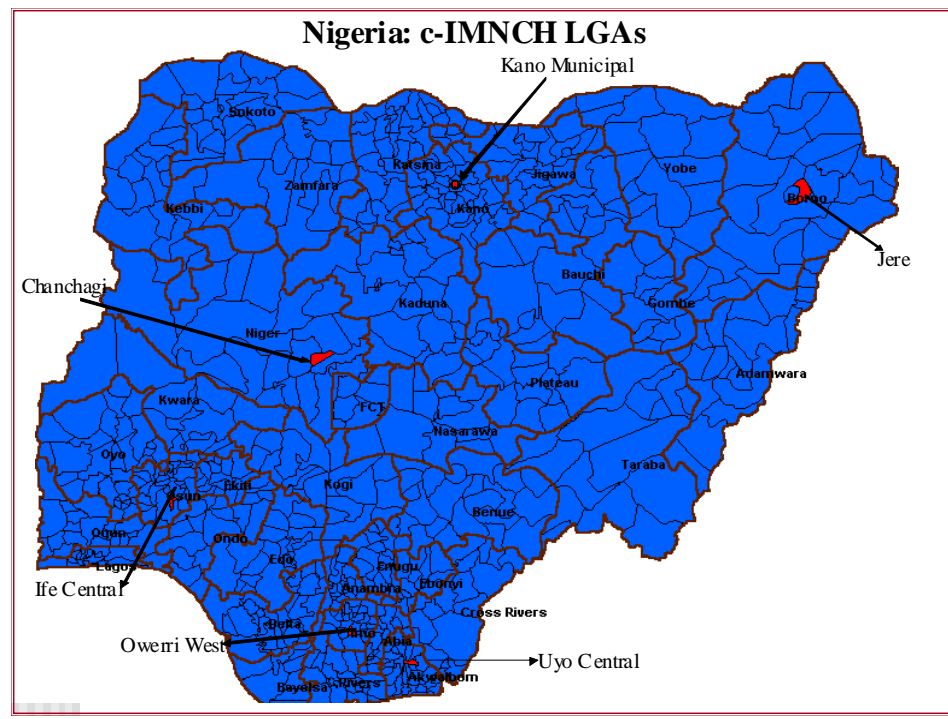


# FINAL Document

## COMMUNICATION STRATEGY FOR THE IMPLEMENTATION OF COMMUNITY IMNCH (CIMNCH) IN NIGERIA (2008)



UNICEF/WHO/FMOH

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## Acronyms

ACADA	-	Assessment, Communication Analysis, Design and Action.	
AIDS	-	Acquired Immune Deficiency Syndrome.	
ANC	-	Antenatal Care	
ARI	-	Acute Respiratory Infection	
BCG	-	Bacilli Chalmette and Guerin	
BCC	-	Behaviour Change Communication	
BM	-	Breastmilk	
CBO	-	Community-Based Organization	
CDC	-	Community Development Committee	
CF	-	Complementary Feeding	
CIMCI	-	Community Integrated Management of Childhood Illness	
CIMNCH – Community Integrated Maternal Neonatal and Child HealthCORPs	-	Community Oriented Resource Persons	Community
CSO	-	Civil Society Organization	
EBF	-	Exclusive Breast Feeding	
ECC	-	Early Child Care	
FBO	-	Faith Based Organization	
FGD	-	Focus Group Discussion	
FMOH	-	Federal Ministry of Health	
FU	-	Follow-up	
GMP	-	Growth Monitoring and Promotion	
HIV	-	Human Immune Virus	
HSDP	-	Health System Development Project	
HW	-	Health Worker	
IDI	-	In-depth Interview	
IEC	-	Information, Education and Communication	
IMCI	-	Integrated Management of Childhood Illness	
IPC	-	Interpersonal Communication	
ITN	-	Insecticide Treated Net	
KHHP	-	Key Household Practices	
LACA	-	Local Government Action Committee on Aids	
LGA	-	Local Government Area	

NACA	-	National Action Committee on Aids
NDDC	-	Niger Delta Development Commission
NGO	-	Non-governmental Organization
NIDs	-	National Immunisation Days
NPC	-	National Population Commission
NPHCDA	-	National Primary Health Care Development Agency
NPI	-	National Programme on Immunisation
MOH	-	Ministry of Health
MPP6	-	Micro Project Programmes in Six NDDC States
ORS	-	Oral Rehydration Solution
OPV	-	Oral Polio Vaccine
OVC	-	Orphans and Vulnerable Children
PHC	-	Primary Health Care
PMTCT	-	Prevention of Mother-to-Child Transmission
RBM	-	Roll Back Malaria
SACA	-	State Action Committee on Aids
SMART	-	Specific, Measurable, Attainable, Realistic and Time Bound
SMOH	-	State Ministry of Health
TBA	-	Traditional Birth Attendant
TT	-	Tetanus Toxide
UNICEF	-	United Nations Children's Fund
VCCT	-	Voluntary Counseling and Confidential Testing
VHW	-	Village Health Worker
VIP	-	Ventilated Improved Pit (latrine)
VVHW	-	Voluntary Village Health Worker
WHO	-	World Health Organization

# **Executive Summary**

## **Communication Strategy for the Implementation of IMNCH in Nigeria**

### **Background**

It is generally accepted that the management or mismanagement of illness starts at home and that the use of health facilities for the treatment of such illness is low in Nigeria. This underscores the urgent need to strengthen the capacity of the family and/or community who, to a large extent, determine the health outcome of individuals especially the vulnerable group i.e. pregnant women, newborns and children under-5. This will help tackle the root causes of diseases by focusing on preventive services through the promotion and strengthening of key household and community practices. The objective of the Integrated Maternal Newborn and Child Health Behaviour Change Communication (IMNCH-BCC) strategy is to improve the knowledge and skills of parents and other caregivers of pregnant women, newborns and children under-5 years of age on the key household and community practices.

Although Nigeria started implementing the Integrated Management of Childhood Illness (IMCI) strategy in 1997, the community component of the strategy (C- IMCI) has lagged behind because of unclear guidelines from the inception of the strategy.

### **The Problem**

In an effort to meet the targets of the 4<sup>th</sup> and 5<sup>th</sup> MDGs and provide clear guidelines to meet the goal and objective of Community IMCI in Nigeria, the Federal Ministry of Health in collaboration with WHO and UNICEF developed the IMNCH strategy document and conducted a baseline survey of mothers and caregivers of under-five children in the six geo-political zones of the country. The study yielded rich quantitative and qualitative data from which the Federal Ministry of Health has developed this communication strategy document to guide the implementation of CIMCI and to accelerate the achievement of the MDGs by 2015. Although the document derives specifically from the data gathered from the three sites of Ife Central LGA in Osun State, Owerri West LGA in Imo State and Uyo LGA in Akwa Ibom State, the maternal and neonatal care components were painstakingly developed by specialists in maternal and child health. Therefore, it can be adapted and used by all stakeholders to achieve the objective of CIMCI and MDGs 4 and 5 in their different contexts and circumstances.

### **Summary of Major Findings**

Findings from the baseline study show that there are gaps in the knowledge and skills of caregivers on all the 17 key household and community practices that are fundamental to ensuring improved chances of child survival, better growth and development. According to the details of these findings as contained in the document, these gaps are applicable to all the sites in varying degrees.

The communication strategy document represents the framework of the major behaviour pattern, the reason adduced by the respondents for such behaviour and the planned activities and resources for their correction, among other parameters in the selected communities.

### **Communication Plan for IMNCH**

There is ample research evidence that communication plays a pivotal role in changing people's knowledge, attitudes and behaviour. Effective communication can, therefore, enable caregivers to adopt positive attitudes and practices for maternal, neonatal and child survival, by providing them with appropriate information on key household and communication practices, thus resulting in the effective

implementation of IMNCH. By consensus of the implementing partners, effective communication for IMNCH would best be achieved through the ACADA Model – a behaviour change communication framework developed by UNICEF.

Based on this model, the communication plan in this strategy document contains 14 relevant elements for each of the main communication domains of Advocacy, Social Mobilisation and Programme Communication. Consequently, the plan has clearly identified the key household practices, pinpointed the problem behaviours and the ideal behaviours to promote; the barriers to the ideal behaviours as well as the factors encouraging such behaviour have also been specified. The plan has equally identified the target audiences, clearly defined the communication objectives, prescribed the activities to be carried out to achieve the objectives and spelt out the outcome indicators for measuring progress in the process of achieving the objectives. Core messages have also been designed and appropriate communication channels identified for disseminating them. Finally, the communication plan has identified partners/sources of funding.

## **Conclusion**

The development of the IMNCH Behaviour Change Communication Strategy Document is timely and very worthwhile because it has provided the much-needed guidelines for energising the community component of IMCI in Nigeria. Because the document is research-based, there is every confidence that its content will empower parents, caregivers, community members and health care workers with the necessary knowledge and skills to carry out the activities geared towards the realisation of the MDGs and the laudable goal of IMCI in communities across the nation.

It is hoped that the suggestions in this document will be implemented with dispatch.

## Preface

The Integrated Maternal Newborn and Child Health Strategy is Nigeria's initiative to fast track the achievement of the 4<sup>th</sup> and 5<sup>th</sup> MDGs which are concerned with reducing the childhood mortality rate and maternal mortality ratio, by two-thirds and three-quarter respectively while contributing to the achievement of MDGs 1, 6 and 7. The health and wellbeing of the mother is inextricably linked with the health and survival of the child. It is increasingly recognized that conditions during pregnancy and delivery are major determining factors in the survival of the mother and child. Most newborn deaths in Nigeria occur within the first week of life, reflecting the intimate link between the survival of the newborn and the quality of maternal care.

The Strategy addresses the six conditions responsible for over 90% of maternal deaths (haemorrhage, infection, obstructed labour, hypertension, malaria and anaemia) as well as the most common conditions responsible for over 90% of under-5 mortality: malaria, pneumonia, diarrhoeal disease, measles- and the underlying contributory factors such as malnutrition and HIV/AIDS. The vision of the IMNCH strategy is to ensure that in Nigeria, pregnancy and delivery do not pose a threat to the lives of the mother and the newborn; that children are healthy and are able to grow and develop to their full potential, thereby contributing to the nation's socio-economic development. The goal is to reduce maternal, neonatal and child mortality in line with the UN Millennium Development Goals 4 and 5. It targets a 75 and 66 percent reduction in maternal mortality and under-5 mortality rates respectively.

The IMNCH strategy has been divided into 3 phases, each phase of three years with incremental increases in coverage and spending to meet the MDGs 4 and 5 by 2015. Nigeria started implementing the IMNCH strategy since 2007 and is in the early implementation phase of the process of instituting and rolling out to the states. While about 15 states have been rolled out to so far, the implementation of the institutionalization of the strategy has commenced effectively including the training of health workers in most states and the FMOH on the Marginal Budgeting for Bottlenecks (MBB) tool which helps developing countries to plan and to estimate additional costs and the potential impact of scaling up investments by removing bottlenecks in the health system. Efforts to accelerate the roll out to the remaining states by 2009 and move into the second phase early 2010 are being put in place.

The selected essential interventions for the continuum of care for women, neonates and children, replaces the existing vertical donor-driven programs which tend to focus either on the mother, or the newborn or the child. The interventions are packaged in three delivery modes: family-oriented community-based services, population-oriented outreach and mobile specialty clinics and individually-oriented clinical services.

The Integrated Management of Childhood Illness (IMCI) strategy is one of the existing vertical programs which focuses on children below 5 years and was developed by WHO and UNICEF in 1995 to contribute to the reduction in under-5 mortality. The strategy has three main components one of which is the improvement in community and family practices. The objective of the community IMCI is to improve the key household practices that improve knowledge and skill of at least 50% of parents and other caregivers of children under-five years old in the target communities. The key outputs under these objectives include:

- a. increase knowledge of danger signs of disease
- b. improve skill to recognise disease early and take appropriate action
- c. increase compliance with treatment advice
- d. increase access to information on key practice through effective communication strategy for household and individual use

- e. reduce harmful traditional practices in the treatment of common conditions such as diarrhea, fever or malnutrition
- f. increase use of preventive and promotional health practices at the household level, e.g. insecticide treated materials (ITMs), oral rehydration therapy (ORT), handwashing, use of latrines, immunisation, appropriate weaning practices and others.

