion, and wherever something comes in through the leaders of religion, and then it will be very well accepted" FGD30* (Religious Leaders)
3. Barriers to awareness		
Awareness barriers	**Individual**	
	Listen to radio occasionally or passively	*R3: "Sometimes you don't really understand what they are saying on the radio, as you might be distracted from other things that you are doing, like you might be doing other work. So it's not as effective as if it was announced or discussed" FGD8* (Women Attended)
	Socio-cultural & household	
	No radio	*R3: "if it is that of the radio they will most people might not really understand what they are saying while some people don't even have a radio set. But for the town crier no matter what you will hear him" FGD4* (Women Attended)
	Environmental	
	No radio signal	*R: "so automatically here if a town announcement works here, in another LGA maybe it would be a radio, like for (mentions name of town), there is radio FM within the catchment areas, even beyond, but there are some places that radio FM, umm Freedom, cannot get" IDI8* (Government Official)
	Health system	

Themes	Sub-themes	Quotes
	Timing of broadcast	*R6: "Sometimes before you turn on the radio, the broadcast has already past" FGD8* (Women Attended)
	Town criers covering limited distance	*R all: "……because those at the extreme end of the town don't hear the news"* *R6: "……...the town crier stops at the middle of the town, the extreme is not reached" FGD12* (Women Not Attended)
	No community volunteers	*R: "it's not all the ward that have this community volunteers, not all the settlement have the community volunteers……" IDI12* (Government Official)
4. Current social mobilisation		
4.1 What works	**Channels**	
	Multiple channels	*R: "……...Social mobilization cannot be effective unless you combine different methods, yeah" IDI3* (Government Official) *R4: Apart from the radio, you know when a letter comes from his highness, and leaders, the sectional heads will gather the poor people and inform them on what is going on. He can pass it through the mosque, through the town crier to make the announcement" FGD30* (Religious Leaders)
	Traditional leaders and influential people at various levels	*R7: "……...now if the village head of (mentions name of town) is informed, they will announce it to the people and the people will come out, so we are improving, you should understand" FGD24* (Husbands) *R: "……..we can pass the information to the village heads while the village heads will pass it to the ward heads and the ward heads to the people……" IDI19* (Community Leader) *R5: "Through the community leaders, they will inform the town crier to announce it" FGD2* (Women Attended) *R5: "you should go and see the village head…….. then people will be informed" FGD13* (Women Not Attended)
	Town criers/ announcers	*R5: "…..the announcer…….. he goes round, corner by corner making the announcement in the town, everywhere in the town, they hear" FGD21* (Husbands)

Themes	Sub-themes	Quotes
		R: "The best among them will be the town criers. It is the town criers that will deliver the message to the doorstep of everyone as they go neighbourhood after neighbourhood announcing it about the program and when and how it is going to take place…….. As soon as they announce that, you will see people attending the program with their children" IDI18 (Community Leader) *R5: "Through the town crier announcing it a day before the program" FGD13* (Women Not Attended)
	Radio	*R7: "We send our wives to this program we hear announced on the radio and town criers, because they announce that they should come, the purpose of the program is for them, now they tell us to go, they are given advices……" FGD17* (Husbands) *R: "it [radio] works, even if you go to the remote areas you will find Fulani people going about with their radios, you will hear people saying this and even during the phone in program, you tends to hear people asking questions……..." IDI8* (Government Official) *R9: "Through the radio, we hear it through the radio" FGD7* (Women Attended) *R7: "Honestly through the radio, when it is announced, anyone who can hear it will hear it and anyone who doesn't have it will meet his neighbour and he can inform him" FGD10* (Women Not Attended)
	Religious leaders	*R5: "I hear (mentions name of person) making the announcement at the Friday Mosque that there is a weekly program for pregnant women and also children a little less than five years, I hear him making the announcement, just like how he announces the vaccination for Polio, so he too when he comes you will hear him making the announcement" FGD23* (Husbands) *R4: "Apart from the radio, you know when a letter comes from his highness, and leaders, the sectional heads will gather the poor people and inform them on what is going on. He can pass it through the mosque, through the town crier to make the announcement" FGD30* (Religious Leaders) *R9: "……...The men are been assembled in the mosque to inform them so that they can inform their wives, so that everybody should be aware" FGD4* (Women Attended)

Themes	Sub-themes	Quotes
		R6: "the Imams, men have gone to the mosques, he sensitizes them, even the one who has no intention of allowing his wife will allow and he will come home and say it" FGD11 (Women Not Attended)
	Husbands/ men	*R8: "……our husbands will tell us and if you ask him where he got the news then he will tell you that you don't have to know but you should go. If you are satisfied with his answer then you will get ready and go in the morning" FGD6* (Women Attended)
	Word of mouth	*R3: "So news, you know sometimes there are some people that announce. Even if you are not around and the announcer comes and goes, your neighbour will inform you that this has been announced there is going to be this and the week has come to take children, and the pregnant ones are going to get medicine……" FGD21* (Husbands) *R10: "If on my way I hear about it, when I get back home I can tell my neighbour about the program and if I hear it on the radio I can also inform my neighbour likewise she can also do the same to me" FGD7* (Women Attended) *R2: "Even your child can run home and tell you that he heard something is happening and if you pay attention you will hear about it" FGD7* (Women Attended) *R6: "maybe when you go to visit your friend in the room and are talking, you reach a point where she will ask you whether you heard, and she will give you the news" FGD10* (Women Not Attended)
	Health workers	*R1: "……..The way we hear the news is; like the health workers that are taken to manage this program, any time they are given training, they inform the village head and ward heads they in turn assign town criers to go round and announce to the public and sensitize them..…….. and so on and from there people get it and they also go to the villages to remind people explain to them……..." FGD24* (Husbands) *R8: "When we were pregnant, we came to get checked up and they said the program was holding that we should go, they will check us and give us medicine" FGD6* (Women Attended)
	House-to-house mobilization	*R: "The best way is to tell us and we announce it and then there is that woman from (mentions name), she goes house to house telling people. And every meeting that she participates in, anything that has to do women, because anything that has to do with women she is called and*

Themes	Sub-themes	Quotes
	(especially when done by other women)	*so she calls them in case anything happens and she tells them to go to the hospital" IDI17* (Community Leader) *R3: "Sometimes some women will enter house by house to make the announcement because you may not heard it during the announcement, because there is a grinding machine" FGD2* (Women Attended) *R6: "the town crier and woman that goes house to house" FGD13* (Women Not Attended)
	TBAs	*R6: "Honestly, there is a woman who mingles with other women…….. She is a traditional birth attendant (chorus answer) traditional. And she is also famous in the hospital" FGD18* (Husbands)
	Newspapers	*R11: "We hear it from the newspapers" FGD17* (Husbands)
	Local government	*R6: "I also get that information through the town criers, and also health workers and the local government" FGD19* (Husbands)
	Telephone	*R5: "Yes, when people go and see, they spread the information, you can tell or phone yours people from distant areas all hear the news and they come and collect" FGD36* (Community Volunteers)
	Islamiyya (Islamic religious) schools	*R5: "Furthermore, we go around Islamiyya (Islamic religious) schools as most of the students and the teachers are women; we urge them to inform their fellow women folk about the important of this event" FGD27* (Community Volunteers)
	Playlets	*R1: "What will done is they may include a playlet which involves husband and wife. And when they are making the announcement, if the husband, like meets the woman who did go, he may scold her of when she would take the child or take herself there. Like the announcement on the radio, and they would state its importance and to announce other things like that" FGD2* (Women Attended)
	Messages	
	Messages that provide details	*R1: "…….the village head and ward heads they in turn assign town criers to go round and announce to the public and sensitize them that at this time there is going to be vaccination for*

Themes	Sub-themes	Quotes
		this, and medicine for stomach worm, night blindness and so on and from there people get it and they also go to the villages to remind people explain to them, so that is where we get information on the vaccine" FGD24 (Husbands) *R6: "When you heard that it is something which will improve the health of your child that will encourage you, since money is not required" FGD2* (Women Attended)
	Understandable messages	*R2: "If they [messages] are not [understandable], we would not attend" FGD7* (Women Attended)
	Encouraging messages	*R5: "That you would be motivated when you hear the information. That you don't know anything about it but when you hear that thing is quality, that encourages you. Even if you don't have the money you would look for it anywhere in order to them to be able to go to the hospital in order to collect the assistance"FGD23* (Husbands)
	Health system	
	Referrals	*R: "this measurement for malnutrition, almost at the time the program hadn't yet come, we didn't know what was wrong with the children, but now when the week for the pregnant women come, they tell them when there are checked, if there is a sign or symptom on their child's body, if it is advice, they give the advice, and if it is to take him to the hospital they will take him, and when they take him to the hospital there will be progress in that area" IDI11* (Government Official)
	Ownership	*R: "the main success now is the contribution given the LGA chairman for the MNCH week, which is just encouraging ownership" IDI1* (Government Official)
	Partnerships/ supportive environment	*R: "the integration of activities with my other program officers, the support from my board and the ministry, and other partners I am working with is of a great joy to me because if you want to carry out an activity and nobody is helping you to come up with it, you will not get anywhere, but if you spread your hands and you tend to get people that will help you do it, then you will achieve your aim" IDI8* (Government Official)
4.2 What doesn't work	**Channels**	
	Radio (in certain circumstances)	*R3: "Sometimes you don't really understand what they are saying on the radio, as you might be distracted from other things that you are doing, like you might be doing other work. So it's not as effective as if it was announced or discussed" FGD8* (Women Attended)

Themes	Sub-themes	Quotes
		R8: "No I have never heard; even if it is announced, I don't switch it [radio] on to know if it was announced" FGD15 (Women Not Attended)
	Health workers	*R4: frankly in the case of the doctor, he is important and in another way he is not important because apart from we who visit him, we that we understand him, we are ones only going to him but the emirs & imams by the will of Allah I think there is no other method that is better than this and then the committee which will be established both for women and men" FGD 24* (Husbands)
	Use of town criers only	*R: "so automatically here if a town announcement works here, in another LGA maybe it would be a radio, like for (mentions name of town), there is radio FM within the catchment areas, even beyond, but there are some places that radio FM, umm Freedom , cannot get because you are going to, when you go to Radio freedom and some places cannot get you there, and you did not go to radio (mentions name of state) to do that program there, so it means that sometimes we do the two together to get the people across" IDI8* (Government Official)
	Messages	
	Messages which do not state programme benefits	*R3: "…….they don't really tell us the benefits and the kind of problems that we can face if we don't attend the program, they don't explain that to us. Honestly speaking they don't really give us that explanation" FGD8* (Women Attended)
	Partner lack of consultation	*R: "When you see our major partners is media there but they are doing their own separately, we are doing our won separately and most of the problem is from you , from the partners, because they would just skip health education unit and emm…go straight to the community….to the media, we will only hear the jingles being announced, it is only sometimes I would go and say 'stop it' with reasons, I will just write to the UNICEF that this is so, the, the, the…....the words the words they are using, that's the language is not entirely to our state, because ideally when you develop any jingles, there is need for you to test it, if you test it to the community, but sometimes, especially our state where sharia is more of…..circulating, so there is need any messages you have to be careful with it" IDI3* (Government Official)
	Health system	
	Short duration between social	*R4: "Sometimes [there is adequate interval between mobilization and programme] and sometimes not, sometimes if it is going to take place tomorrow it will be announced today" FGD5* (Women Attended)

Themes	Sub-themes	Quotes
	mobilization and programme	
	Timing with IPDs	*R: "for IPDs, and for this maternal and child health week, sometimes, immediately after we finish the polio, we just jump into the maternal and child health week. So and err, for the maternal and child health week, we don't have posters, I think now I don't have any poster for MNCH in my LGA……..." IDI12* (Government Official) *R: "We started this jingles on the 20th, 20th of October, but we've stopped it, I made them stop it because earlier I thought that we'll have IPDs on the 12th to 15th but then it was shifted to 16th to 19th, and so we came back and sat down with our informant and I asked him if there was going to be a clash that may distort the minds of people in to saying that we are cutting a program and introducing another and cutting it off, but I suggested to him that since it is just for four days, the MNCH week should be cut for four days and if it finishes, they should then reframe the message that is has been brought back……."* *IDI3* (Government Official)
	Stock-outs	*R: "sometimes we have challenges, when we, for instance we tell them SP is to be given but then it is not given, but it is better to inform them than not to say it and then they are given. So all the interventions they are expecting, if they ask for it, it is better; you understand, now we can decide to go for a compound meeting or dialogue and they will say last time you promised to bring immunization and medicine for malaria and you didn't bring it, so we'll now say okay, we will bring it" IDI3* (Government Official)
	Short planning time	*R: "even for the maternal and child health week, we are still making the work plan, but the time, the variation between the pre implementation and implementation, we [don't] have enough time in order to prepare for the social mobilization" IDI12* (Government Official)
	Delay in funds disbursement	*R: "we normally get our funds from UNICEF, and there is always released late, because normally we are supposed to have it by now, you didn't know the battle I'm doing with the media, we didn't pay them for IPDs, we didn't pay them for this MNCH week, they are always calling me that they will stop the jingles. The focal person, the nutrition unit focal person and the director see to those funds. Categorically, there is money for social mobilization at LGA level as well as the state level. So we give the LGA s theirs and then we at the state level hold ours" IDI3* (Government Official)
	Individual	

Themes	Sub-themes	Quotes
4.3. Motivation for social mobilisers involvement	Importance of programme	*R1: "It is only us that come every day because we see the importance of it" FGD35* (Community Volunteers)
	Personal satisfaction	*R: "They are happy to do it, and they get a satisfaction from doing it because every time they gather together for the meeting, after the meeting, you will see them laughing and jovial with other friends" IDI18* (Community Leader)
	Monetary reward (either directly from programme or gifts from people)	*R4: "Actually we are not rightly paid rather [we are] given a token money" FGD32* (Town Criers) *R: "No, honestly he is not paid. But he gets something small from people, like days of celebrations or weddings, they are given" IDI6* (Government Official)
	Town criers get batteries for megaphones	*R: "because they have a micro phone, we give them batteries and what they will use to drink water, and if there isn't we get them microphone and everything and give them" IDI11* (Government Official)
	Non-material support and expectations	*R3: "Well, really before we used to have people treat us in a way, especially when we were new in the work, you know as a newbie, you have to manage until you get used to the work, but before then, we faced a lot of challenges, but gradually as we continued, they sensitized us in meetings telling us this is what to do, this is what to do, then we got a relief of the work, and then we also felt relieved with the reception from people, someone when you tell him, he will tell another, and another, and when we go to tell them, they will say this person has already told us, so that is where we got relief" FGD29* (Community Volunteers) *R1: "Your coming to this place is encouraging us to take part in this program and the improvement of the health condition of our family" FGD31* (Town Criers)
	Source of employment	*R6: "Because we have seen that our families, wives, (side talk) children have been taken care of and other members of the community who are not employed but can be involved in the program, thereby employing them to get a job of this nature" FGD25* (Town Criers)
	Duty	*R: "……sometimes when there is no incentive for the work, the health workers will contact district, and village heads. You as a town crier, when conferred the title by the district head, you must serve him. Therefore, he would summon you [the town crier] and ask you to disseminate the information about the program; hence, you are not expecting any payment. But for the previous one that lasted for five days, each and every town announcer had a card, and*

Themes	Sub-themes	Quotes
		house to house mobiles had their cards, so this type has an advantage, but the one which has no advantage is that which you as town crier, you don't know what is going on would be summon by the district head who has conferred you the title and you are bound to serve him without any questioning……." FGD32 (Town Criers)
	Socio-cultural & household	
	Heavenly reward	*R4: "Because we waste our time in it, and it is something we are accustomed to, it's only an incentive, and we also find out that there is [heavenly] reward attached to it, that makes us to be more serious about it. Whenever the program comes up whether with money or not we stand up to help to its success because we are taught to be doing a community work for Allah`s sake and for the development of our community" FGD27* (Community Volunteers)
	Divine appointment ("because of God") or religious satisfaction	*R3: "They already told us that we are going to be volunteers, so we are doing because of God" FGD35* (Community Volunteers) *R: "If I am called upon, just like you have come to me, at all times, I am ready, whether it is day or night, in my capacity as the leader, your greatest joy is to see what will help your community, you see, it is not for the benefit or whether you would be given something, but God has given you everything because you have given to people, and he will reward you" IDI13* (Community Leader)
	Community development	*R: "no we are not paying them any allowances unless some incentives, it is our contribution to the development of the society" IDI20* (Community Leader)
	Programme survival	*R3: "As the orientations……..that …that we receive in which we are encouraged and enlightened on this work entrusted to us, we work with people and the work is for them and therefore, whatever government brings, we welcome it wholeheartedly and we inform the people concerned. We therefore, hope for the survival of the Programmed" FGD32* (Town Criers)
	Research purposes	*R5: "What encourages us to get involved in this program is, the world has developed everything is done with research , which is why whenever they tell us that there is a program from the government that will help our wives and children. We encourage them as much as possible to attend the program without any problem" FGD33* (Religious Leaders)

Themes	Sub-themes	Quotes
4.4. Barriers/challenges	**Individual**	
	Attitude of social mobilisers to work	*R: "sometimes constraint differs and the kind of people that implement the activity in an area may differ from one another, another area, take for example you may get some people that are very hardworking in an LGA which you may not find if you go to another LGA. So the issue of social mobilization coverage definitely may differ, it depends on the people that are there" IDI2* (Government Official)
	Financial expectations of social mobilisers	*R: "sometimes we used to face challenges, we have a lot of challenges, because most of our…some of the traditional leaders, if you meet with them, they will ask you to give them money, because by the time they saw you, you are from health organization, NGOs, they are expecting us, we are getting a lot of money" IDI12* (Government Official)
	Socio-cultural and household	
	Multiple religious sects with contrary opinions	*R: "we face many challenges, you see sometimes religious effect…aspect comes in, we have them even in for example the predominant religion here is Islam, but nevertheless in Islam, you will find different sects with different reasons and different options which they need so these also" IDI3* (Government Official)
	Habitual non-complying communities	*R: "there are some communities, and there are not even accepting all the programs and part of, like immunization. They are habitual non-compliance, you'll go there and health educate them, after they have accept, if another round comes, they will still not accept, you will have to go back again, we are facing that challenges" IDI12* (Government Official)
	Nomadic households	*R: "……. They don't normally stay permanently in one place, they come and they stay for 2-3 months and they move to another place, that is why we don't go to them" IDI18* (Community Leader)
	Sceptical community leaders	*R: "the problem they are facing is not mobilization, it is the problem of leadership. There is a leader that supposed to give the chance to inform them, but he refuses to give them that chance. We have discussed with him but we need to still visit him until he agrees and accepts the program" IDI5* (Government Official)