In order to assess the impact of the IMCI strategy, the Federal Ministry of Health in collaboration with WHO and UNICEF conducted a baseline study in the six early use sites or LGAs (Jere – Borno State, Chan-Chang – Niger State, Kano municipal – Kano State, Ife-Central – Osun State, Owerri-West – Imo State and Uyo Central – Akwa-Ibom State). It is based on the data gathered from these study sites and particularly the experience of UNICEF, WHO and other partners, that the Federal Ministry of Health developed the KHHP component of this communication strategy document to guide the implementation and evaluation of the IMNCH strategy in the community setting. The maternal and newborn care components were developed by a team of gynaecologists, obstetricians and paediatricians to make this document a complete communication strategy for improving maternal, newborn and child health as a continuum and in the spirit of integration.

Contemporary issues under each key household and community practices would be addressed through three (3) major strategies: Advocacy, Social Mobilization and Programme Communication. These 3 strategies were presented in the Behaviour Change Communication plan under the following headings; KHHP, problem behaviour, behaviour to promote, factors encouraging ideal behaviour, target audience, communication objectives, outcome indicators, activities, core messages, channel of communication, partners/funding, time and cost.

This communication strategy document can be used by all stakeholders – Federal, State, Local Government, donors, NGOs, and the private commercial sectors – to achieve the goal of IMNCH. It serves as a guide for stakeholders to adapt to their contexts and raise resources for all or specific activities and their implementation.

Successful implementation of this communication document would substantially contribute to achieving the goal of the Integrated Maternal, Newborn and Child Health (IMNCH) in the country and the Millennium Development Goals (MDGs).

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## Foreword

Maternal, Newborn and Child survival, growth and development depend on an interplay of factors. These factors are biological, physical, behavioural, environmental, etc... and can all be influenced either positively or negatively. Studies have shown that behaviour can be changed or modified to improve health outcome. The recently developed Integrated Maternal, Newborn and Child Health strategy is based on the principle of a continuum of care, integration, women and child's rights, equity, multisectoral collaboration and partnership.

Since health is produced in the home/family/community, it is increasingly being recognized that improving the quality of care at health facilities alone will not be effective in realizing significant reductions in childhood mortality and morbidity. This fact becomes imperative as numerous a great proportion of women and caregivers currently do not seek care at the health care facilities.

Evidence suggests that the care women and children receive at home, in their families and in their communities is just as important as the care they receive in the health facilities. This is why improving the way women, neonates and children are treated and cared for in the communities, is now recognized as a key factor in the struggle to protect women, neonates and children from common but preventable diseases.

Increasing access to information on key practices through effective communication strategy would empower households to effectively prevent and manage pregnancy related and childhood illness, increase capacity at the community-level to support families and households to promote appropriate family/household/community practices and improve chances of maternal, newborn and child survival, better growth and development.

The development of this communication strategy document has been guided by the need to meet the targets of the 4<sup>th</sup> and 5<sup>th</sup> MDGs and the findings of the baseline studies on key family and community practices which revealed that there are gaps in knowledge and skill among caregivers on key household and community practices for child survival, growth and development.

The ministry expects that this document will guide effective implementation of Behaviour Change Communication for IMNCH in the areas of advocacy and social mobilization at the Federal, State, LGA and community levels.

I, therefore, recommend this communication strategy document for use by all our partners and stakeholders for the implementation of key household and community practices for maternal, newborn and child survival, growth and development in Nigeria.

**Professor Babatunde Osotimehin,**  
*Hon. Minister of Health*  
*Federal Republic of Nigeria.*

## **Acknowledgement**

The Federal Ministry of Health, most especially the Family Health Department and the National Core Technical Committee for Integrated Maternal, Newborn and Child Health (IMNCH CTC) is sincerely grateful to the various individuals and development partners who worked with us in the development of this document.

Our appreciation goes to the Office of the Senior Special Assistant to the President on MDG (OSSAP MDG)) for providing the funds for the development of this communication strategy. .

We appreciate in particular the effort of UNICEF and WHO for providing technical support to ensure that this document became a reality. We thank especially, UNICEF 'A' Field Office, Enugu and the WHO (IMCI) section for their immense contributions.

We acknowledge the contributions of the staff of the States Ministries of Health, the numerous communication experts from the Universities and many others who participated in the development of this communication strategy. The tremendous support of the Hon. Minister of Health, Professor Babatunde Oshotimeyin, the Senior Special Assistant to the President on MDGs, Hajia Amina Ibrahim, the UNICEF and the WHO Representatives in Nigeria, is also acknowledged.

The IMNCH Strategy integrates several high-impact and cost-effective maternal, newborn and child health interventions at high population coverage to achieve the MDGs 4 and 5 and contribute to the global reduction of maternal and under-5 morbidity and mortality.

The IMNCH Strategy is based on the following guiding principles:

1. Continuum of Care which connects essential maternal, newborn and child health interventions throughout adolescence, pregnancy, childbirth, postnatal, newborn periods and into childhood and is a seamless linkage between family, community and health facility.
2. Integration of the proposed priority interventions into the health system in a coherent and effective manner that is responsive to the needs of the mother, the newborn and the child.
3. Women and Child's rights (CEDAW, CRC); rights-based planning to ensure the protection of the most vulnerable
4. Equity; ensure equal access to and universal coverage to quality care for enhanced maternal, newborn and child survival
5. Multisectoral collaboration; contributions from other sectors required to achieve health outcomes and development
6. Partnerships; effective partnership will promote synergy of efforts/actions, leveraging resources and avoiding wastage and duplication.

The IMNCH Strategy has seven (7) strategic objectives namely:

- ❖ Improve access to good quality health services
- ❖ Ensure adequate provision of medical supplies, drugs, bundled vaccines, RH commodities, insecticide treated nets and other basic equipment.
- ❖ Strengthen individual, family and community capacity to take necessary actions at home and to seek healthcare in a timely manner.
- ❖ Improve capacity for organizations and management of MNCH services.
- ❖ Establish a financing mechanism that ensures adequate funding, affordability, equity and efficient use of funds from the various sources.
- ❖ Strengthen supervision, monitoring and evaluation systems to report on progress towards achieving the maternal and child health MDGs.
- ❖ Establish and sustain partnerships to support implementation of IMNCH Strategy.

## 1.1 Why IMNCH is Important

- ◆ The country loses 2,300 children under 5 years of age and 145 women of child bearing age everyday to preventable diseases and pregnancy related causes
- ◆ Out of every 5 children born alive, 1 dies before their 5<sup>th</sup> birthday rep. about 10% of the global total.
- ◆ Majority of these under-five deaths occur at home.
- ◆ Up to eight out of every ten deaths of children under five are caused mainly by the five most common childhood disorders
- ◆ Annually an estimated 52,900 Nigerian women die from pregnancy related complications (out of global 529,000 maternal deaths).
- ◆ A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13.
- ◆ Nigeria is the second largest contributor to under five mortality rate (U5MR) and maternal mortality ratio (MMR) in the world.

- ◆ Improving the way pregnant women, newborns and children are cared for at home and in the health facility has far-reaching effects on their health and development in addition to reduction in sickness and death.



## 1.2 What IMNCH has to offer

It offers an integrated approach to addressing the mother, newborn and child as a continuum.

- Accurate identification and treatment of maternal, neonatal and childhood illness.
- Prompt referral of severe cases
- Strengthening preventive services like malaria control, immunization and growth monitoring.
- Other health promotional activities in the home and the community like breastfeeding, appropriate care seeking in a holistic manner, as well as attending to the health needs of the mother.

## 1.3 IMNCH in Nigeria

Nigeria started implementing IMNCH in 2007 with the establishment of its own national partnership for MNCH by the President of the Federal Republic of Nigeria. At that meeting, the National Core Technical Committee was formed with the responsibility for :

- i. Promoting the implementation of the IMNCH strategy and creating a national awareness on its benefits
- ii. Convening of MNCH partnership and stakeholders meetings
- iii. Conducting state advocacy
- iv. Prepare relevant training materials
- v. Develop a framework for the roll out process.

## 1.4 What is Community IMNCH (CIMNCH)?

CIMNCH is an integrated maternal, neonatal and child care approach that aims at improving key family and community practices that have the greatest impact on maternal, newborn and child survival, growth and development.

These key practices are broadly grouped into four, namely:

- Growth promotion and development.
- Home management
- Disease prevention
- Care seeking and compliance
- Newborn care
- Birth preparedness

## 2.0 The Key Household Practices (KHHPs)

### 2.1 Growth Promotion & Development

- Exclusive breastfeeding for 6 months

- Appropriate complementary feeding from 6 months while continuing breastfeeding up to 24 months
- Adequate micronutrients through diet or supplementation
- Promotion of mental and psycho-social development
- Birth Registration
- Growth Monitoring

## 2.2 Home Management

- Continue to feed and offer more food & fluids when child is sick
- Give child appropriate home treatment for infections
- Take appropriate actions to prevent and manage child injuries and accidents

## 2.3 Disease Prevention

- Proper disposal of faeces, hand washing etc
- Ensure that child sleeps under ITN
- Prevention and care of HIV/AIDS infected child
- Prevent child abuse/neglect & taking appropriate action

## 2.4 Care Seeking & Compliance

- Take child to complete full course of immunisation before first birthday
- Recognise when child needs treatment outside home and take to Health Worker
- Follow Health Worker's advice about treatment, FU and referral
- ANC attendance and TT vaccination during pregnancy
- Active participation of men in childcare and reproductive health activities

## 2.5 Household, Family and Community Component of IMNCH

### The 18 Key Family Practices

1. Breastfeed infants exclusively for up to 6 months (take into consideration WHO/UNICEF/UNAIDS policy on HIV and infant feeding).
2. Start at about 6 months of age and feed children freshly-prepared energy-rich and nutrient-dense complementary foods, while continuing to breastfeed up to 2 years of age.
3. Provide children with adequate amounts of micronutrients (Vitamin A and iron, in particular) either in their diet or through supplementation.
4. Take children for a full course of immunization (BCG, DPT, OPV and measles) before their first birthday.
5. In malaria endemic areas, ensure children and pregnant women sleep under recommended insecticide-treated mosquito nets.

6. Promote children's mental and social development by being responsive to their needs of care, stimulating them through talking, playing and other appropriate physical and effective interactions.
7. Continue to feed and offer more fluids to children when they are sick.
8. Give sick children appropriate home treatment for infections.
9. Recognize when sick children need treatment outside the home and take them to appropriate provider for health care.
10. Follow recommendations given by health workers in relation to treatment, follow-up and referral.
11. Dispose faeces (including children's faeces) safely, and wash hands with soap or ash after defaecation and before preparing meals and feeding children.
12. Ensure that every woman receives the recommended four antenatal visits, recommended doses of tetanus toxoid vaccination, and is supported by family and community in seeking appropriate care, especially at the time of delivery and during postpartum /lactation period.
13. Adopt and sustain appropriate behaviours regarding HIV/AIDS prevention and care of the sick and orphans.
14. Ensure that men actively participate in provision of child care, and are involved in reproductive health initiatives.
15. Prevent and provide appropriate treatment for child injuries.
16. Ensure early identification of disability in children to facilitate early interventions so as to minimize impact.
17. Ensure that every pregnant and lactating woman gets time to rest, by reducing her workload.
18. Newborn care:
  - Clean delivery, Hygienic cord and eye care
  - Temperature management,
  - Initiation of breastfeeding within 30 minutes of delivery,
  - Antibiotics for premature rupture of membranes,
  - Timely and appropriate care seeking for infections and special monitoring of low birth-weight infants

### **3.0 Behaviour Change Communication in IMNCH**

Communication in IMNCH is a research-based consultative process for addressing knowledge, attitudes and practices through identifying, analyzing and segmenting audiences and by providing them with relevant information through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods. A vast array of possible objectives and outcomes of a communication campaign can result from a continuum that has four main objectives:

- to inform
- to educate
- to persuade
- to mobilize

Communication plays a vital role in changing knowledge, attitude and practice of caregivers towards maternal and neonatal care, child survival, growth and development. It contributes to changing norms and exposing local cultures to new ideas and new health behaviour relevant to maternal and child health care. Planned communication can initiate change or accelerate changes already under-way, or reinforce and support change that has already occurred. Communication also makes it possible to learn from, and about the behaviour of others. The perception of what everyone is doing can influence what people perceive as normal, acceptable behaviour within their community and within the larger of society.

Effective communication can help parents, other caregivers and the community in general adopt positive practices that promote maternal, neonatal and child health by providing them with correct information and understanding of the key household and community practices for a focused ante natal care (ANC), essential newborn care and child survival, growth and development. Research-based messages in appropriate media can change the way fathers, caregivers and community members perceive for example, ante natal care, exclusive breastfeeding, or treatment of a child with acute-respiratory infection with a more positive approach.