Themes	Sub-themes	Quotes
	Typical difficulty in changing behaviour	*R: "I think the most important challenge I face is difficulty in changing human behaviour and which I think is a global thing" IDI7* (Government Official)
	Environment	
	Political environment	*R: "people don't want to invest in health industry because it is not visible something, you ask us to buy plumpy nut for millions of naira, before a week, it has gone nothing to show, unless if you will look at it psychologically that people are getting better, so because of that you find that structures, they come and say I built this, I built that" IDI3* (Government Official)
	Distance of some communities	*R: "Because of the distance, they are far away in the bush, like I told you, in some parts they have to climb a tree in order to spot them. So because of the distance and the difficulty involved in reaching them, that is why they don't go to them……" IDI18* (Community Leader) *R: "Truly, it is not because they are not given enough information through the town criers, it just depends on the situation of the place, because you see if some are not here in town but far in the bush, that is isolation, and for such places, myself and other community heads ensure that such information is reached to people, care is taken so that everyone is informed" IDI13* (Community Leader)
	Inadequate transportation logistics	*R: "Transport is the reason why we don't go to the areas they are in but if you provide transport, when anything that has to do with health comes up then they can go and deliver the information to those people…… To be honest, when some of our people approached them, they welcomed the idea 100% because we even have some of their numbers" IDI18* (Community Leader)
	Difficult terrain	*R: "……And logistics problems also, when we take them from one program to another, last time it was May/June, it was rainy season, and we had difficult terrain, especially in Zamfara State …..we have difficult terrain especially in most LGA's……..." IDI2* (Government Official)
	Security concerns	*R: "……..we …….also have the security challenges; like in (mentions name of LGA's) we used to have armed bandits and what have you. So our service providers will not be able to reach some of the places, but we were able to reach most of the places with the use of security agents, so insecurity is a challenge……..." IDI2* (Government Official)

Themes	Sub-themes	Quotes
	Lack of office space for social mobilisers	*R: "so like the problem I said at state level, when you go down to the local government, it's the same problem. At LGA level, health educators have no office; I doubt no health educator has an office, any office..... Yeah the same the reason is that at community level or at ward level, they are using the health facilities as their office, even when we want to meet, I do meet them there" IDI1* (Government Official)
	Lack of funds/ motivation for town criers	*R6: Formerly we were twenty, there were men, but because you see it is voluntary, it means your reward is in heaven, if you say you are not doing it, your reward will be given to someone else, because there is a hadith and if you do it, God knows, and if they come, you know how things are. Someone will come and stay and if he isn't paid a salary, he cannot do the job, and that is how we reduced to fifteen." FGD25 (Social mobiliser)*
	NOTE	*The challenges to social mobilization differs from community to community, but lack of funds is a universal challenge – R: "the constraint that you may likely encounter in one community definitely differ from one community, it depends on the environment ……the challenges or the constraints varies from one local government to the other, but inadequate funding is general …….majority of the LGA's were not able to support the program with anything, and we rely on state, even the local government relies on the state funding to come, so whatever we get form the state is what we use at the local government level. It is good for local governments to be supporting the program by providing its own support in terms of funding, but local governments are not doing it" IDI2* (Government Official)
	Health system	
	Time constraints of health workers	*R: "the only thing that I know is the time of the health worker, trying to talk to the mothers on the health intervention issues are the main constraints because if a mother should come to the health facility with her child, at least she would let you to tell her, like in diarrhoea cases, wash your hands, do this, maybe poor personal hygiene, poor environmental hygiene, poor feeding practice are the cause of the diarrhoea, and the mother will not like to be coming to the health facility on a daily bases, but the health worker will not have the time of talking to the mother as they come in to meet their priority" IDI8* (Government Official)
	Unavailable interventions	*R: "normally we take the interventions and explain it to them, and sometimes we have challenges, when we, for instance we tell them SP is to be given but then it is not given, but it is better to inform them than not to say it and then they are given. So all the interventions they are*

Themes	Sub-themes	Quotes
		expecting, if they ask for it, it is better; you understand, now we can decide to go for a compound meeting or dialogue and they will say last time you promised to bring immunization and medicine for malaria and you didn't bring it, so we'll now say okay, we will bring it" IDI3 (Government Official)
	Inadequate health facilities	*R: "if you don't provide additional health facilities, we may continue to face problems from those in far places. If money will be given to them to cover their transport and feeding expenses, that person will definitely come, but if he realizes that when he comes he will not get any kobo and his money will end on the motorbike, he will not come. If the drugs are gotten very close to them, they can easily access it rather than at far centres" IDI5* (Government Official)
	Insufficient posters	*R: "And sometimes we have like posters, we don't have enough posters, sometimes we will finish the whole program, we'll just end up having the only posters that we are going to fix on the facility" IDI12* (Government Official)
	Cost of radio broadcasting and poor radio reception	*R: "we have seen the Medias but we didn't get what we want so we'll wait for the commissioner because he is the only one who can give free air time for those radio programme. Because if we are to pay them, we don't have the kind of money to do so, because they pay sixty thousand per thirty minutes and we cannot afford it or pay them. But we are going back, we have made that promise" IDI3* (Government Official) *R: "……..there are some places that radio FM, umm Freedom, cannot get" IDI8* (Government Official)
	Need to increase town criers and/or community volunteers	*R: "……...We would have used more town criers had it been we have much money than what we have during that time, at least using more town criers will definitely enable us to get more result or more covering, so shortage or inadequate funding from the state government is actually one of the challenge or constraint we are facing" IDI3* (Government Official) *R: "we are not the only one at the LGA to take charge of that social mobilization, we have our ward focal person, and the only thing is that, it's not all the ward that have this community volunteers, not all the settlement have the community volunteers. The way of selecting these community volunteers is each and every health facility, if you have err, if the facility have low RI attendance or low ANC attendance, that is the criteria of selecting the community to be, to have community volunteers, so we are selecting the community by community" IDI12* (Government Official)

Themes	Sub-themes	Quotes
	Lack of health education policy	*R: "constraint of health education is more of a policy issue, because right now we are battling to ensure that we have a standard policy on health education that is health promotion policy, we want to ensure that it has been adopted at the state level and been implemented. So if we have the policy, we know the health education unit it has a standard and permission to practice fully and can apply at any given……any level……..." IDI3* (Government Official)
	Lack of budget line in government budget	*R: "secondly without that policy, we can't have a budget, but if we have the health education policy in the state being implemented, we have it at national level.....if we had the budget line, we have the policy at the state level and we have the budget line, so we have no problem. Yeah even without support from partners, we can just go and access our fund through our budget and we continue implementing the……" IDI3* (Government Official) *R: "……..if UNICEF gives us something, their expectation is that we will get a counterpart funding from the government whether at state level or at local government level, so you will see that the program ends and the money is not enough, so you see that the activities will not hold the way it should and they will only do what they can what the money can do. That is why at the end you will find that there would be no money both at the state and local government" IDI3* (Government Official)
	Generally inadequate funding	*R: "the most challenging would be the funds, because if you have good strategy or good plans, and the funds are not there, you cannot carry out an activity. At least if you call somebody that you want to speak with that person, even though if it is water you need to provide water at least let them know that yes you care for them and are having one common umm understanding" IDI8* (Government Official)
4.5. Most effective channel	**Socio-cultural and household**	
	Radio	*R4: "the way of the radio is most effective…… since if you have a radio, there is nothing you wouldn't hear……. If you don't have……" R3: "if someone has it you can go and listen" FGD3* (Women Attended) *R: "through the radio, the radio is better, the radio is more effective" FGD11* (Women Not Attended)

Themes	Sub-themes	Quotes
	Town crier/announcer (especially with a loudspeaker)	*R: "……The second way is the use of town crier and this is the best way since before the coming of the Europeans" IDI19* (Community Leader) *R: "the one that is stronger is the one that uses the loudspeaker, he is given by the department for health to further pass on the information effectively" IDI14* (Community Leader) *R4: "Honestly the announcement is the best method as they go through every neighbourhood and area announcing it" FGD6* (Women Attended) *R2: "the town crier is the best and easy because he can still tell you that is the district head that is announcing it" FGD4* (Women Attended)
	Neighbours and/or friends	*R3: "The program is a long one, it takes up to five days" R5: "Someone will tell you that they heard that the program is going to hold so and so date and time and if you hear about it you will inform your friends and from there the news will get around" FGD7* (Women Attended)
	Women advisers	R1: There are a lot of places where, you can tell women about this program, when they come to the hospital, they can be encouraged and educated about the program. They can also be informed by the women advisers. They can be informed in the hospital even if they didn't come for vaccinations. They can also be told at home and through announcements. They can be informed in meetings and committees they can also announce or inform them there, they also have women advisers who have representatives in their communities who can tell them and educate them better." FGD28 (Social mobilisers)
	Religious leaders	R4: "……the emirs & imams by the will of Allah I think there is no other method that is better than this……." FGD24 (Husbands)
	Traditional leaders	
	MULTIPLE CHANNELS	R2: "Whichever one is used, we can hear it; the first one is to announce it through the radio, secondly through the town criers and thirdly the women should enter house by house" FGD2 (Women Attended) R10: "Both methods are effective but some people don't have radios so if they go around announcing it, you will get the news" FGD7 (Women Attended) R: "……..Social mobilization cannot be effective unless you combine different methods, yeah" IDI3 (Government Official)

Themes	Sub-themes	Quotes
RECOMMENDATIONS FOR CHANGE		
Social mobilisation	**Channels**	
Women	Women who go house-to-house	*R: "it is very good to get women who can enter house by house to inform other women about the benefit of the program, even if their husband goes out, they can ask their in-law for permission to go and collect it. Really, it is a very good idea and they should be shown how they can take the drugs or medicine" IDI11* (Government Official) *R: "If they get some women representatives, if they are given money for transport to go around town house to house informing other women and educating them about the importance of the program ……...in every village if get those kind of women then they will enlighten other women in the area, they will go house to house, being women they don't need permission to enter the houses because they are going to see other women. So they can go in and enlighten them and educate them about the program. So by God's grace if they are given transport money, they will go around informing people and God willing the program will be a success" IDI18* (Community Leader) *R10: "There is no fear of entering any home with the husband challenging you on why you entered his house because you are a woman and if you enter you will meet other women, you will show them a friendly face and show them that you and them are all the same and tell them what is happening and they will listen" FGD7* (Women Attended)
	Include women as *social mobilisers*	*R1: It will be good because women can go into the homes and talk to the women while it might not be possible for the men. The women will also be more comfortable with other women and they can better educate them unlike town criers who will just pass homes announcing." FGD 28 (Social mobilisers)*
	Sensitize and use women's groups and TBAs	*R4: Secondly, they should involve groups; groups like youth, men, women, all have a representative for the committee, for instance the committee on mobilization, you will realize that everyone is skilful in his own area, the religious head specializes in preaching, the household head has charge on his household and will be heard, he community leader too accords great respect, someone will do something just because he has heard it from the mouth of the leader. So these are all routes, women groups such as FOMWAN, MSO and the rest are all women organizations which when they are involved in this committee they will do outstanding well." FGD17* (Husbands)

Themes	Sub-themes	Quotes
		R: "in every LGA we have Amira, and this women group like, we have women associations and we have FOMWAN. If in each LGA we can easily conduct sensitization meeting with them, I know that they will play a vital role" IDI1 (Government Official) *R: "TBAs too, because not all TBAs are being involved in this MNCH week, but if we can easily mobilize them, like one TBAs per LGA, just mobilize them, just sensitize them on this, I think this will really assist" IDI1* (Government Official)
	Encourage peer support	*R6: "If for example I attend and I know someone that hasn't and she asks about the program, I tell her that they are educating us about how to take care of our children and the mother of the child. This will encourage her and if the program is going to hold again in the future she will ask me to remind her if she doesn't hear about it" FGD13* (Women Not Attended)
	Encourage word of mouth advertisement	*R12: "When the word gets to Town that they are checking up people they will tell their wives and you know women, they talk a lot and so everyone will hear about it …… For example, if you come, my house and I know about the program, I will tell you and if you meet a friend of yours, you will also tell her and she will also do the same, that the way the news will spread right" FGD6* (Women Attended)

Themes	Sub-themes	Quotes
Religious leaders	Involve imams and other religious leaders (such as the local government religious focal persons)	*R4: "Just like the other has explained there is a teacher that announces during the Friday prayers, you see he was involved in the planning and he understands and is telling the people, since he is a leader and a teacher, if he says anything, people will believe it, so you see how he is involved in the explanation it is proper to many people, those health workers say it they, but the teacher, seeing that they are together with him, he can sensitize them and they will agree with that program" FGD24* (Husbands) *R7: "like the imams, religious places are a place where people come in large numbers so it will be good when it is prayer time or lectures. They can explain to our men and enlighten them about encouraging the health of their women and children, that way they will know the full benefits of the program" FGD8* (Women Attended) *R7: "A person who holds a high position is supposed to call his people, only if they are corporative, and they hold him in high esteem, for example their community that they don't accept, he can sensitize them and since they see his position as the imam in that town, they will accept that program" FGD3* (Women Attended) *R1: "the mosques because you see out husbands, if they bring anything hurriedly they say No going, or he doesn't even know, and truly between us and God that is the reason we don't come, because he doesn't know, and you know you cannot go anywhere without your husband's permission" FGD11* (Women Not Attended)
Household Heads/ Husbands	Go through household head	*R7: "The kind of help the village heads (traditional rulers) should give is, Like you can find about 7-8 women in one house and each woman has her husband and the father of the husband will also be in the house, The Father could gather the men and women of the house and inform them that so and so is going to take place soon for you and your children, It has great importance and when the time comes I want you all to attend. This encouragement that the women get……. if one of them doesn't do it, the husband can question her: why is it that my father is advising you to do something and you say you won't do it. Through that they can be encouraged as well" FGD7* (Women Attended)

Themes	Sub-themes	Quotes
Community/ traditional leaders	Use community and other traditional leaders	*R1: "What he said is true, by contacting the community leader who is trying his best to warn them on health matters" FGD18* (Husbands) *R6: "Based on health improvement, you know five days ago we both Hausa and Fulani gather together. And if the Tuareg is involved, he will inform other members of his dialect, because it's difficult for Fulani man to agree with the advice giving by the Hausa man except that of the Fulani man who is related to him" FGD18* (Husbands) *R2: "They should involve the religions bodies and traditional rulers in the program. The ward head can ask the village traditional ruler: why is it that the last program that took place people from your area didn't attend, why? You should make sure that they know about the program and they attend. That way the village traditional ruler will encourage the villagers to attend after the announcements. If it is the head of a religious body, every religious body has a leader if they advise people to take their family. They know how to convince people to go and they also know how to discourage it" FGD28* (Health Workers) *R5: "…….through the imams, ward heads and the community leaders, they can enlighten the men about the benefits and from there they will become more understanding" FGD5* (Women Attended)
Town Criers	Ensure that town criers are thorough	*R chorus: "the change that deserve he that …….crier of this town he deserves where ever is a cranny……. even are two houses to enter" FGD12* (Women Not Attended)
	Increase number of town criers	*R1: "They have already said it, except one plea to, for example these organizations, there is like what my colleague said, regarding distance. What you will tell the organization is that, they should help us by expanding it because there is scarcity of announcers, even though they say it in radio and newspapers, there is scarcity, because some, their work doesn't allow them to*

Themes	Sub-themes	Quotes
		listen to the radio, and those who inform, all these places are small for them to go, maybe by the time they get the news, they program has already ended" FGD17 (Husbands) *R1: "In short get them something to make them mobile or increase the number of announcers……... They can be increased like from 4 to…5" R3: "Eight…." R1: Or eight, depending on the size of the area (town) we cannot specify the numbers to be increased but they should be increased according to the size of the area." FGD 28* (Health Workers)
Multiple channels	Ensure multiple channels	*R: "with the help of LNO i.e. our immunization officer. So that we can achieve good mobilization because we use to gather traditional rulers, like we can inform the Emir of Mafara, and he can call all other Emirs to inform them about what we want. We can also call on the Chief Imam so that he can gather other Imams to inform them. We also make use of singers and drummers to inform people two or three days to the program, we also make use of 'Okada' (motorcyclists) men by placing some posters of the program to go round the community. Therefore we will inform them before the time starts as well as the singers and drummers we also inform them about the program coming." IDI5* (Government Official) *R: "what should be done, you know I spoke of educating them, and education is not a one person's work or two, it is the entire community's responsibility by using the leaders, committees, town criers and the likes, and also working together, everyone should give his support to the areas that concern him and the health workers should inform those with them that is the community leaders, they in turn should inform members of the community, when you go to inform a member of the community, he may not respond to you as he would to a community leader and this is because he doesn't know you. And when he is called by the leader and explains to him, he will understand better because he knows him in and out, and he knows the ways he would take to convince him for him to accept" IDI13* (Community Leader) *R12: "the market places should be included, just as my colleague said, because there are some things that the villagers don't know, but when the announcement is made, people will gather, and then as many that hear will pass on the message." FGD17* (Husbands)
	Involve many influential/ important groups/individuals (including the community leaders,	*R6: "Like, any community you go, you will get some…..like vigilante and other groups that help the community, they can take their chairmen or secretaries or say they should give one person who can be involved in the structure for mobilizing people and enlightening them for. So I feel that, by the Grace of God, if this continues, there will be continuity" FGD24* (Husbands)

Themes	Sub-themes	Quotes
	religious leaders, husbands, etc. emphasized elsewhere)	*R7: "Not once not twice, now when you take Polio, even the Governor, His Excellency has come here on this Polio, and he gains acceptance, when he came, they sensitized people and children gathered and he gave them drops and so on and it gained acceptance, since formerly, in most villages, it wasn't accepted but now as a result of this, it has received acceptance." FGD2* (Women Attended) *R4: "Yes, so they [village development committee] are the ones who I think would try to give support, and give encouragement, just as they tried and are staying with the community members, so as to sensitize them on the importance of collecting that immunization from time to time, that is what they should make effort and continue, and then when they receive the information on the men that don't agree to send their families to collect that immunization, then they should try to sit more with them more than other people that have received it, because they know the importance. Those others that don't send is lack of understanding the importance and that is why they don't send their families, so they should try to sit with them and sensitize them always, until God makes them to agree to send their families too, for the progress of that intervention" FGD19* (Husbands)
	Messages	
	Provide detailed information about programme and its benefits	*R: "before they start anything, they must make sure that health education or health talk is given to the mothers. So I think strengthening the health workers on the importance of giving at least a brief health talk to the mothers or the caregivers when they are in the facility is important, for them to know why are they there, what is the cause they are coming here, if something is preventable, they will know that next time they will take the steps that you talked to them on" IDI8* (Government Official) *R3: If we are educated and we educate the public then there would be a 100% support for the program" FGD26* (Religious Leaders) *R9: "We need to be better educated about the program; they should get someone that will go around explaining to people about the good things this program has to offer for women and children" FGD8* (Women Attended) *R3: "As long as you know the importance of it, you don't need anyone to tell you. If you know the importance you will tell yourself you have to go. You just have to seek the permission of*