Effective communication can also lead to supportive policies, legislation and resource allocation to support IMNCH Strategy.

#### **3.1 IMNCH Communication Challenges, Strengths and Opportunities**

Basic appropriate information on key household and community practices for maternal, newborn and child survival is inadequate. For example, most caregivers at the community level are yet to be equipped with adequate information on child care practices and most men do not know how to support their pregnant wives other than financially. Poor literacy and language barriers provide additional obstacles to improving the knowledge and as such the capacity of families and communities to make informed choices on issues that affect their health. Other challenges include limited availability, poor access and non-affordability of health care services. For these reasons, interpersonal communication and counseling will be a corner stone for the IMNCH strategy.

There is much work to be done through Behaviour Change Communication in adequately preparing health workers, caregivers and the general community on the IMNCH Strategy. However, Advocacy would gain high political commitment and support for IMNCH. Also, developing and sustaining active community dialogue and participation from civil society on issues related to maternal, newborn and child health has been identified as another key aspect of social mobilization in Nigeria.

## 3.2 IMNCH Communication Strategy

### The Goal

What is the overall goal?

The overall goal of **the IMNCH communication strategy** is to increase the knowledge, positively change the attitudes and modify the behaviour of parents, caregivers, community members etc...who determine, to a large extent, the health outcome of mothers, newborns and children.

The overall aim is to: SMARTEN UP objectives

- create awareness and thereby increase knowledge of caregivers on key household and community practices for child survival, growth and development.
- influence attitudes, norms, values and behaviour regarding community practices for child survival, growth and development
- create demand for maternal, neonatal and child care services in all the sites using appropriate multi-media approaches and channels
- create a supportive environment for maternal, neonatal and child survival, growth and development
- increase political and local opinion leaders' support for maternal, neonatal and child survival , growth and development services
- increase access to ante-natal care for pregnant mothers
- improve health workers' communication skills to provide quality health services
- enhance the capacity of civil society, NGOs and the private sector to respond to child health care

## 3.3 Advocacy for IMNCH

Advocacy is a continuous and adaptive process of gathering, organizing and formulating information into arguments to be communicated through various interpersonal and mass media channels, with a view to raising resources or gaining political and social leadership acceptance and commitment for child survival programmes in the communities.

### Target Audience for Advocacy in IMNCH

Advocacy for IMNCH targets both formal and informal leaders, as well as influential people in the community. These include national leaders, policy-makers and decision-makers, even at the community level.

Advocacy will establish their attitudes, levels of commitment, perceptions regarding their roles and their willingness to be actively involved in maternal, neonatal and child survival projects. Through advocacy, they would be encouraged/motivated to play a stronger, more influential role regarding resource mobilisation, endorsement, facilitating entry into and thereafter mobilizing communities to adopt behaviour patterns and support for related activities including legislative support for operationalising and enforcing laws against child abuse/neglect that will protect the rights of the child. It will also promote messages to create awareness and mobilize support for IMNCH.

### **3.5 Social Mobilisation**

Social mobilisation is a process of bringing together all feasible inter-sectoral social partners and allies to determine felt-needs and raise awareness of, and demand for, a particular development objective. It involves enlisting the participation of actors as institutions, groups, networks and communities in identifying, raising and managing human and material resources, thereby increasing and strengthening self-reliance and sustainability of achievements.

Lack of reliable and systematic communication services between communities and health workers and lack of community-based structures for maternal, neonatal and child survival have been identified as main constraints in mobilizing communities in Nigeria. Developing and sustaining active community dialogue and participation from civil society to meet the challenge of child survival has become imperative.

#### **Target Audience for Social Mobilisation in CIMNCH**

In promoting maternal, neonatal and child survival, growth and development at the community level, five key partners stand out for their great potential: families, schools, community development committees, Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs). Each target for social mobilisation comes with special expertise, resources, skills and has the capacity to reach virtually every household in most communities.

### **3.6 Programme Communication**

Programme communication is a research-based consultative process of addressing knowledge, attitudes and practices through identifying, analyzing and segmenting audiences and participants in programmes. It also provides them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass media channels, including participatory methods.

#### **Target Audience for Programme Communication**

The primary target audience in maternal, neonatal and child survival, growth and development programmes are the caregivers, family members and husbands. Significant others who are targets for child survival programmes are the mothers-in-law, grandmothers, grandfathers and husbands (to support the needed change in cultural practices). Behaviour change communication will also target health workers themselves to ensure that they have current technical information on the key household and community practices for maternal, newborn and child survival, growth and development. It will also involve equipping them with inter-personal communication and counseling skills to implement the IMNCH Strategy.

## 4.0 Communication Plan for Implementing IMNCH

### 4.1 Elements in the Communication Plan

#### **The Key Household Practices (KHHP)**

These are household practices that are important for maternal, neonatal and child survival, wellbeing routinely given to young children and others by caregivers.

#### **Problem Behaviour**

This is a behaviour that does not promote maternal, neonatal and child survival, and wellbeing.

#### **Behaviour to Promote**

They are household and community practices that promote maternal, neonatal and child survival, and wellbeing.

#### **Barriers to Ideal Behaviour**

These are those practices that impair proper care of pregnant women, newborns and children and may endanger life.

#### **Factors encouraging Ideal Behaviour**

They are various opportunities to be utilized both at the health facility and community levels in improving maternal, newborn and child survival, and wellbeing

#### **Target Audience**

They are the key actors in the provision of care to pregnant women, newborns and children and have been categorized as primary and secondary according to their roles and responsibilities in the care of women and children.

#### **Communication Objectives**

They are the specific targets to be met in promoting the desired household behaviours.

#### **Activities**

They are tasks carried out to achieve the set objectives.

#### **Outcome Indicators**

These are the desired behaviour changes among caregivers in improving the quality of care given to women and children, using clear standards of measurement based on the set objectives.

#### **Core Messages**

They prescribe actions to be taken by target audience in maternal, neonatal and child care and spell out benefits derivable. The messages are direct, simple and address various barriers to proper care of women and children.

#### **Channels of Communication**

These are means and acceptable ways of reaching an identified target audience with messages.

#### **Partners/Funding**

They are stakeholders who will plan, implement, monitor, evaluate and provide funds for the set activities.

#### **Time Frame**

Is the period within which the activities are to be implemented.

**Budget**

Is the estimated cost of the activities.

## 5.2

## PROGRAMME COMMUNICATION PLAN FOR MATERNAL CARE

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication
	Antenatal attendance	Poor attendance at ANC  Late registration at ANC	Women of reproductive age to know about benefits of antenatal care  Pregnant women encouraged to attend antenatal care  Early registration at ANC  Pregnant women to be encouraged to register for ANC by the first trimester	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Attitude of the health workers</li> <li>◆ High cost of health care</li> <li>◆ Inadequate /Poor access to health facilities</li> <li>◆ Sociocultural beliefs and practices</li> <li>◆ Gender disparity</li> <li>◆ Poor awareness of importance of ANC</li> </ul>	<p>Economic empowerment</p> <p>Encouragement of patient friendly health services</p> <p>Free or subsidized ANC services</p> <p>Proper location of Health</p> <p>Facilities i.e. not far from health consumers</p>	<p><b>Primary:</b> Pregnant women, Women of child bearing age, Health Workers</p> <p><b>Secondary:</b> Community members Husbands Opinion leaders</p>	<p>To sensitize pregnant women on the need to attend antenatal clinic</p> <p>To change health workers' negative attitude towards pregnant women</p> <p>To sensitize community members on importance of ANC</p> <p>To sensitize pregnant women on the benefits of early registration and regular ANC attendance</p>	Proportion of pregnant women attending ANC	<p>HE of pregnant women on the benefits of ANC and other target audience</p> <p>Advocacy targeted at opinion leaders</p> <p>Social mobilization for the promotion of ANC</p>	Antenatal care is good for all pregnant women to ensure a healthy mother and baby	<p>IPC , health talk, TV, Radio messages, posters, women associations and churches</p> <p>print media.</p>
2	Practice of intermittent preventive therapy (IPT) for malaria	Pregnant women's non-use of IPT  Pregnant women's lack of knowledge on the use of IPT services  Low awareness of health workers (HWs) of the current therapeutic options	Pregnant women's use of IPT  Increased knowledge on the use of IPT by pregnant women  Health workers to be educated on IPT	<ul style="list-style-type: none"> <li>◆ Cost of IPT</li> <li>◆ Non-Availability of IPT</li> <li>◆ Inadequate information on IPT</li> </ul> <ul style="list-style-type: none"> <li>◆ Negative Attitude of Health workers to IPT and pregnant women</li> <li>◆ Misconceptions about the safety of IPT for pregnant women</li> </ul>	<p>Encourage free or subsidised IPT services</p> <p>Education of health workers on IPT options</p>	<p><b>Primary</b> Pregnant women, women of reproductive age, Health workers</p> <p><b>Secondary</b> Community members, Opinion leaders, Community groups</p>	<p>To upgrade the knowledge of pregnant women and HWs on the importance of IPT</p> <p>To sensitize health workers and pregnant women on the safety of IPT in pregnancy</p>	<p>Proportion of pregnant women using IPT services.</p> <p>Proportion of women of reproductive age who are aware of IPT for malaria.</p> <p>Proportion of Health workers trained on IPT for malaria</p>	<p>Sensitization of target audience on the need for IPT.</p> <p>Health education of pregnant women and HWs on the benefits of IPT</p> <p>Social mobilization for the adoption of IPT</p>	<p>Intermittent preventive therapy reduces the attacks of malaria and improves mother and baby's health</p> <p>IPT is safe, it reduces delivery of low birth weight babies</p>	<p>Health talks, the health fairs on IPT, posters, jingles, mass media,</p>

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication
3	HIV counseling and testing (HCT)	Pregnant women do not come for HCT	Pregnant women and women of reproductive age to accept HCT services  Availability of HCT facilities in the community	<ul style="list-style-type: none"> <li>◆ Poor knowledge on the benefits of HCT</li> <li>◆ Fear of Stigmatization</li> <li>◆ Insufficiently trained counselors</li> <li>◆ Insufficient counseling and testing centres.</li> <li>◆ Inadequate ARV for confirmed seropositive pregnant women</li> </ul>	<p>Increasing the number of counseling and testing centres</p> <p>Sensitization on the benefits of counseling and testing</p> <p>Health education to pregnant women during ANC and IWC</p>	<p><b>Primary</b> Pregnant women, mothers, men/husbands, Health workers</p> <p><b>Secondary</b> Community members, Opinion leaders</p>	<p>To increase pregnant women's awareness on the benefits of HCT</p> <p>To train health workers on HCT</p>	<p>Proportion of pregnant women being offered HCT services</p> <p>Proportion of women with accurate knowledge of the benefits of HCT</p> <p>Proportion of pregnant women accepting HCT</p>	<p>Health education</p> <p>Training of HWs on HCT services</p> <p>Establishment of more HCT centres</p> <p>Mobilization of advocacy champions against stigmatization</p>	<p>HCT enables you to know your status and maintain good health during pregnancy</p>	<p>Health talks radio and TV jingles, health talks in church and mosque, mass media, Print media</p>
4	Recognition of danger signs in pregnancy	Pregnant women do not know danger signs of pregnancy	Pregnant women should know about dangers signs in pregnancy	<ul style="list-style-type: none"> <li>◆ Inadequate information to pregnancy women on danger signs</li> <li>◆ Paucity of information on the part of health workers on danger signs</li> </ul>	<p>Train health workers on identification of danger signs in pregnancy</p> <p>◆ Educate pregnant women on identification of danger signs</p>	<p><b>Primary</b> Pregnant women HWs</p> <p><b>Secondary</b> Community members, Opinion leaders</p>	<p>To educate pregnant women on the danger signs in pregnancy</p> <p>To improve the information base of Health workers on danger signs in pregnancy</p>	<p>Proportion of Pregnant women that know about danger signs in pregnancy</p> <p>No. of Health workers trained on recognition of danger signs in pregnancy</p>	<p>Health Education during ANC relating to the danger signs in pregnancy</p> <p>Training of Health workers on danger signs,</p>	<p>Once you notice any of the danger signs see a health worker immediately</p> <p>Knowledge of danger signs in pregnancy would reduce complications</p>	<p>Health talks seminars and workshops., jingles, mass media</p>