Themes	Sub-themes	Quotes
		your husband not your relative. But if you and your husband know the benefit and importance of it, that enough will encourage you" FGD9 (Women Not Attended)
	Provide education about programme benefits to men	*R8: "Firstly there is……...it is good to give an illustration on the communities and how to follow this, already there are those that go and know the benefit of it, those that know the importance of it, they should convince those that don't allow their wives attend the antenatal for instance. They should go and give them advice……." FGD24* (Husbands) *R: "the men are to be given [social mobilisation on MNCHW] because they will go back and inform their wives, because even if you tell the woman, she cannot go without the authority of her husband, that is why we inform the men" IDI6* (Government Official) *R5: "and also like he has said, a husband needs to be educated, because if a husband doesn't know about this, there is no way he would allow his wife to come. You understand, and within them they should select some women that they will educate and they themselves will go back house to house to educate the women, this will help" FGD30* (Religious Leaders) *R5: "I think the only thing that they can add is encouragement in the health education area. They should explain the importance of the program because some don't attend because they don't understand the importance. If they improve the health education it will be better, if you stay with someone then slowly you will be able to convince him and slowly he will agree with the program and he will send his wife" FGD28* (Health Workers) *R5: "I think the best way is through the men, I mean our men in the village, and you should…… make them understand, if they are educated about the program it will be better, because even if you want to do it and your man doesn't allow you, then you can't….." FGD5* (Women Attended) *R5: "They should be better informed together with their husbands who sometimes gives them permission because everything is from them, you should better inform the husbands to allow their wives to attend the program in order to benefit from it and….." FGD7* (Women Attended) *R9: "the men too should be educated about the program so that they can encourage their wives to go to the program" FGD8* (Women Attended)

Themes	Sub-themes	Quotes
		R7: "there should be an occasion which should be done for them [husbands]…… to explain to them, to call their attention" FGD12 (Women Not Attended)
	Provide education and training about programme to religious and community leaders, not merely advocacy	*R2: "Also enlightening the community leaders that they should gather the people and sensitize them, which is another channel they can understand the situation" FGD 24* (Husbands)
	Use clearer, more easily understood messages when announcing – name the programme, describe it, state the interventions, and state benefits and importance (DO not just tell women to turn up for the programme)	*R5: "Like I said earlier, I think it is important when it comes to the announcements that more detailed explanations should be made about the program, they should continue to give more details……" R5: "The announcements should be made as clear as possible so that everyone can understand" …….. R6: "So whenever the program comes it should be said so, that it is the weekly program for improving the health of pregnant women and children. If you give this detail even if some don't attend, a lot will attend because if some hear it is this specific program the men will even encourage them to go" FGD8* (Women Attended) *R13: "What will encourage women to come is what you will give us that will improve our health and your family. That is what should be highlighted and emphasized on when telling the women and then they will be told that the program will hold on so and so time and date. If anyone hears about it, they know health is no joking matter so anyone that hears she is going to get medicine for an ailment……" FGD9* (Women Not Attended)
	Use positive messages	*R2: "We inform them after prayers about the program because the government is our mother and will not give us anything which has negative effect on our health. Therefore there is non-negative effect on this issue; the government is like a father and mother to us, she gives us what our parent cannot provide for us." FGD18* (Husbands)
	Development of a specific and uniform message for social mobilization purposes	*R: "we have the massage but it is not unique, you know when I tell you one. two, three when you go, you can start from two, three, four, you see, but when we have a standard one, a unique, applicable to all town announcers, applicable to every village and town, so I think this time we will want to, this is what we will do." IDI3* (Government Official)
	Process	

Themes	Sub-themes	Quotes
	Allow sufficient time between social mobilization and programme	*R8: "firstly, there is the need for enlightenment, in the mosques, houses of the community leaders, and also, markets not until the work is going on, let it be now at all times when they sensitize people on this program when it comes, so that it is new and they begin to hear it until they get used to it and the program starts. The sensitization should be on things that will be done, it should be emphasized, the next day and the day after, continuously and if need be, let there be play lets on it to drive home the point one month to the program, because it will sensitize more people, and more people will know young and old" FGD17* (Husbands) *R: "The ways they can help them and it will stand, is if I am told in good time, we will go round and explain to them that they are coming to give drugs on so, so, day everyone should come out and collect, so you see through that too they will go, but when someone comes at once, like now you see the way people have gathered now, people just came without any announcement, but you see some people have come now and they have not gotten a chance to benefit, so that is how it is" IDI16* (Community Leader) *R5: "truly speaking, those preparations help to strengthen, but up till now, as a Hausa man says (proverb) now before that weekly program, it is good to get advance notice in the community that between now and next month or next week this week of health care will start and these are the preparations being mad, you see even these posters, when they paste them everywhere and people see them, it increases awareness and also reminds people on this week of health care such that even when the week starts, you will see that people are ready and whatever is to take place will take place successfully" FGD30* (Religious Leaders) *R11: "……it shouldn't be announced late" ……R1: "Two or three days" ……..R4: "Even four will be good……If announced 4 days ahead no one will forget and to make it easier after announcing it four days ahead of time it can be announced again as a reminder a day to the program" FGD8* (Women Attended)

Themes	Sub-themes	Quotes
		R2: "Informing on time, if it is done, you see, even your husband will hurry more to allow you go" FGD11 (Women Not Attended) *R4: "……...If it is done today and they say it is going to hold in a week time then everyone will hear about it as long as they are willing to come" FGD13* (Women Not Attended)
	Increase frequency of social mobilization	
	Facilitate dialogue between community members and social mobilisers	*R11: "yes there has been. The problem of polio, there has been dialogue in communities with the leaders and health workers, they have called us severally, and this dialogue was very helpful because it is until they give people the opportunity to speak their minds on issues, you see you know their issues, and when you know their issues and why he doesn't like it, and you give him enough liberty and then you explain to him the benefit, so through that there is progress……" FGD17* (Husbands) *R5: "……..and if they see that some women are pulling out, it will be good to organise a meeting like this one……" FGD8* (Women Attended)
	Actively solicit men's support for the programme	*R2: "Truly, putting it into the minds of men as household heads, to understand and recognize will be most effective, many of our women respect their husbands and obey them; their husbands can tell them to stand up and do something. But the moment they realize their husband doesn't want it, they will be quiet, even when they want it, the way they will even come out to say they want it, they cannot, because we here, that is how we are, our wives and husbands. And so our men should embrace it, understand it, respect it, and make their wives do it" FGD17* (Husbands)
	Threaten to punish those who do not allow their wives to attend	*R4: "Honestly the only way which should be followed is the one used for the program, which is what the town criers have been instructed to do. If the town cries are asked to make the announcement when the time for injection of protection comes; that whoever does not allow his wife, his child to go for it, he will be punished, that scares the village people. And if the same is done to those that do not allow their wives, that them will make them to accept it" FGD23* (Husbands)

Themes	Sub-themes	Quotes
	Provide transportation logistics for social mobilisers	*R: "Here in our local government, what we need is more support for transport and because they are already given feeding allowance, they should be helped with transportation also, because it hinders our work" IDI6* (Government Official) *R: "For the movement to far and hard to reach areas it will be nice to say that the person informing people has even if not a motorcycle a bicycle so that he can move up and down anytime in order to inform people about it and this way you will not be tired of walking. Even though we don't get tired of doing it, we still get people, but even so, it will still help when it comes to broadcasting to people" IDI17* (Community Leader) *R5: "the methods to be followed is first, I don't have a bicycle and I don't have a motorcycle but I can walk to places, until when God provides me with what I will climb to go and inform them I will climb it to go and inform them. And if God provides me with development, I will volunteer to buy what the beggars hold. I can do a labour work if I get it because it's for the development of our community. I would buy it and to go round to provide enough information to everyone, that before I don't allow my wife or allow bringing my children, I will explain everything to them one after the other, to try and allow their wives to continue attending the program. Then to carry my equipment for the announcement to continue with the enlightenment the way it should be. That by the grace of God if I can get support from another apart from me, because this community is very large and we have a lot of villages. I can climb it to go the villages even if it's one man house, in order to enlighten him and to provide him with convincing information by the grace of God" FGD23* (Husbands) *R5: "for us? Well honestly what we need and sometime back from an organization, we needed money for transport, what we would use to transport ourselves, also, we are doing this work between ourselves and God, if you are going to do it, you do it because of God, and so we have endured……..." FGD29* (Community Volunteers)
	Provide other logistics for social mobilisers	*R6: "We need to be encouraged because we are among the people too; we want to be given microphone so that not only your voice can be heard since you are talking of changes" FGD25* (Town Criers)
	Provide material gifts for social mobilisers	*R5: "Honestly, they are doing a good job. My opinion since they are not being paid, they are volunteering, it will be good in order to encourage them to give them something to show appreciation because you know whenever someone is shown that he is appreciated then he*