5	Use of insecticide treated nets(ITNs)	Most pregnant women do not use ITNs	Pregnant women should sleep under insecticide treated nets	<ul style="list-style-type: none"> <li>◆ Inadequate number of ITNs</li> <li>◆ Cost of acquisition of ITNs</li> <li>◆ Poor distribution of ITNs</li> <li>◆ Non re-treatment</li> </ul>	Pregnant women should have access to ITNs at no cost or at a cost that is affordable  Education on the benefits of using ITNs.	<p><b>Primary</b> Pregnant women</p> <p><b>Secondary</b> Policy makers, Community members, Distributors of ITNs, Cpinion leaders</p>	<p>To increase the utilization of ITNs by pregnant women</p> <p>To increase the number and channels of distribution of ITNs</p> <p>To facilitate the cost of re-treatment practices</p>	<p>Proportion of pregnant women sleeping under ITNs</p> <p>Quantity of ITNs supplied</p>	<p>Sensitization of pregnant women on the benefits of using ITNs</p> <p>Health Education of all target audience</p>	<p>Malaria kills ,use ITNs for prevention</p> <p>Malaria complicates pregnancy; use ITN for prevention</p>	IPC, radio jingles, drama posters and programmes
6	Tetanus Toxoid Immunization during pregnancy	<p>Pregnant women do not take TT immunization during pregnancy.</p> <p>Pregnant women do not complete TT injection during pregnancy</p>	<p>Pregnant women should go to the health centres for tetanus Toxoid immunization</p> <p>Pregnant women should complete TT immunization</p>	<ul style="list-style-type: none"> <li>◆ Poor knowledge of the need for TT immunization</li> <li>◆ Inadequate quantity of TT in facilities</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health education of pregnant women on the need for tetanus toxoid immunization</li> </ul> <p>Regular availability of TT immunization</p>	<p><b>Primary</b> Pregnant women Health workers Husbands</p> <p><b>Secondary</b> ◆ Policy makers ◆ Opini on leaders ◆ Com munity members</p>	<p>To create awareness on the need for pregnant women to have T.Toxoid immunization</p> <p>To advocate for ready availability of TT in health facilities</p>	<p>Proportion of pregnant women that receive T.Toxoid immunization</p> <p>Proportion of pregnant women that complete TT immunization</p> <p>Proportion of health facilities with TT</p>	<p>Health education of pregnant women and significant others on the benefits of T.Toxoid immunization</p>	<p>T.Toxoid immunization protect baby and mother against tetenus</p>	Leaflets, radio talks IPC, posters and TV, print media e.g newspapers magazines
7	Birth preparedness	Many Pregnant women don't have birth preparedness plan	Pregnant women should have birth preparedness plans	<ul style="list-style-type: none"> <li>◆Lack of awareness of pregnant women on the need to have birth plan</li> <li>◆Poverty</li> <li>◆Lack of skills relating to preparedness of birth attendants</li> </ul>	<p>Sentization on the need for birth preparedness</p> <p>Male involvement in issues of birth plans</p> <p>Economic empowerment</p>	<p><b>Primary</b> Male Partners/ husbands Pregnant women Health workers</p> <p><b>Secondary</b> community members</p>	<p>To create adequate awareness on the need for expectant families to have birth plans.</p>	<p>Proportion of pregnant having birth preparedness plans</p>	<p>Health education of pregnant women and their spouses on birth preparedness</p>	<p>Birth preparedness plan makes child birth less burdensome</p>	Leaflets, posters, jingles, mass media etc
S / N	<b>KHHP</b>	<b>Problem Behaviour</b>	<b>Behaviour to Promote</b>	<b>Barrier to Ideal Behaviour</b>	<b>Factors Encouraging Ideal Behaviour</b>	<b>Target Audience</b>	<b>Communication Objectives</b>	<b>Outcome Indicators</b>	<b>Activities</b>	<b>Core Messages</b>	<b>Channels of Communication</b>
8	Delivery by skilled birth	Most deliveries are attended by	Deliveries should be	◆Cultural practices that favour home	Pregnant women and community	<b>Primary</b> Pregnant	To promote deliveries by	Proportion of deliveries	Sensitization of pregnant women	Skilled birth attendants at	Health talks health facilities

	attendants	unskilled birth attendants	supervised by trained birth attendants	deliveries ◆ Unfriendly attitude of health workers ◆ Access to functional health facilities ◆ Cost of Health services	leaders sensitized on the dangers of deliveries attended to by unskilled attendants  Friendly attitude of health workers  Reduced cost or free maternal services	women, husbands  <b>Secondary</b> community leaders , women groups, men	skilled birth attendants	supervised by skilled births attendants	and community members on the benefits of deliveries conducted by skilled personnel  Advocacy for the reducing negative attitude to pregnant women by health workers  Advocacy for patient friendly health facilities	delivery ensures survival of baby and mother  Skilled birth attendants at delivery are better able to recognize and manage complications	seminars and sensitization meetings, posters, jingles, Mass media
9	Recognizing dangers signs in the postnatal period	Most pregnant women do not know danger signs in the postpartum period.  Many HWs do not know danger signs during the postpartum period.	Delivered mothers should have adequate information on danger signs during the postpartum period	◆ Lack of knowledge of danger signs in the postpartum period by women ◆ Inadequate knowledge of danger signs during ;PP period by HWs	Educating mothers on the danger signs in the postnatal period  Educating HWs on the danger signs during the PP period	<b>Primary</b> Mothers, pregnant women, and health workers  <b>Secondary</b> Community members Opinion leaders	To upgrade the knowledge of pregnant women, mothers and HWs on dangers signs in the postnatal period.	◆ Proportion of mothers, pregnant women that know danger signs during PP period  ◆ Proportion of Health workers trained on danger signs during postnatal period.	Counseling , HE of mothers and pregnant women, training of HWS	Early recognition of danger signs during postpartum period saves lives and initiation of prompt action	Health talks seminars and workshops, jingles, dramas, posters, etc.
10	Family planning practice (FP)	Poor utilization of FP services	Mothers should plan their pregnancies using modern FP methods	◆ Poor access to commodities ◆ Socio-Cultural and religious beliefs ◆ Fear of side effects ◆ Desire for many children ◆ Need for husband's approval	Free access to FP commodities  Male involvement  Tackling of misconceptions about FP through effective educational strategies	<b>Primary</b> women of reproductive age group, married men and women Health workers <b>Secondary</b> Males	To create adequate awareness on the need to use FP services	◆ Proportion of women of reproductive age using modern FP methods.	Sensitization meetings, . Increasing budget line for FP services  Social marketing of FP services	FP is the first pillar of safe motherhood  FP reduces maternal and child deaths  FP allows you to provide for your family well	Organization health talks, workshops, jingles, TV, programmes posters, leaflets
<b>S / N</b>	<b>KHHP</b>	<b>Problem Behaviour</b>	<b>Behaviour to Promote</b>	<b>Barrier to Ideal Behaviour</b>	<b>Factors Encouraging Ideal Behaviour</b>	<b>Target Audience</b>	<b>Communication Objectives</b>	<b>Outcome Indicators</b>	<b>Activities</b>	<b>Core Messages</b>	<b>Channels of Communication</b>
1	Male involvement in maternal care	There is poor male participation in maternal health care	Male involvement in maternal health care	◆ Socio-cultural beliefs  ◆ Patriarchal nature of our society	Adequate knowledge on the need to support maternal health care by the men  Positive cultural	<b>Primary</b> Men and community members  <b>Secondary</b> men	To create awareness on the need for increased male involvement in maternal health care	Proportion of men involved in maternal health care including FP	Health talks to men, Sensitization of men, religious leaders groups in mass media, jingles, posters,	Male involvement ensures improvement in maternal healthcare and the wellbeing of	Jingles, massmedia ,drama, IPC community dialogue

				<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Lack of knowledge</li> </ul>	attributes of the man as head of the family to take care of family members	organizations religious/traditional/opinion leaders			drama	the family	
1 2	Utilization of health services	Many of our pregnant women do not seek health care early	Pregnant women should go early for health care	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ lack of knowledge about the need to seek for health care early</li> <li>◆ Socio-cultural beliefs</li> <li>◆ Poor Attitude of HWs</li> <li>◆ Poor distribution of HF's</li> <li>◆ Inadequate health personnel</li> </ul>	Poverty alleviation  Education of mothers/ community members.  Improvement in attitude of family members  Well staffed HF's	<b>Primary</b> Pregnant women, men,  <b>Secondary</b> community members, HWs	To create awareness on the need for early health seeking behaviour	Proportion of pregnant women that seek help early	Health Education of women, community dialogue \etc  Promotion of patient friendly services	Go to the Health facilities early when ill to prevent complications	Jingles, posters, IPC, mass media drama , community dialogue etc

### PROGRAMME COMMUNICATION PLAN FOR NEWBORN CARE

S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
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1.	Immediate newborn care	<ul style="list-style-type: none"> <li>◆ Cutting the cord with an unsterilised material</li> <li>◆ Delivery not conducted in warm environment</li> <li>◆ Separating baby from mother for awhile after delivery</li> <li>◆ Wrapping the baby with wet clothing</li> </ul>	<ul style="list-style-type: none"> <li>◆ Cutting with sterile material</li> <li>◆ Keep environment warm</li> <li>◆ Early initiation of breastfeeding</li> <li>◆ Drying baby immediately after birth</li> <li>◆ Wrapping baby with dry cloth</li> </ul>	<p>Socio-cultural practices</p> <p>Home based delivery</p> <p>Lack of information on the need to keep baby warm</p> <p>Poor attitude and knowledge of Health workers towards keeping newborn warm</p>	<p>Health education</p> <p>Encouraging facility based delivery</p> <p>Promoting or providing patient friendly services</p>	<p><b>Primary:</b> Caregivers Pregnant women, husbands, Health workers</p> <p><b>Secondary:</b> opinion leaders, policy makers,</p>	<ul style="list-style-type: none"> <li>◆ To increase awareness on the need to keep baby warm</li> <li>◆ To encourage early initiation of breast feeding</li> <li>◆ To increase knowledge on the dangers of cutting cord with unsterilized materials</li> </ul>	<p>Proportion of newborns with cord cut with sterile material</p> <p>Proportion of newborns not having hypothermia</p> <p>Proportion of mothers initiating early breastfeeding</p>	<ul style="list-style-type: none"> <li>◆ Sensitization and training of target audience</li> <li>◆ Provision of conducive environment and sterile materials in the health facilities</li> <li>◆ Public enlightenment on new home care practices</li> </ul>	<p>Facility delivery important ensures safe delivery</p> <p>Early initiation of breast feeding is protective of baby's health</p> <p>Cutting cord with hygienic material prevents infections</p>	<p>IPC, Radio, TV, stickers, leaflets, jingles, women groups, town announcers, churches, mosques, posters, print media etc.</p>	<p>LGAs, CBOS, SMOH, FMOH, WHO, UNICEF and NGOs,</p>
2.	Clean delivery practices	<ul style="list-style-type: none"> <li>◆ Delivery by TBAs and other unskilled personnel in various places such as, churches etc,</li> <li>◆ Using unsterilized delivery kit or materials</li> </ul>	<ul style="list-style-type: none"> <li>◆ Promote facility based delivery</li> <li>◆ Encourage use of the mama kit</li> </ul>	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Socio-Cultural factors</li> <li>◆ Inaccessibility of health facilities</li> <li>◆ Lack of knowledge of newborn care and practices</li> <li>◆ Inadequate skilled personnel</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of community members on the need for facility delivery</li> <li>◆ Free delivery services</li> <li>◆ HWs aware of safe delivery practices</li> <li>◆ Training of TBAs where skilled personnel is not available</li> <li>◆ Ensuring that health facilities are clean</li> </ul>	<p><b>Primary:</b> Caregivers, pregnant women</p> <p><b>Secondary:</b> ◆ Health workers, Community members, opinion leaders ◆ TBAs</p>	<ul style="list-style-type: none"> <li>◆ To increase awareness on the importance of delivery in a clean environment</li> <li>◆ To sensitize pregnant women on the need for facility delivery</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women who deliver in the HFs</li> <li>◆ Proportion of pregnant women who have mama kits.</li> </ul>	<p>IPC, health education section with pregnant Women. Sensitization and training of target audience Public enlightenment</p>	<p>To ensure safe delivery facility delivery is the best.</p> <p>Clean environment is important to preventing babies from infection</p>	<p>IPC, Radio, TV, stickers, leaflets, jingles, etc</p>	<p>LGAs, CBOS, SMOH, FMOH, WHO, UNICEF and NGOs, , SMOH</p>
S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
3.	Care of	◆ Ap	Regular	◆ Sociocultural	Sensitization of	◆ Mot	◆ To	◆ Proportion of	◆ IPC,	◆ Application of	IPC, radio, leaflets,	LGAs,