Themes	Sub-themes	Quotes
		will be more committed to the thing. It could be that I could get fed up and tired of the program because m not getting anything but if I am getting something, doesn't have to be money, just something that will motivate them" FGD28 (Health Workers) *R6: "They can also be given additional training" FGD28* (Health Workers) *R: "…….bring food items and see results…….. I will not tell you exactly, because we are speaking Hausa language…… you can give me motorcycles or you can fuel my motorcycle. But I assure you that I can even do it free of charge…… and if you wish you can give some incentives to my town criers to do the job" IDI20* (Community Leader) *R: "town announcers, yes they are working very hard, so if we can support them with something, they will work hard, they will do better than what they are doing even at the training level, we involve them in the training" IDI3* (Government Official) *R: "what is good with the IPDs is all the traditional leaders, with the Emirs are involved and are given incentives to go out for mobilization and supervision." IDI1* (Government Official)
	Train town criers in difference between MNCHW and IPD	
	Monitor social mobilization	*R: "For the focal it is also good for him to also go for the training, and monitor the announcer and know what he is doing; when did he start, when did he stop; what is he saying? Is he giving the correct message? Otherwise, he will just go out and start saying another thing which is wrong. So I think if we continue using this structure, it will be very good." IDI3* (Government Official)
	Provide funds for social mobilisation	*R: "in IPDs there is a specified money given to the consultant by WHO in case when they go to the err…..any place they go they find like err, emmm if there is a block rejection or block noncompliance, you know, they will use that money maybe at that pit stop to have a community dialogue so they will use that money just to buy cola and refreshment for the people there and at the same time, they can easily use (inaudible name) you know the importance, just like a small drama, yeah." IDI1* (Government Official) *R: "we don't have enough funds which we can easily add the number of town announcers, in every local government, I believe this one we can easily help and last one is if we can easily*

Themes	Sub-themes	Quotes
		support the…… LGA……LGA health educator with like enough logistics where he can easily touch everywhere in the state, and the local government." IDI1 (Government Official)
MNCHW strategy	**Individual**	
	Give material gifts such as soap, mosquito nets, etc.	*R5: "The method to be followed is, like you know some times they bring mosquito nets and it pleased the women, most of the time if you can estimate in this town like 5% is hardly to find 1 % of the community not attending this programme. Later on, when the government brings mosquito nets that you can purchased at the rate of five hundred to eight hundred naira at the market, and any woman that attends the programme it would be given to her and her children free of charge without paying money. These are the reasons when the announcer announces, you will see the moment she hears the announcement, she can come out even without the permission of her husband, so also will encourage more women in this programme. It will add something which if you don't have interest in the programme, you know women, if she sees the kind of benefit that her colleagues are benefitting, she will put pressure on him to allow her to attend, because her colleague benefits with the gift items and nothing happens to them except good and progress coming to them and the entire family, she too will insist for you to allow her have that opportunity, and so this will make the husband to allow his wife go and then gradually these minor reasons that usually don't allow them to go, they will then be involved in the programme. This is my advice." FGD21* (Husbands) *R3: "that's right. The support they need in order to empower them is such that is been carried out on polio, from house to house which you find out that some of the women are hiding their children not wanting them to participate in the immunization exercise. They will say; they won't do it for them, they won't do it for them. For some, as a result of the free soap given to their children after the immunization. Some even if they are not interested, but because of the free soap, they would want to come or send their children to be immunized. So, in such hospitals, you will discover that most women will come for the immunization prior to when free drugs are given. If a woman comes around she will be given some free drugs while she buy some, this often bring their attention to visit the hospital again so that they will get free drugs. Even if one doesn't have money, they can as well come with the children or even come personally to be checked in the hospital." FGD36* (Community Volunteers)

Themes	Sub-themes	Quotes
		R4: "honestly they should include some gifts, when they see they are giving them these gifts, for example the explanation we had earlier, and the women you gathered, can't you see that you gave them some gifts and they are so happy and are even looking forward to going and they also appreciated the sensitization you gave them to use and also sensitize others in the community and then again you gave them gifts, so it is through these ways you will get more progress on those who don't attend." FGD29 (Community Volunteers) *R: "If malaria people are there, you know they provide mosquito nets, I know that we would have high attendance during MNCH, because it would motivate them to come, like in IPDs you know, like you and I, we know the code of immunization, by (inaudible) pluses just to get soap or biscuit or sweet which will you know attract the children and the mothers to come. If not that they would not come." IDI1* (Government Official) *R: "you see even though these drugs are given free, but you see it happened that if we take for instance how they do IPDs and they are given plus, like soap or I can't forget a time they came and shared mosquito nets to every woman, every woman, even if she doesn't have a child, they went house by house and gave them, so if it were that time they did the same for this MNCH week, if there was this plus, meaning what they will add to draw the attention of those women, I think this will add to strengthen the program how people will attend, because people, even though it is something that is important, but you will see that you have to go through another route to draw their attention again, that is you have to think of another way to influence them" IDI11* (Government Official) *R: "If the government gives these people something when they attend the program, then they will come on their own. As soon as they call them they will come…… Because the village people are normally poor, so if it has to do with money, if they go they might feel it's more than they have. A few days back they said they were going to come and give medicine for diarrhoea and so on. Before you know it the place was packed with women, they were even coming from other villages because it is free. So if they are going to give it out for free and they give them something like soap or pomade, this will also attract them. They come" IDI17* (Community Leader) *R: "you know women like gifts especially a gift to their children. They accepted the Tamowa Program because when they come for the Tamowa their children were given sweets or 30 naira soft drinks. You can copy them" IDI19* (Community Leader)

Themes	Sub-themes	Quotes
		R8: "If the women hear that they are going to get mosquito nets, they hurry up and go"….. R9: "If you are going to get protection from something that bites you and infects you, you will hurry up and get the protection……" FGD8 (Women Attended) *R4: "what will make them come out more is to give them maybe soap (laughing) if they see it they will come out more or maybe some detergent. If they receive these things they will pay more attention. Some women, even if the husband is in the farm, she will just wear her hijab and come to the venue"…… R3: "Even if it is a N20 detergent" FGD7* (Women Attended) *R5: "gifts, any kind of gift, if it is given it is always accepted, when you give it and your sister sees it, tomorrow another will go because of it" FGD10* (Women Not Attended)
	NOTE	***R: "[women come for the programme] to improve their health and their children……. even when there is no money or mosquito net, we will go" FGD4*** **(Women Attended)** ***R7: "if you have the interest to attend is not necessary you must collect money or gifts; you will attend if your husband allows you " FGD14*** **(Women Not Attended)**
	Socio- cultural and household	
	Involve community members, including women, in programme planning	*R8: "The advice I would give is, just like I mentioned earlier, it is expected that wherever they are going to conduct the program, they should meet the stakeholders, and involve them in the planning process, so that they will see that they are giving the drugs with them, so that is one of the ways in which this program can be successful and expanded. Because he is with the people and he knows the problems of the people and knows how to go about spreading it, so that even if the organizers are not on ground, he will be the custodian of the program. This is one amongst many that will make people accept it, speedily." FGD24* (Husbands) *R6: "…..if a woman is involved in the planning, you have helped us women. If it was men that were involved it will not be as comfortable as if it was women. Even our husbands will say they prefer women to be doing it." FGD13* (Women Not Attended)
	Husbands should demonstrate interest and concern by	*R6: "if it is possible they [husbands] should give them transport money for place and if not a far place the permission is okay" R7: "the husband should ensure that the wife goes (baby crying) to the hospital because it is for their protection" R8: "he should asked for the drugs to see them*

Themes	Sub-themes	Quotes
	facilitating wife's attendance and follow-up to confirm attendance	*if she says she went after permitting her (noise) and to make sure she is taking the drugs appropriately to make sure that she did not just dump it and ask to know when is her next visit even if she is lazy she will move to action" FGD4* (Women Attended)
	Encourage peer support	*R10: "……..If they have attended and benefitted from the program they should advice others to go and do it whenever the program is going to hold next. By doing this they have helped you and when you hear that the program is going to take place you should go and benefit from it" FGD7* (Women Attended) *R6: "If for example I attend and I know someone that hasn't and she asks about the program, I tell her that they are educating us about how to take care of our children and the mother of the child. This will encourage her and if the program is going to hold again in the future she will ask me to remind her if she doesn't hear about it" FGD13* (Women Not Attended)
	Promote positive feedback from those who have attended	*R: "If they notice that the people going the hospital are feeling better, even though they might not be interested with patience they will start to understand and value these program" IDI17* (Community Leader) *R6: "……if she tells her husband about her friend that felt better after attending the program, even if he doesn't normally allow her to go if she explains to him, he will understand and allow her to go." FGD9* (Women Not Attended) *R7: "We shouldn't be gathered like sheep with our children and we go back home hungry and tired and our husbands don't see us with anything with no medicine no husband will be encouraged by that……..." FDG9* (Women Not Attended)
	Use house-to-house delivery strategy	*R1: "yes, in my opinion and thinking, the easiest ways to follow and can be used to overcome these challenges, through the way of helping those that are by the side to help them bring their families to come for this program or by following them house to house, like the polio program, that is the easiest way they I know the will give their families to this program and they will have their support." FGD22* (Husbands)
	Health system	
	Reduce travel time with more	*R2: the reason why my friend said this, is because bringing the centre closer will encourage us to allow our family to attend the program." FGD22* (Husbands)