	cord	<p>Application of local herbs/concoctions</p> <ul style="list-style-type: none"> <li>◆ Application of dusting powder</li> <li>◆ Touting of cord with unclean hands</li> <li>◆ Putting cord wrapped in nappies/dirty cloth</li> </ul>	<p>Cleaning of cord with spirit or gentian violet</p> <p>Regular hand washing</p> <p>Non application of local herbs/concoction</p>	<p>practices and beliefs</p> <ul style="list-style-type: none"> <li>◆ Ignorance on best practices regarding cord/eye care</li> </ul>	<p>community members/pregnant women/TBAs on proper care of the cord/eye</p> <ul style="list-style-type: none"> <li>◆</li> </ul>	<p>herbs</p> <ul style="list-style-type: none"> <li>◆ HWs</li> <li>◆ Community members, opinion leaders</li> </ul>	<p>increase awareness on proper cord care for the newborn.</p>	<p>Delivered mothers that have adequate knowledge of cordcare</p>	<p>interactive session with pregnant women</p> <ul style="list-style-type: none"> <li>◆ Sensitization and training of target audience</li> </ul>	<p>herbal preparations encourage infection</p> <ul style="list-style-type: none"> <li>◆ Regular cleaning of cord with spirit or gentian violet prevents cord infection</li> </ul>	<p>jingles, posters, town announcers</p>	<p>CBOS SMOH encourage WHO, UNICEF and NGOs,</p>
4.	Care of the eye	<p>Application of Eye brow to babies' Eye.</p> <p>Babies eyes not observed after delivery and daily</p> <ul style="list-style-type: none"> <li>◆</li> </ul>	<p>Cleaning of babies Eyes with clean H2O and cotton wool.</p> <p>Daily observation of babies Eyes.</p>	<p>Cultural perception of eye care</p> <p>Inadequate knowledge of the importance of eye care in newborn and how eye care can be maintained</p>	<p>Health education of care givers during the ANC and PNC.</p> <p>Home visits by CORPS/Health workers.</p> <p>Counselling of Family members on ideal practice.</p>	<p>Care givers,</p> <p>Family members,</p> <p>In-laws,</p> <p>CORPS/TBAs.</p> <p>Health supervisors</p>	<p>To increase knowledge of the care givers on care of the Eye in the New Born.</p> <p>To create awareness amongst the target group on Harmful traditional practices.</p>	<p>Proportion of care givers who have complied with proper care of the Eye of the New Born.</p> <p>Proportion of the community members who have the knowledge of (HTP) of the Eye.</p>	<p>Sensitization of the target group on the importance of the Eye care in the New Born.</p> <p>Health education of care givers during ANC/PNC on care of the Eye.</p>	<p>1. Keep babies Eyes clean with H2O and cotton wool.</p> <ul style="list-style-type: none"> <li>◆ 2. Avoid putting Eye brows on babies Eyes to prevent infection.</li> </ul>	<p>1. IPC, TV Radio, Posters.</p>	<p>CBOs, LGAs, SMOH, FMOH NGOs Dev. Partners, Private Organizations.</p>
5.	Recognition of danger signs in the newborn	<ul style="list-style-type: none"> <li>◆ Caregivers lack adequate knowledge of danger signs in the newborn</li> <li>◆ HWs lack adequate knowledge of danger signs in the newborn</li> <li>◆ PHC workers do not have referral guidelines</li> </ul>	<ul style="list-style-type: none"> <li>◆ Care givers to know about danger signs in the newborn</li> <li>◆ HWs to know about danger signs in the newborn</li> <li>◆ Health workers to educate caregivers on the danger signs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Ignorance on the danger signs in the newborn</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health education to caregivers on the danger signs in the newborn</li> </ul>	<ul style="list-style-type: none"> <li>◆ Caregivers, HWs, community members, etc</li> </ul>	<ul style="list-style-type: none"> <li>◆ To sensitize mothers and caregivers on the danger signs in the newborn</li> <li>◆ To train HWs on the danger signs in the newborn</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of HWs and caregivers trained on the danger signs in the newborn.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Orientation of mothers and caregivers on danger signs.</li> <li>◆ Training of HWs on the danger signs in the newborn</li> <li>◆ Provision of and Training of PHC personnel on the use of referral guideline</li> </ul>	<p>Identification of danger signs in the newborn is important to prevent complications</p>	<p>IPC, group work, radio, TV, jingles</p>	<p>LGAs, SMOH, FMOH, UNFPA, UNICEF</p>

		<p>Convulsed babies not taken to health facility because convulsion is caused by evil spirit</p> <p>Some caregivers say that babies refuse to suck breast when mother's breast milk is sour or when fathers are not at home. .</p>	<p>baby to be taken to the HF immediately when danger signs such as refusing to suck or convulsion are noticed</p> <p>HE &amp; Counselling during ANC on danger signs and recognition</p>	<p>Cultural misperception about cause of convulsion</p> <p>Inadequate knowledge of danger signs in neonates</p>	<p>HE of pregnant mothers and caregivers from ANC to Post natal clinics.</p> <p>Rigorous empowerment of CORPs, VHVs</p>	<p>Fathers Other family members</p> <p>Health Workers</p>	<p>To promote early detection and referral of danger signs in newborn babies</p>	<p>Proportion of caregivers that can identify danger signs and take their babies to HC</p> <p>Proportion of neonatal emergencies promptly referred by HW</p>	<p>Sensitization meetings with care givers .Fathers, other family members etc on danger signs and need for prompt presentation to Health facility</p> <p>Training workshop for HW on recognition of danger signs in neonates, management and referral.</p>	<p>Take baby to health center if you notice any unusual change in the baby's condition</p>	<p>IPC, group discussions, radio and TV jingles and IEC materials eg Posters, hand bill, stickers, billboard etc</p>	<p>CBOs, LGAs, SMOH, FMOH NGOs Dev. Partners, Private organizations.</p>
6	Take newborn for immunization	Caregivers do not take newborns for immunizations	Caregivers should take their newborns for immunization	<ul style="list-style-type: none"> <li>Most caregivers do not know the immunization schedule and benefits of immunization</li> <li>Non availability of vaccines</li> </ul>	<ul style="list-style-type: none"> <li>Health talks during ANC and IWC</li> <li>Availability of vaccines</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers</li> <li>HWs</li> <li>Community members</li> </ul>	To educate caregivers and HWs on immunization schedule and the importance of completing all immunization	<ul style="list-style-type: none"> <li>Proportion of newborns that complete all immunization</li> <li>Proportion of caregivers and HWs trained on the need for immunisation schedule.</li> </ul>	IPC, individual and group counseling, training of HWs.	Immunize newborns fully to save them from killer diseases	IPC, counselling sessions, posters, leaflets, radio, démonstrations, etc.	LGAs, CBOS SMOH FMOH WHO, UNICEF and NGOs,
7.	Keep newborn baby warm	<p>Cold water is poured on the new baby to make the baby cry better at birth.</p> <p>Babies are exposed to cold bath to make them strong.</p> <p>Babies are bathed immediately to remove body odour.</p>	<p>Wrapping baby in a clean and dry cloth to keep baby warm</p> <p>Waiting till after 24 hours after delivery before bathing the baby</p> <p>Counselling during ANC</p>	<p>Cultural belief that cold water make baby cry better at birth and also make them strong.</p> <p>Inadequate information on importance of keeping baby warm after delivery</p>	<p>Health Education at ANC, on the following – Keep babies warm - Delay baby's first bath till after 24hrs.</p> <p>Delivery taken by skilled attendants</p> <p>Male involvement men and relevant family members.</p>	<p>Caregivers,</p> <p>Health workers</p> <p>Men</p> <p>Community leaders</p> <p>Mothers in-laws, grand mothers</p>	<p>To increase awareness among caregivers on the need to keep babies warm after birth.</p> <p>To encourage delivery by skilled attendants.</p>	<p>Proportion of caregivers that keep their babies warm</p> <p>Proportion of women delivered by skilled birth attendant</p> <p>Proportion of men actively involved in supporting caregivers keep babies warm</p>	<p>Counselling and practical demonstrations on keeping the babies warm</p> <p>Sensitization/ workshop for Health workers</p> <p>Community dialogue</p>	Keep your baby warm with clean and dry clothing to ensure survival of the baby	IPC, Radio and TV Jingles, IEC materials eg posters, hand bills stickers, billboards etc	CBOs, LGAs, SMOH, FMOH NGOs Dev. Partners, Private organizations

S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
8	Breast feeding of the newborn	Caregivers do not breast feed <ul style="list-style-type: none"> <li>Late initiation of breast feeding</li> <li>Mothers throw away colostrum</li> </ul>	Mothers to initiate early breastfeeding  Mothers to give the colostrums to baby	<ul style="list-style-type: none"> <li>Lack of knowledge of the benefits of colostrums and early breastfeeding</li> <li>socio-cultural practices</li> </ul>	Health education during antenatal and infant welfare clinics  Sensitize community members	Caregivers, health workers, community members	To educate mothers and health workers on the benefits of early breastfeeding esp colostrums	Proportion of mothers that initiate breastfeeding early	IPC, individual and group counseling, training of HWs on the benefits of early initiation of breastfeeding	Breastfeeding encourages good health for your baby  The yellow breast milk is the best for your baby. It keeps illness away from your baby	IPC, group counseling, mass media, jingles	CBOs, LGAs, SMOH, FMOH NGOs Dev. Partners, Private organizations
9	Disease Prevention Washing hand with soap or ash and water	<ul style="list-style-type: none"> <li>Poor hand washing habit</li> </ul>	Caregivers to practice proper hand washing with soap or ash and water before and after handling of newborn and adults	<ul style="list-style-type: none"> <li>Cultural beliefs that a child's faeces is harmless</li> <li>ignorance of caregivers on the need to wash hands with soap and water before handling the newborn</li> </ul>	<ul style="list-style-type: none"> <li>Health education at health facilities during IWC/ANC</li> <li>Counseling sessions by HWs</li> </ul>	<p><b>Primary</b> Caregivers, family members</p> <p><b>Secondary</b> HWs</p>	To improve knowledge, attitude and practice of caregivers towards proper hand washing and its importance,	Proportion of mothers/caregivers who wash their hands with soap or ash and water before and after touching newborn	<ul style="list-style-type: none"> <li>Regular practical demonstrations of proper hand washing with soap or ash and water in the homes, during counseling and at the health facility</li> </ul>	Always wash your hands with soap and water and before and after any contact with a newborn to avoid cross infection	IPC, group counselling, radio, TV, stickers, leaflets, posters	CBOs, LGAs, SMOH, FMOH NGOs Dev. Partners, Private organizations
10	Prevention of infection	Most pregnant women delivered at home by unskilled attendants  <ul style="list-style-type: none"> <li>Cultural belief on the use of concoction on the newborn (cords, fontanel, bathing &amp; drinking.)</li> </ul>	Attendance of ANC by pregnant women  Women to be delivered by skilled attendants in clean environment at Health Facilities  Discourage the caregiver on the use of concoction	Inaccessibility of health facilities  Non-utilization of HF (some women believe that giving birth in H/F is a taboo)	Availability of skilled attendants  Improvement of access to H/Fs	<p><b>Primary</b> Caregivers, Mothers, family members</p> <p><b>Secondary</b> Community members, TBAs/CORPs, opinion leaders.</p>	To create awareness on the benefits of delivering at the Health Facility by skilled birth attendants i.e Doctors Midwives.	Proportion of women who attend ANC and deliver at the Health Facilities	Advocacy with policy makers  Sensitization meetings  community dialogue  Announcements in churches, mosques and markets  FGDs with TBAs/ CORPs, women groups and caregivers.	Pregnant women should attend ANC at least 4 times and deliver in the HF to protect the newborn from infection  Use only methylated spirit to clean the newborn cord  Keep the baby dry and warm.	IPC, Radio, TV, IEC materials.	CBOs LGAs SMOH FMOH Development partners e.g. WHO, UNICEF

S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
11	Care of the low birth weight baby	<p>Few caregivers have adequate knowledge on the care of the low birth weight</p> <p>Poor environmental sanitation.</p> <p>Prone to infection</p> <p>Suckling problem</p> <p>APGAR score below average</p>	<p>Caregivers should have adequate knowledge of methods of nursing of low birth weight babies</p> <p>Giving of colostrum through EBM with cup &amp; spoon.</p> <p>Keep the baby dry &amp; warm.</p>	<p>Lack of adequate knowledge on the care of the low birth weight newborn</p> <p>socio-cultural practices</p> <p>Inadequate knowledge of methods of nursing LBW newborns</p> <p>Inability to suckle.</p> <p>Poor positioning &amp; attachment.</p> <p>Unnecessary exposure to cold</p>	<p>Education of mothers/care givers on methods of nursing LBW Newborn eg kangaroo mother care etc</p> <p>Health talks during ANC</p>	<p><u>Primary</u> Caregivers, Pregnant women.</p> <p><u>Secondary</u> Community members, TBAs, CORPs, H/Ws</p>	<p>To improve knowledge and practice of kangaroo method of nursing of low birth weight babies</p> <p>To increase awareness on the care of LBW babies (newborn).</p>	<p>Proportion of caregivers with adequate knowledge of kangaroo mother care</p> <p>Proportion of mothers with adequate knowledge of nursing LBW babies</p> <p>Proportion of women with LBW babies sensitized on care of the LBW babies.</p>	<p>Training of health workers on kangaroo method of nursing LBWs,</p> <p>IPC,</p> <p>Education &amp; counselling of caregivers on care of LBW babies &amp; also observe for any danger signs.</p> <p>Sleeping under ITNs.</p> <p>Demonstrate &amp; teach caregivers on the skin to skin e.g. kangaroo method</p>	<p>Low birth weight babies can be salvaged using kangaroo method of nursing.</p>	<p>Practical demonstrations, radio and TV ,posters, jingles</p>	<p>Development partners, FMoH SMOH</p>

## ADVOCACY PLAN FOR MATERNAL CARE

Ss/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
1.	Antenatal attendance	<ul style="list-style-type: none"> <li>◆ Poor attendance to ANC</li> <li>◆ Late registration to ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ Women of reproductive age to know about benefits of antenatal care</li> <li>◆ Pregnant women encouraged to attend antenatal care regularly</li> <li>◆ Pregnant women to register early for ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Attitude of the health workers</li> <li>◆ High cost of health care</li> <li>◆ Location of health care</li> <li>◆ Localization of health facilities</li> <li>◆ Religious belief /influence</li> <li>◆ Lack of knowledge of benefits of ANC</li> <li>◆ Influence of significant others such as husbands, in-laws</li> </ul>	<ul style="list-style-type: none"> <li>◆ Economic empowerment of women</li> <li>◆ Encouragement of women and children friendly health services</li> <li>◆ Free Maternal and Child Health services</li> <li>◆ Men partnering in Maternal and Child Health</li> <li>◆ Community participation in MCH programmes</li> </ul>	<ul style="list-style-type: none"> <li>◆ Policy Makers</li> <li>◆ Pregnant women,</li> <li>◆ WRA</li> <li>◆ CHEWs</li> <li>◆ Men Group</li> <li>◆ Community leaders</li> <li>◆ Religious leaders</li> </ul>	<ul style="list-style-type: none"> <li>◆ Advocate to Policy Makers on the need for free Maternal and Child Health Care</li> <li>◆ To inform pregnant women that attending antenatal clinic ensures good health for mother and baby</li> <li>◆ To change health workers attitude to maternal care</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women attending ANC</li> <li>◆ Proportion of men supporting ANC attendance</li> <li>◆ Proportion of women who register early for ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ Advocacy to Policy makers</li> <li>◆ Sensitization of pregnant women on the benefits of ANC</li> <li>◆ Orientation of men group on the ANC benefits</li> <li>◆ Training of CHEWs on Home Based ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ To ensure a healthy mother and Baby, all pregnant women should attend at least 4 ANC visits</li> <li>◆ To ensure safe delivery, register early and attend ANC regularly</li> </ul>	<ul style="list-style-type: none"> <li>◆ IPC ,health education, TV, Radio, Jingle, messages, jingles and Posters, women associations and churches.</li> <li>◆ Men Organisations</li> <li>◆ Fact Sheets</li> <li>◆ Advocacy Kits</li> </ul>	<ul style="list-style-type: none"> <li>◆ CBO, LGAs, SMOH, FMOH</li> </ul>
2.	Practice of intermittent preventive therapy for malaria	<ul style="list-style-type: none"> <li>◆ Caregivers wrong perception on the use of IPT services</li> <li>◆ Health workers not aware of current therapy options</li> <li>◆ Pregnant women don't access IPT services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Care givers perception to change on the safety of IPT</li> <li>◆ Increase of IPT supply to Health Facilities</li> <li>◆ Health workers to be educated on IPT</li> <li>◆ Free IPT to pregnant women</li> <li>◆ Pregnant women to demand for IPT</li> </ul>	<ul style="list-style-type: none"> <li>◆ High cost of IPT</li> <li>◆ Inadequate information on IPT</li> <li>◆ Inadequate supply of IPT</li> <li>◆ Lack of awareness of IPT by pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>◆ Encourage free IPT services</li> <li>◆ Education of health workers on IPT options</li> <li>◆ Education of pregnant women on IPT</li> </ul>	<ul style="list-style-type: none"> <li>◆ Policy Makers</li> <li>◆ Care givers</li> <li>◆ Mothers</li> <li>◆ Health workers</li> <li>◆ Men</li> <li>◆ FBOs</li> <li>◆ NGOs</li> <li>◆ Partners</li> </ul>	<ul style="list-style-type: none"> <li>◆ To inform caregivers and pregnant women on the importance of IPT</li> <li>◆ To sensitized the Policy Makers on the need for IPT services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women using IPT services</li> <li>◆ Proportion of Policy Makers sensitized</li> <li>◆ Proportion of caregivers sensitized</li> <li>◆ Proportion of pregnant women sensitized access IPT</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of care givers on the need for IPT.</li> <li>◆ Health education of pregnant women on the benefits of IPT</li> <li>◆ Advocacy to Policy Makers on the need to institutionalized IPT services</li> </ul>	<ul style="list-style-type: none"> <li>◆ Intermittent preventive therapy malaria improves mother and child's health during pregnancy</li> <li>◆ Intermittent Preventive therapy is safe in pregnancy, use it to stay healthy</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health talks in the health facility on IPT, posters,</li> <li>◆ Advocacy kits</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pharmaceutical companies, LGAs, SMOH, FMOH, UNCEF, WHO.</li> </ul>

SS/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
3.	HIV counseling and testing	pregnant women don't come for HCT due to fear of testing positive	Pregnant women and caregivers to accept HCT services.	<ul style="list-style-type: none"> <li>◆ Poor knowledge on the benefits of HCT</li> <li>◆ Fear of Stigmatization</li> <li>◆ insufficient trained counselors</li> <li>◆ Insufficient counseling and testing centres.</li> <li>◆ Inadequate ARVs for managing HIV</li> <li>◆ Lack of support of significant others</li> </ul>	<p>-Increasing the number of counselors, counseling and testing centres</p> <p>-Sensitization on the benefits of counseling and testing</p> <p>-Health education to pregnant women during ANC and IWC</p> <p>Regular and adequate supply of ARVs</p>	Policy makers, Pregnant women, mothers, men, CHEWS	<ul style="list-style-type: none"> <li>◆ To increase awareness on the benefits of HCT</li> <li>◆ To train health workers on HCT</li> <li>◆ To sensitized Policy makers on the establishment of more HCT centres</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women receiving HCT services</li> <li>◆ Proportion of women with basic knowledge of the benefits of HCT</li> <li>◆ % of Policy makers sensitized</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health education</li> <li>◆ Training of Health Workers</li> <li>◆ HCT services</li> <li>◆ Establishment of more HCT centres</li> <li>◆ Conducting advocacy campaigns against stigmatization</li> </ul>	<ul style="list-style-type: none"> <li>◆ HCT enable you to know your status and maintain good health during pregnancy</li> </ul>	<p>Health talks, radio and TV, junles, health talks in churches and mosque</p> <p>Advocacy kits</p>	CBO, LGAs, NGOs, SMOH, FMOH, UNICEF, WAHO.
4.	Identification of danger signs in pregnancy	<ul style="list-style-type: none"> <li>◆ Pregnant women don't seek health care services early</li> <li>◆ Pregnant women lack knowledge of the danger signs in pregnancy</li> <li>◆ Poor referral systems</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pregnant women should know about dangers signs in pregnancy</li> <li>◆ Prompt referral of pregnant women with danger signs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Inadequate information to Health workers, caregivers and pregnancy women on danger signs in pregnancy</li> <li>◆ Paucity of information on the part of health workers on danger signs</li> <li>◆ Attitude of caregivers to referral procedures</li> </ul>	<ul style="list-style-type: none"> <li>◆ Trained health workers on identification of danger signs in pregnancy</li> <li>◆ Home visits to pregnant women educating on danger signs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pregnant women</li> <li>◆ CHEWs</li> <li>◆ Caregivers</li> </ul>	<ul style="list-style-type: none"> <li>◆ To educate pregnant women on the danger signs in pregnancy</li> <li>◆ To improve knowledge of caregivers and CHEWs on danger signs in pregnancy</li> <li>◆ To change attitude of caregivers towards referral</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of Pregnant women that know about danger signs in pregnancy</li> <li>◆ % of CHEWs and Caregivers trained on identification of danger signs in pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>◆ Training of CHEWs on the danger signs in pregnancy.</li> </ul>	<p>Knowledge of danger signs in pregnancy improve early health seeking behaviour and reduce risk in pregnancy</p>	<p>Health talks, seminars and workshops.</p>	CBOS, LGAs, SMOH, FMOH, UNICEF
5.	Use of insecticide impregnated nets	Most pregnant women don't sleep under ITNs	<ul style="list-style-type: none"> <li>◆ Pregnant women should sleep under insecticide treated nets</li> </ul>	<ul style="list-style-type: none"> <li>◆ Inadequate number of ITNs</li> <li>◆ Cost of acquisition of ITNs</li> <li>◆ Slow distribution of ITNs to pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pregnant women should have access to ITN at no cost</li> <li>◆ Educate on the benefits of using ITNs.</li> </ul>	Primary -Pregnant Women Secondary -distributors	<ul style="list-style-type: none"> <li>To improve the utilization of ITNs by pregnant women</li> <li>To increase the channels of distribution of ITNs</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of Of pregnant women sleeping under ITNs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of pregnant women on the benefits of using ITNs</li> <li>◆ Community mobilization</li> </ul>	<p>Malaria kills ,use ITNs for prevention</p>	<p>IPC, radio jingles, drama posters and programmes</p>	<p>Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH, &amp; development partners.</p>

SS/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
6	Tetanus Toxoid Immunization during pregnancy	Most Pregnant women don't take TT1&TT2 during pregnancy	Pregnant women should go to the health facilities for tetanus Toxoid immunization	◆ Poor knowledge on the need for TT immunization during pregnancy	◆ Health education on the importance of tetanus toxoid immunization during pregnancy	◆ Pregnant women ◆ Health workers ◆ Care givers. ◆ Policy makers.	To create awareness on the need for pregnant women to have T.Toxoid immunization	% of pregnant women that receive T.Toxoid 1& 2 immunization during pregnancy.	Health education of pregnant women on the benefits of T.Toxoid immunization	T.Toxoid immunization protect baby and mother against tetanus	Leaflets, radio talks IPC, posters and TV. Advocacy kit.	NGOs, LGAs, SMOH, FMOH, & Development partners.
7.	Birth preparedness & complication readiness.	Most Pregnant women don't have knowledge on birth preparedness plan & complication readiness.	Every Pregnant women should have individual birth preparedness plans & complication readiness packages.	◆ Lack of awareness of the importance of individual birth preparedness plan & complication readiness by pregnant women.	Sensitization of pregnant women on the need for birth preparedness, individual birth plan & complication readiness Establishment of CDC in all communities.	Pregnant women, Care givers, Male Partners , CHEWs and CDCs.	To create adequate awareness on the need for expectant families to have birth plans.	Proportion of pregnant having birth preparedness plans	Health education of pregnant women and their spouses on birth preparedness	a family that has birth preparedness plans, plans to succeed in child birth	Leaflets, posters, jingles,	LGAs, SMOH, FMOH, NGOs, and development partners.
8	Delivery with skilled birth attendants	Most deliveries are attended to by unskilled birth attendants	Deliveries should be conducted by skilled birth attendants.	◆ Cultural practices that favour home deliveries ◆ Unfriendly attitude of health workers ◆ Access to functional health facilities ◆ Inadequate skilled birth attendants ◆ Poverty	Sensitization of pregnant women , community leaders on the dangers of deliveries attended to by unskilled attendants  Friendly attitude of health workers.  Employment /deployment of more skilled birth attendants.	Pregnant women, community leaders , women groups, men groups.	To ensure that all pregnant women have their deliveries conducted by skilled birth attendants	Proportion of deliveries conducted by skilled births attendants	Sensitization of pregnant women and community members on the benefits of deliveries conducted by skilled personnel.  Training of CHEWSs on modified LSS & home-based maternal & New born care.  Training of midwives & doctors on LSS & ELSS.	Skilled birth attendants at delivery ensures survival of mother & child.	Health talks in health facility, seminars and sensitization meetings, posters, jingles, Radio talks, folklores/songs.	CBOs, LGAs, SMOH, FMOH, Development Partners.