Themes	Sub-themes	Quotes
	facilities/service centres	*R4: "The small villages, it will be good to take the program to the smaller villages so that they don't have to travel far to come here" FGD8* (Women Attended) *R: "Health facilities are not enough because there are some living in far places to the health centres selected for the program. This is why some of them cannot participate and they are the majority. For instance if we select (mentions name of town) as the centre, definitely there are some women that are five to seven kilometres away from the centre. That is why they are not coming to collect it, therefore it is very important to increase the number of the centres we have as well as additional staff. Because it is through that we can get increase in coverage. Definitely we may get complete coverage." IDI5* (Government Official) *R: "Centres should be increased, the centres are few, for us here, we have three centres, it is far for someone coming from (mentions name of town) or (mentions name of town), they are very far, there should be a close centre, someone can easily go from home, some are really far from people and in many instances we struggle to get people to come." IDI6* (Government Official) *R: "some challenges we face is almost around if they could add, you know they said in every cohort there is a health facility, so if they could expand it so that it becomes even if it is three, let them expand it a little, maybe we will get a little relief, because some places are hard to reach honestly, it is difficult and if there is no effort, no one will go there." IDI11* (Government Official) *R: "instead of being in one area…… [let it be done in many areas]" IDI15* (Community Leader) *R4: "what I just want to advice is may God help your organization to reach the far ends, or villages. Now whatever is said concerning improvement of life for the poor, if it doesn't start from the villages, then the benefit is little, because about seventy percent of Nigerian population they are living in the rural areas, so it is expected that there should be expansion during those two weeks for each year, there should be village outreach to improve the health of those poor people and those women that have scarcity of basic necessities for life. If government addresses this, it would help much." FGD30* (Religious Leaders)

Themes	Sub-themes	Quotes
		R2: "You can improve the program by rehabilitation and construction of more health care centres and facilities……." FGD31 (Town Criers)
	Free drugs/ medicine	*R1: "If they continue giving us the medicine, that alone will make us come, the pregnant and children will come whenever they hear about it" FDG13* (Women Not Attended)
	Reduce wait times	*R12: "the people giving the drugs cause delay they should be change" FGD4* (Women Attended) *R6: "……..if the women are invited to come, before they arrive, it is good for them to meet the staff at the venue at that particular time it will be more encouraging, but if they arrived and none of staffs organizing is there, you know some of them can go back to their house because some of them have something to do" FGD14* (Women Not Attended)
	Avoid stock-outs	*R3: "my opinion is, in this town of (mentions name of town) we need support for more drugs, because we have shortage of these drugs in our Hospitals. we don't have these drugs." FGD21* (Husbands) *R: "Sufficient drugs, because at times the medicine finishes while people still need it. This also brings lower coverage. Because I can remember, there was a time when we did it, a lot of people needed Artesunate, SP had finished and that brought low coverage." IDI5* (Government Official) *R1: "That the medicine should always be available when needed" FGD8* (Women Attended) *R9: "You should get what you came looking for " FGD6* (Women Attended) *R7: "We shouldn't be gathered like sheep with our children and we go back home hungry and tired and our husbands don't see us with anything with no medicine no husband will be encouraged by that. Anything that is going to come out from the program should be given to every woman." FDG9* (Women Not Attended)

Themes	Sub-themes	Quotes
	Shorter duration between MNCHWs (increase frequency of MNCHWs)	*R3: "Honestly speaking on my own opinion or advice that I will say or clarion call that I will make because you serve as our representatives, anything that is said in a year is taken place once because if we estimate the number of weeks and they said two weeks is just like it is taking place once. Understanding what has happened for development is something that cannot be easily understood. But for me, the call or advice that I am going to give is; If it will be possible they should do it three times in a year if it will not hurt because if many people know this medicine is distributed, we come and receive the drugs and take it to our children and also women are coming but we don't fully understand that the medicine is from which programme, Is it the programme we explain to you or is from hospital not everybody understand but with your regular visit and the expansion of the programme instead of it taken place once it should be twice or three times so as to understand very well because anything that have little time is not easily to understand and to explain about the improvement or backwardness is something that is difficult. Because many of us here if not this year many of us forget this programme, because is not taking place every day and also is not taking place in the hospital because if women come. When the time comes, some of the staff will go village to village and some of them go house to house." FGD20* (Husbands) *R6: "Why not make it three times a year instead of twice a year if possible; you should make it after every four months instead of six months since it is for vaccination and educating the women. I think if that is done regularly and the rounds are increased that will also encourage the women." FGD28* (Health Workers) *R5: "when this program has taken place and some people have started forgetting about it……" R5: "it [the spacing] is too long, it should be shortened so that people will benefit from it more" R8: "It is only done twice a year, it should be made 3 times", R7: "or 4 times, so that after every 3 months…" FGD7* (Women Attended)
	Financial incentives for attendance	*R: "But if you increase the health facility that you have provided, it is our responsibility to train, educate them and other things in the program. But if you don't provide additional health facilities, we may continue to face problems from those in far places. If money will be given to them to cover their transport and feeding expenses, that person will definitely come, but if he realizes that when he comes he will not get any kobo and his money will end on the motorbike, he will not come. If the drugs are gotten very close to them, they can easily access it rather than at far centres." IDI5* (Government Official)

Themes	Sub-themes	Quotes
	Increase number of health workers	*R: "Well now, the help we need is addition of more health workers ……..." IDI16* (Community Leader) *R6: "Yes, my opinion on this program is according to what he has explained, that the government should support our hospital to expand it so as to distribute the medicine there. Whoever is coming (health worker) should have assistants that will be coming regularly just like how he is coming. This is because the work is too much for him, but if he has an assistant, the turn out of the people will increase." FGD23* (Husbands) *R5: "We need more people to improve the quality of the program, because some villages don't have medical centres or hospitals because of the distance and its only here that we have a hospital" FGD8* (Women Attended) *R7: "The changes that should be made is expansion, the space is not enough for the women and you will see a long queue and some standing in the sun" ……..R6: "Add more staffs" FGD3* (Women Attended)
	Promote/ ensure health worker ethics	*R3: "Regarding the problems with this work, one of the problems is sending equipment for work and people who don't know the work to come and later on start stealing the things. People have come and gone and are satisfied, but then some are destroying it in another aspect or deny poor people what is meant for them. So this is the issue, they must get reliable people who will do the work, they should bring things, drugs and whatever it is through the community whenever it is sent." FGD30* (Religious Leaders) *R: "truly we need more genuineness on what is being done, weekly injection and also bringing good drugs at all times and also monitor those that are taken to work from the health department and further keep an eye on what they are doing. We need this because this will further convince the women to bring their children in the places they are asked to go. We need also for them to be monitored because when they come with anything that is from the government, then there is no way to take these things for personal use or to your home, these things have been brought for the community and should be kept in the community, the hospital and anyone who comes can see the doctor sitting, that is the reason why he was employed" IDI14* (Community Leader) *R6: "……..if the women are invited to come, before they arrive, it is good for them to meet the staff at the venue at that particular time it will be more encouraging, but if they arrived and*

Themes	Sub-themes	Quotes
		none of staffs organizing is there, you know some of them can go back to their house because some of them have something to do" FGD14 (Women Not Attended) *R6: "My contribution is that since you have workers who do this work, get state supervision, because anytime you say you are checking the person you've given work to, you will be able to know who is an expert in the work and who is not. And make provision for punishment to give anyone who disobeys the law. You will see that In Nigeria we have resources that we don't need from abroad, those aids that come in the name of foreign aids from other countries. Even if they show us respect by bringing them, and they give those they have promised to, then they will be success. now this thing is brought to entice married women and little children to come and benefit but if you get a worker who is not selfish, the moment he sees the benefit to the poor people, immediately he lords over it and if they promise to start by 10am, because it is poor people they won't start sharing till 2pm. and if they earmark to give 2,000 people drugs, and he knows at the end people are desperate and have been cheated by getting the wrong workers, or workers who lack good human relations, so instead of an increase, there will be a decrease. And if there is a decrease, the thinking of that person is that what remains for him to see how he can give poor people; he will confiscate it, take it home and distribute it in an ugly manner." FGD30* (Religious Leaders)
	Adopt strategies used to increase acceptance for other health programmes, e.g., Use relevant stakeholders in mobilization and selection of service points Formation of committees that	*R3: "……...I have up to twelve village heads under me, I prompt my messenger to go round to those village heads to inform their community that they are coming to do immunization program and if they are ready to do such, they come three times, and at three different places (mentions names of places), on the set date, therefore if you are talking about the best place for polio, that is how you go round for immunization……..." FGD23* (Husbands) *R3: And there is also a program that is done for little children under the age of one year, whether it is checkups, which is formerly if because lack of knowledge when they go to the villages, children's parents don't allow, there was a committee that was put in place and was taken specifically to go and gather community members to the front of the head's palace, so you see, even at that, there is improvement, such that even when the health workers go, they*

Themes	Sub-themes	Quotes
	encourage people to accept programmes	*will say that they have not collected it, so afterwards, when those people hear, then the health workers will go back and ensure that they receive it." FGD24* (Husbands)
	Monitoring and supervision	*R: "More eyes on the aspect of supporting, monitoring as well as the supervision. With these mechanisms I believe we will improve on where we are" IDI3* (Government Official)
	Give programme the same attention as IPDs	*R: "it is expected that the situation that they plan this program just like the IPD, it is expected that this program too gets great attention, because just as the program is important, and how is planned, then let it receive stronger attention, so that for any program that is going on, this program should have a good foundation If they do this program that is of great importance, this is the truth."IDI11* (Government Official)
	Provide transportation logistics for mothers	
	Avoid having MNCHW close to IPDs	*R: "for so long we've been talking that immunization, the OPV, the IPD should not be close to the MNCH because this one is house to house, and this one we are saying come to the facility, people will be looking at it, why are we dribbling them? So I think that's my main umm problem with the issue of IPD and MNCH week at the same time." IDI8* (Government Official)
	Training of village or community development members	
	Mobile health posts	*R: "If maybe they make something like mobile to be mobile, maybe stay in this town, the people nearby, they can come to the town, but the people who are far away maybe they can move the team to that place, because some people…….it's too far for them to come from different places to come and collect the services" IDI12* (Government Official) *R: "We should also increase the number of outreach services during the MNCHW. If these people are there sitting in the hospital as static, then we should have teams moving..... if we would have more outreaches, like the people in the facilities should stay in the facility, and the people that are moving are……are…. should also be moving, should be moving out of, from this settlement to another. I think in that, we'll be able to move closer to the people and get our target audience." IDI8* (Government Official)

Annex D Summary emergent themes across interviewee strata

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
Knowledge of MNCHW & confusion with other programmes					
	NOTE – low awareness confusion with ANC, immunisation	NOTE – low awareness confusion with ANC, immunisation, IPD	NOTE – low awareness confusion with ANC, malaria programme, CMAM & immunisation		NOTE – low awareness of MNCHW confused with IPDs, IYCF, malnutrition programme (CMAM), ANC, immunisation programme
Attendance at MNCHW					
Reasons for attendance	**- Health benefits** **- Free drugs** **- Education on health care** - Previous satisfaction on attending - Easy access	- Health benefits - Free drugs - Education on health care	- Health benefits - Free drugs - Advice from knowledgeable people	- Sensitisation on health benefits - Free drugs	- Health benefits - Free drugs - Encouragement to attend by community leaders - Material gifts
Motivation & support for attendance	**-** incentives e.g. soap - support from husbands - free drugs - hearing announcements - social support – see peer group benefitting	- knowledge of benefits to self & children - support with money & transport - incentives e.g. soap	- good & friendly treatment from health workers - free drugs - financial support - providing transportation - husbands permission	- active involvement of all traditional leaders & elders - early mobilisation	- Free drugs - Material gifts - Health benefits - Encouragement to attend by community leaders

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
		- husbands permission - husbands permission & support with transportation - husbands motivation through knowledge of the programme	- moral support from husbands & other family members - health benefits - material gifts - interest shown by husbands - encouragement from other family members - support of leaders		
Reasons for non-attendance	- Not understanding health benefits (+ child not sick) - Lack of husbands permission (incl. Lack of knowledge) - proximity to health facility - previous negative experience (attitude & explanations, stock outs) - fear of side effects - lack of interest - lack of peer support - not wanting an handout	- lack of awareness of the programme (and its benefits – child not sick) - lack of permission from the husband - previous negative experience with the facility (attitude & explanations, stock outs) - distance from facility (transportation costs/support) - fear of side effects - not wanting an handout - no time to go	- religion (not God's plan – fatalistic belief) - don't want wife to be seen by other men - Fear of intervention (white man's medicine) - IPD is house to house so this should be too - inadequate coverage of facilities – distance - wife refusing to go - timing of information	**- lack of education** **- lack of sensitisation** **- confusion with IPD (includes no home visits)** **- timing of husbands permission** **- poor coverage of facilities** - timing between rounds too long - stock-outs	- religious prohibitions unless sick - wrong sensitisation channels (missing religious leaders) - wrong interventions (not covering important illnesses) - drugs not genuine - inadequate number of facilities included - negative side effects - lack of incentives - distance, hard to reach, transportation - lack of understanding of the programme & benefits

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
					- lack of awareness that programme happening - scepticism of free gov't programmes
Barriers to awareness	**Attending mothers**	**Non-attending mothers**	**Husbands**	**Officials**	**Social mobilisers**
Awareness barriers	- don't have radio - don't listen to radio – long messages don't get all – don't understand – not concentrating - timing of messages not listening then	- town criers don't go everywhere (not periphery)		- no radio signal - no community volunteers	
Belief					
Current social mobilisation					
What works	- Traditional leaders use town criers & house to house - radio announcements - men at mosques - talking to husbands - word of mouth - health facility staff giving information - messages specify interventions - messages understandable - messages through playlets - message who gets it & free	- women who go house to house - traditional leaders - radio - mosque - health workers inform in person or by phone - chatting with other women - husbands or children -NOTE no comments on messages	- radio - dramas - health workers - town criers - neighbours & friends - newspapers - influential people/village heads - religious leaders - TBAs - local government - messages specifying treatment - encouraging messages - process of message dissemination	**- radio** **- ownership** **- referrals** - partnerships / supportive environment	- TBAs - town criers - community & religious leaders - house to house mobilisation - health workers - radio - village heads - community heads - telephones

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
Motivation for social mobilisers involvement				- town criers get batteries for megaphones - funding not designated but gifts from people - financial expectation	- know importance of programme - heavenly reward - monetary reward - improvement of the health condition of the family - source of employment - reward from people - good reception from people - see as a duty - survival of the programme - research purpose - divine appointment (“because of God”) - personal satisfaction - social interaction - community development - funding not regular
What doesn’t work	- radio for providing details about the programme - messages don’t tell the benefits of the programme - timing is too short until the programme works	- radio	- radio - health workers	**- cost of radio broadcasting & radio reception** **- time constraints of health workers** **- confusion with IPDs** **- lack of education policy**	- lack of funds for town criers – motivation - no female town criers

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
				- need budget line - unavailable interventions - insufficient posters - need to repeat education - short planning time - timing with IPD - different religious sects - need to increase ton criers - only use town criers - lack of space for staff - delivery point - poor coverage – geographic differences (range of problems)	
Barriers/challenges				**- partner lack of consultation** **- insufficient funds -- late funds** - town criers don't understand difference between MNCHW & IPDs - social mobilisers want to be paid - habitually no compliant communities	- proximity of facilities – transportation - difficult terrain - moving nature of nomads

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
				- scepticism of community leader - opinions of religious sects - behaviour difficult to change - households who leave home early & return late - nomadic households - difficult terrain - security concerns - political environment - investments in health service delivery do not have political capital due to lack of visibility/tangibility - poor radio reception - insufficient time to plan due to competing programmes - attitude of social mobilisers to work	
Most effective channel	- radio - town announcement - friends	- town crier - women going house to house - radio - neighbours	- religious leaders - teacher	- women door to door - religious leaders - multiple channels	- radio - traditional leaders - house to house - town criers with loud speaker

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
Recommendations for change					
Social mobilisation	- use women who go house to house with detailed information about programme & its benefits - involve the Imams to announce in mosque and pass message to husbands - go through household head - tell people to share news with neighbours - through community leaders - better information/education about the benefits & importance of the programme - announce with sufficient time to make plans to attend - education for men about programme benefits - clearer more easily understood messages when announcing – name the programme, describe it & state benefits & importance	- adequate time between announcements & programme start - more frequent information about the programme - messages inform about interventions & benefits not just to turn up - town crier goes to all places - ensure men understand and support programme - encourage support by other women	- talk to men to advise wives to attend - enlighten community leaders about MNCHW - use positive messages - start sensitisation before the programme - use the market place - dialogue between community members & social mobilisers - involve influential/important groups/individuals (many) - punish those who do not allow their wives to attend - provide transportation for town criers - increase no. of town criers - include women as town criers	**- women house to house** **- increase health education** **- train town criers in difference between MNCHW & IPD** **- train monitors for social mobilisation** - transportation for health workers - use of women's groups & TBAs - use local government religious focal persons - ensure multiple channels - development of a specific & uniform message for use by town criers - social mobilisation for men - involve more TBAs -Sensitise women's groups Train religious & community leaders about the	- using women house to house - transportation/ logistics for social mobilisers - microphones - feeding - give incentives - increase no. town announcers - Take care with the greetings & content of messages - enlightment for women & their husbands -

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
				programme rather than just advocacy	
MNCHW strategy	- reduce travel time with more facilities/service centres - incentives e.g. soap - shorter wait times - avoid stock outs - include women in programme planning - shorter duration between MNCHWs - husbands should help with transportation & follow up that she went (ask for the drug) - social support	- ensure good experience on attendance - ensure receive at least some of the interventions - reduce waiting times - give incentives, soap, mosquito net etc. - free drugs/medicine	- increase timing & frequency of MNCHW - expand no. of centres - bring centres closer to communities - involve community members in planning - renovate/repair existing hospitals - increase no. of health workers - use house to house strategy for MNCHW like polio campaign - procurement of drugs - give incentives to women to encourage attendance Strategies used in other programmes to increase acceptance - pre-planning - using relevant stakeholders in mobilisation and selection of service points - formation of committees that encourage people to accept programmes	**- increase number of centres** **- timing in relation to IPDs** **- ensure no shortage of drugs** - funds for community dialogue - funds for traditional leaders - give the programme the same attention as IPDs - help with transportation for social mobilisers & mothers - monitoring - training or village community development members - increase local government health educator funds - provide incentives, soap, mosquito nets etc - time between IPD & MNCHW increase	- incentives - ensure positive feedback from those who have attended - involve community leaders & early enough - more health workers - more service centres - financial incentives for attendance - accountability impartiality amongst health workers – bias to some - no stock outs - no absent health workers

	Attending mothers	Non-attending mothers	Husbands	Officials	Social mobilisers
				- support for monitoring & supervision	
Our recommendations					

Health benefits = understanding of the health benefits of the interventions within the programme
Social mobilisers = town criers, religious leaders, community volunteers, health workers, community leaders