S/N	KHHP	Problem Behaviour	Behaviour to Promote	◆ Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	◆ Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
9.	Recognizing dangers signs in the postnatal period	Most pregnant women & postpartum mothers have low level of awareness on the danger signs in the postpartum period.	Pregnant women & Delivered mothers should have adequate information on danger signs during the postpartum period	◆ Inadequate knowledge of post partum mothers on the danger signs in the postpartum period ◆ Poor attendance at post-natal clinics	Educating pregnant women & post partum mothers on the danger signs in the postpartum period	Post partum mothers, pregnant women, caregivers and health workers.	To educate pregnant women, post-partum mothers CHEWs, & caregivers on danger signs, during pregnancy, labor & post partum.	◆ Proportion of pregnant women, post partum mothers, women and CHEWs with better knowledge of dangers signs. ◆ Proportion of mothers attending post natal clinic	,sensitization ,of caregivers on identification of danger signs during pregnancy, labor & post partum Training of Chews on home-based maternal & Newborn care using Counseling cues & pictorial cards .	Early recognition of danger signs will save the life of mother & child.	Health talks, seminars and workshops.	CBOS, LGAs, SMOH, FMOH, Line Ministries & Development partners.
10.	Family planning practice	Poor utilization of FP services	Mothers should plan their pregnancies using available FP services	◆ Access to commodities ◆ Cultural and religious beliefs ◆ Lack of male involvement in FP services	Free access to FP services, & commodities , Male involvement in FP services	Policy makers, Males, women of reproductive age. Health workers.	To create adequate awareness on the need to use FP services	◆ Proportion of women of reproductive using FP services ◆ Proportion of men supporting FP utilization.	Sensitization meetings, advocacy to policy makers. Increasing budget line for FP services	FP improves healthy family living . . Plan your family, plan the Nation	Organization of advocacy meeting, health talks, workshops, jingles, TV, radio programmes	LGAs, SMOH, FMOH, & Development partners.

## ADVOCACY PLAN FOR NEONATAL CARE

S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
1.	Immediate newborn care	<ul style="list-style-type: none"> <li>◆ Cutting the cord with unsterilised material</li> <li>◆ Delivery not conducted in warm environment</li> <li>◆ Separating baby from mother</li> <li>◆ Wrapping the baby with wet clothing</li> <li>◆ Late initiation of breast feeding</li> <li>◆ Lack of adequate preparedness for delivery</li> </ul>	<ul style="list-style-type: none"> <li>◆ Cutting with sterile material</li> <li>◆ Keep environment warm</li> <li>◆ Put baby to breast immediately after delivery</li> <li>◆ Wrap baby with dry cloth</li> </ul>	<ul style="list-style-type: none"> <li>◆ Socio-cultural practices</li> <li>◆ Home based delivery</li> <li>◆ Lack of information on the need to keep baby warm</li> <li>◆ Delivery by unskilled birth attendant</li> <li>◆ Poor attitude of health workers</li> </ul>	<ul style="list-style-type: none"> <li>Health education</li> <li>Good ANC</li> <li>Encouraging facility based delivery</li> <li>Availability of health facilities</li> <li>Availability of essential drugs</li> <li>Adequate preparedness for delivery</li> </ul>	<p><b>Primary:</b> Caregivers Pregnant women Husbands</p> <p><b>Secondary:</b> opinion leaders, policy makers, CHEWs FBOs</p>	<ul style="list-style-type: none"> <li>◆ To increase awareness on the need to keep baby warm</li> <li>◆ To encourage early initiation of breast feeding</li> <li>◆ To employ/ Deploy more skilled birth attendants</li> <li>◆ To encourage mothers to get ready all materials needed for delivery</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of newborns not having sepsis and hypothermia</li> <li>Proportion of deliveries conducted by skilled birth attendants</li> <li>Proportion of Policy Makers and target Groups sensitized</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy visit to Policy Makers</li> <li>Sensitization of target groups.</li> </ul>	<ul style="list-style-type: none"> <li>Facility delivery ensures survival of the newborn</li> <li>Early initiation of breast feeding promote good health of the newborn</li> <li>Cutting cord with hygienic material prevent infections</li> <li>Adequate preparation ensures availability of all the things needed for safe delivery</li> </ul>	<ul style="list-style-type: none"> <li>IPC, Radio, TV, stickers, leaflets, jingles, women groups, churches, etc.</li> <li>ANC meetings</li> </ul>	<ul style="list-style-type: none"> <li>CBOs, LGAs, SMOH, FMOH, Development</li> </ul>

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2.	Clean delivery practices	Home delivery with TBAs  Using unsterilized delivery kit  Delivering in an unclean environment	<ul style="list-style-type: none"> <li>◆ Promote the facility based delivery</li> <li>◆ Encourage use of the mama kit</li> <li>◆ Encourage Individual Birth Plan (IBP)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Cultural factors</li> <li>◆ Influence of TBAs and CHEWs</li> <li>◆ Inadequate health personnel and facilities</li> <li>◆ Lack of training of TBAs and CHEWs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of community members on the need for facility delivery</li> <li>◆ Training of TBAs in the absence of skilled health worker</li> </ul>	<b>Primary:</b> Policy Makers  <b>Secondary:</b> CHEWs Caregivers FBOs	<ul style="list-style-type: none"> <li>◆ To increase awareness on the importance of delivery in a clean environment</li> <li>◆ To sensitize pregnant women on the need for facility delivery</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women who experienced clean delivery</li> <li>◆ Proportion of women who delivered in Health Facility</li> <li>◆ Proportion of Policy Makers/Target Group sensitized</li> </ul>	<ul style="list-style-type: none"> <li>◆ IPC, Interactive session with pregnant Women.</li> <li>◆ Sensitization and orientation of targets groups</li> <li>◆ Advocacy visit to Policy Makers</li> </ul>	<ul style="list-style-type: none"> <li>◆ Facility delivery is best to ensure Clean and safe delivery.</li> <li>◆ To prevent infections of the newborn, deliver in a clean environment</li> </ul>	<ul style="list-style-type: none"> <li>◆ IPC, Fact sheets, leaflets, jingles, counseling cards etc</li> </ul>	<ul style="list-style-type: none"> <li>◆ CBOs, LGAs, SMOH, FMOH, Development</li> </ul>
3	Care of cord/eye	<ul style="list-style-type: none"> <li>◆ Application of local herbs/concoctions</li> <li>◆ Application of dusting powder</li> <li>◆ Touching of cord with unclean hands</li> <li>◆ Putting cord wrapped</li> </ul>	<ul style="list-style-type: none"> <li>◆ Regular cleaning of cord with spirit</li> <li>◆ Regular hand washing before and after cleaning the cord/eye</li> </ul>	<ul style="list-style-type: none"> <li>◆ Socio-cultural practices and beliefs</li> <li>◆ Ignorance on best practices regarding cord/eye care</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of community members on proper care of the cord/eye</li> <li>◆ Orientation of CHEWs/ Caregivers, Mothers on proper care of the cord/eye</li> </ul>	Mothers  CHEWs  Community members  Caregivers	<ul style="list-style-type: none"> <li>◆ To increase awareness on proper cord and eye care for the newborn.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of Delivered mothers that have adequate knowledge of cord/eye care</li> <li>◆ Proportion of target audience sensitized</li> </ul>	<ul style="list-style-type: none"> <li>◆ IPC, interactive session with pregnant women</li> <li>◆ Sensitization and training of targets/groups</li> </ul>	<ul style="list-style-type: none"> <li>◆ Application of herbal preparations encourage infection</li> <li>◆ Regular cleaning of cord with spirit prevents cord infection</li> </ul>	<ul style="list-style-type: none"> <li>◆ IPC, Fact Sheets, leaflets, posters, Counseling Cards</li> </ul>	<ul style="list-style-type: none"> <li>◆ LGAs, communities CBOs, LGAs, SMOH, FMOH, Development</li> </ul>

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4.	Identification of danger signs in the newborn	Caregivers lack knowledge of danger signs in the newborn  Inability of Caregivers to identify danger signs in the newborn	All Care givers to be able to identify danger signs in the newborn  Health workers to educate caregivers on the danger signs	Ignorance of the Caregivers and Mothers on the danger signs in the newborn	Health education to caregivers o the danger sighs in the newborn  Early detection and prompt referral to Health Facility	Caregivers, Chews Mothers Gommunity members	To orientate mothers and caregivers on on the danger signs in the new borns  To train CHEWs on the danger signs in the newborn using pictorial charts	Proportion of CHEWS and caregivers trained on the danger signs in the newborn  Proportion of mothers sensitized on the danger signs in the new born	♦ Ori entation of mothers and caregivers on danger signs.  ♦ Tra ining of CHEWS on the danger signs in the newborn	Early identification of the danger signs and prompt care seeking saves the life of the Newborn	IPC, group work, radio, TV, Counseling Cards	CBOs, LGAs, SMOH, FMOH, Development
5	Take newborn for immunization	Some Caregivers do not take newborns for immunizations	Caregivers should take their newborns for immunization	Most caregivers do not know the immunization schedule and benefits of immunization	♦ Health talks during ANC and IWC	Caregivers CHEWS Mothers	To educate mothers/ caregivers and CHEWs on immunization schedule and the importance of completing all immunization	Proportion of newborns that complete all immunization  ♦ Proport ion of caregivers and CHEWs who understand the immunization schedule.	IPC, individual and group counseling, training of CHEWs on the benefits of completing immunization according to schedule.	Immunize your child today for a better tomorrow	IPC, counselling sessions, posters, leaflets, radio, etc.	CBOs, LGAs, SMOH, FMOH, Development

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6.	Breast feeding of the newborn	Late initiation of newborn to breastfeeding  Discarding the colostrums by some mothers  Wrong positioning of newborn during breastfeeding	Mother to initiate breastfeeding Early  Mothers to give the colostrums to baby  Good poitioning of babies for breastfeeding	Ignorance on the Lack of benefits of colostrums and early breastfeeding  Misconception about colostrum	Health talks during antenatal and infant welfare clinics	Caregivers, health workers Pregnant mothers, Community leaders, FBOs	To educate mothers and health workers on the benefits of early breastfeeding	Proportion of newborns that initiated to breastfeeding early	IPC, individual and group counseling , training of CHEWs on the benefits of early initiation of breastfeeding	Breastfeeding promote good health of your baby	IPC, group counseling, mass media, jingles	CBOs, LGAs, SMOH, FMOH, Development
7	Disease Prevention ◆Washing hand with soap or ash and water	Poor hand washing habit	Caregivers to practice proper hand washing with soap or ash and water before and after handling of newborn  Proper hand washing before feeding baby and after discarding baby's faeces	Cultural beliefs that a child's faeces is harmless  Carelessness and nonchalance of caregivers to look for soap and water to wash hands before handling the newborn	Health education at health facilities during IWC  Counseling sessions by CHEWs  Home visits by CHEWs in 1 <sup>st</sup> three days after delivery	<b>Primary</b> Mothers Caregivers, family members  <b>Secondary</b> CHEWs	To improve knowledge, attitude and practice of caregivers towards proper hand washing and its importance, es	Proportion of caregivers who wash their hands with soap or ash and water before and after touching newborn	Regular practical demonstration of proper hand washing with soap or ash and water in the homes, during counseling and at the health facility	Always wash your hands with soap and water before and after any contact with a newborn to avoid cross infection.  Proper hand washing before touching the newborn, prevents infection and disease of the NB	IPC, group counselling, radio, TV, stickers, leaflets, posters	WHO, UNICEF, NGOs, GOVT.

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8	Care of the low birth weight baby using Kangaroo Mother Care (KMC)	Few caregivers have adequate knowledge on kangaroo mother care	Caregivers should be have adequate knowledge of kangaroo mother care method of nursing of low birth weight /Preterm babies	-Lack of adequate knowledge on the care of the low birth weight baby. Harmful Traditional Practice on the care of the low birth babies.	Education of mother/ caregivers on the benefits of kangaroo method of nursing the newborn, low birth weight, Preterm babies	Caregivers Health workers	To improve knowledge and practice of kangaroo method of nursing of low birth weight babies	Proportion of caregivers with adequate knowledge of kangaroo method of nursing	Training of health workers (CHEWs) on kangaroo method of nursing. newborn  Interactive session with mothers, pregnant women and caregivers  Practical demonstration of how to use the kangaroo method	Low weight babies can be saved using kangaroo method of nursing.	IPC, radio and TV ,posters	CBOs, LGAs, SMOH, FMOH, Development

## SOCIAL MOBILIZATION PLAN FOR MATERNAL CARE

S/ N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
1.	Antenatal attendance	<ul style="list-style-type: none"> <li>◆ Poor attendance to ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ Women of reproductive age to know about benefits of antenatal care</li> <li>◆ Pregnant women encouraged to attend antenatal care</li> <li>◆ Provision Free ANC Services.</li> <li>◆ H/Education and counseling during ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Attitude of the health workers</li> <li>◆ Monetization of health care</li> <li>◆ localization of health facilities</li> <li>◆ -Not in Govt. Plan of Action</li> <li>◆ Not in priority Project Plan.</li> <li>◆ No budget line for free ANC.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Economic empowerment encouragements of patient friendly health services free medical services.</li> <li>◆ -Re-orientation/ Retraining of CHEWs</li> <li>◆ Promotion of male participation in RH Issues.</li> <li>◆ -Introduction of free ANC/Delivery Services.</li> </ul>	Pregnant women, male, CHEW, CBOs, FBOs, CHEWs	<ul style="list-style-type: none"> <li>◆ To inform pregnant women that attending antenatal clinic ensures good health for mother and baby</li> <li>◆ To change health workers attitude to pregnancy.</li> <li>◆ To sensitize The target audience on the need to promote ANC</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women attending ANC.</li> <li>- No of target audience promoting ANC.</li> <li>- No of males and In-laws promoting ANC.</li> <li>- No of pregnant women attending ANC.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of pregnant women on the benefits of ANC</li> <li>- Sensitization campaign activities.</li> <li>-Development and production of IEC Materials</li> </ul>	<ul style="list-style-type: none"> <li>◆ Antenatal care is good for all pregnant women to ensure a healthy mother and baby.</li> <li>◆ ANC is free ;USE IT!</li> </ul>	<ul style="list-style-type: none"> <li>◆ IPC ,health education</li> <li>◆ TV, Radio messages, jungles and Posters, associations and</li> <li>◆ -PHC, Union meeting</li> </ul>	<ul style="list-style-type: none"> <li>◆ CBO, LGAs, SMOH, FMOH, HSDP, Community</li> </ul>
2.	Practice of intermittent preventive therapy for malaria	<ul style="list-style-type: none"> <li>◆ Caregivers wrong perception on the use of IPT services</li> <li>◆ Health workers not aware of current therapy options</li> </ul>	<ul style="list-style-type: none"> <li>◆ Care givers perception to change on the safety of IPT</li> <li>◆ Health workers to be educated on IPT.</li> <li>◆ Sensitize pregnant mothers,males,parents-in-laws,CBOs on the need for pregnant women to use IPT</li> </ul>	<ul style="list-style-type: none"> <li>◆ Cost</li> <li>◆ Inadequate information on IPT.</li> <li>◆ Lack of information on use of IPT by pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Encourage free ITP services</li> <li>◆ Education of health workers on ITP options</li> <li>◆ Sensitize males, pregnant women, CBOs,FBOs,CDC Interest in the use of IPT.</li> </ul>	Care givers  Health workers, Pregnant Mothers, Males, State Government, LGA, CBO, FBOs	<ul style="list-style-type: none"> <li>◆ To inform caregivers and pregnant women on the importance of IPT.</li> <li>-To sensitize Male,pregnant women, H/Ws, State Govt,LGA, CBOs on the need to use IPT for Pregnant mothers</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women using IPT</li> <li>◆ No of pregnant women who have access to IPT.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sensitization of care givers on the need for IPT.</li> <li>◆ Health education of pregnant women on the benefits of ITP</li> <li>◆ -Sensitization of community members on the importance of IPT</li> <li>◆ To preg. Women.</li> <li>-Development and production of IEC Materials on the use of IPT by pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>◆ Intermittent preventive therapy reduces the attacks of malaria and improves babies health.</li> <li>-Support promotion of IPT for the prevention of malaria in pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health talks in the facility on IPT,</li> <li>◆ Radio, TV, Women group</li> <li>◆ ,male group meeting, Hand bills, leaflets Etc.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pharmaceutical companies, LGAs, SMOH, FMOH, UNCEF, WHO,CBOs NPHCDA, NGOs,FBOs In provision of IPT.</li> </ul>

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3.	HIV counseling and testing	pregnant women don't come for HCT	Pregnant women and caregivers to accept HCT services.  - Good knowledge of pregnant women, males on the importance of HIV Counseling and Testing (HCT).	<ul style="list-style-type: none"> <li>◆ Poor/Lack knowledge on the benefits of HCT</li> <li>◆ Fear of Stigmatization</li> <li>◆ insufficient trained counselors</li> <li>◆ Insufficient counseling and testing centres.</li> </ul>	<ul style="list-style-type: none"> <li>-Increasing the number of counseling and testing centres</li> <li>-Sensitization on the benefits of counseling and testing</li> <li>-Health education to pregnant women during ANC and IWC</li> </ul>	Pregnant women, mothers, men, CHEWS. Parents-in-laws	<ul style="list-style-type: none"> <li>◆ To increase awareness on the benefits of HCT</li> <li>◆ To train health workers on HCT.</li> <li>◆ -To sensitize pregnant women, males, NGOs on the need for HCT</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of pregnant women being offered HCT services</li> <li>◆ Proportion of women with accurate knowledge of the benefits of HCT.</li> <li>◆ -No of pregnant women coming for VHCT.</li> <li>◆ -No of males coming up for VHCT.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health education</li> <li>◆ Training of Chews on HCT services</li> <li>◆ Establishment of more HCT centres</li> <li>◆ Sourcing for advocacy champions against stigmatization.</li> <li>◆ -Sensitization, campaign, Development and production of IEC Materials</li> </ul>	<ul style="list-style-type: none"> <li>◆ VHCT enable you to know your status and maintain good health during pregnancy</li> </ul>	IPC, Mass media, Posters, women group meetings, male group meetings, Radio and jungles, health talks churches and	CBO, LGAs, NGOs, SMOH, FMOH, Dev Partners.
4.	Identification of danger signs in pregnancy	<ul style="list-style-type: none"> <li>◆ Pregnant women don't seek health care services early</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pregnant women should know about dangers signs in pregnancy</li> <li>-Sensitize pregnant women on the importance of knowing the danger signs in pregnancy.</li> <li>-Early Seeking of Health care services.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Inadequate information to caregivers and pregnancy women</li> <li>◆ Paucity of information on the part of health workers on danger signs</li> <li>-Social-cultural beliefs, Religious beliefs, Inaccessibility to HFs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Trained health workers on identification of danger signs in pregnancy</li> <li>◆ Home visits to pregnant women educating on danger signs</li> <li>-Sensitization of pregnant women, husband, parents-in-laws and community on the importance of identifying the danger signs and prompt care seeking outside the home.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Pregnant women, Males</li> <li>-parents-in-laws, community</li> <li>◆ CHEWS</li> </ul>	<ul style="list-style-type: none"> <li>◆ To educate pregnant women on the danger signs in pregnancy</li> <li>◆ To improve the information base of CHEWs on danger signs in pregnancy.</li> <li>-To sensitize pregnant women, WCBAs, Parents-in-laws, men, community on the need for early recognition of danger signs and prompt care seeking outside the home</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of Pregnant women that know about danger signs in pregnancy</li> <li>◆ No. of CHEWs trained on identification of danger signs in pregnancy.</li> <li>-No of HWs offering ANC Services.</li> <li>No of pregnant women sensitized on early recognition of danger signs in ANC.</li> <li>No of pregnant women who attend ANC.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Training of CHEWs on the recognition of danger signs in pregnancy and early referral.</li> <li>◆ Sensitization of pregnant women, WCBAs, parents-in-law</li> <li>◆ Develop and produce IEC materials on danger signs</li> </ul>	<ul style="list-style-type: none"> <li>Knowledge of danger signs in pregnancy improve early health seeking behaviour and reduce risk in pregnancy</li> <li>Early identification of danger signs and prompt health care seeking in pregnancy, reduces maternal mortality</li> </ul>	IPC, TV, radio, Posters Radio Health talks, women talk meetings seminars and workshops.	CBOS, LGAs, SMOH, FMOH, Development partner

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5.	Use of insecticide impregnated nets	Most pregnant women don't use ITNs	<ul style="list-style-type: none"> <li>Pregnant women should sleep under insecticide treated nets</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate number of ITNs</li> <li>Cost of acquisition of commodity</li> <li>Slow distribution of ITNs</li> <li>Lack of knowledge on the importance of the use of ITN in pregnancy.</li> <li>Inadequate channel for collection/ purchase of ITN</li> <li>High cost of ITN</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women should have access to ITN at no cost</li> <li>Educate on the benefits of using ITNs.</li> <li>Sensitize pregnant women to access ITN in HF at no cost</li> </ul>	Primary -Pregnant Women , HWs Secondary NGOs,CBOs	<ul style="list-style-type: none"> <li>To improve the utilization of ITNs by pregnant women</li> <li>To increase the channels of distribution of ITNs</li> <li>To sensitize health workers, CBO on the need to participate in the distribution of ITNs to pregnant women in the community</li> </ul>	<ul style="list-style-type: none"> <li>Proportion . of pregnant women sleeping under ITNs</li> <li>Proportion pregnant women who has access to ITNs</li> <li>Proportion of HFs that distribute ITNs to pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>Sentization of pregnant women on the benefits of using ITNs</li> <li>Community mobilization</li> <li>Campaign</li> <li>Development and production of IEC materials</li> </ul>	Malaria kills ,use ITNs for prevention  Make ITN available for pregnant women to protect them against malaria attack	IPC, radio jingles, TV drama posters, leaflet and mes	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,
6	Tetanus Toxoid Immunization during pregnancy	Most Pregnant women don't take immunization during pregnancy	Pregnant women should go to the health facilities for tetanus Toxoid immunization  Sensitize pregnant women on the importance of TT immunization Educate WCBA on the need to complete full course of TT  Educate a & counsel pregnant woman on the need take 2 doses of TT during pregnancy and complete the full course after delivery to protected for life	<ul style="list-style-type: none"> <li>Poor /lack knowledge on the need for immunization</li> <li>Poor /lack knowledge of pregnant mother about the no of TT doses to be taken</li> </ul>	<ul style="list-style-type: none"> <li>Health education of the need for tetanus toxoid immunization</li> <li>Encourage pregnant mothers on need to be immunized with 2 doses of TT during pregnancy</li> <li>HWs to sensitize pregnant women on the importance of TT</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women</li> <li>Health workers</li> <li>WCBA</li> </ul>	<ul style="list-style-type: none"> <li>To create awareness on the need for pregnant women to have T.Toxoid immunization</li> <li>To sensitize HWs on the need to immunize every preg women with 2 doses of TT during the period of ANC</li> <li>To sensitize and encourage preg.women on the need to be fully immunized with 5 doses of TT</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of women who registered in the ANC</li> <li>Proportion .of pregnant women that receive 2 doses of T.Toxoid immunization</li> </ul>	Health education of pregnant women on the benefits of T.Toxoid immunization Campaign Development & production of IEC materials	T.Toxiod immunization protect baby and mother against tetanus Take 2 doses of TT immunization during pregnancy to protect baby and you against Tetanus	Leaflets, radio talks posters and TV, Education, IPC, women group, handbills	NGOs, LGAs, SMoH, FMOH, Dev. Partners

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7.	Birth preparedness	Most Pregnant don't have birth preparedness plan	Pregnant women should have birth preparedness plans HWs to sensitize males to be actively involved in birth preparedness of their wives Sensitization of community on their role in birth preparedness for preg. Women in the community	<ul style="list-style-type: none"> <li>◆ Lack of awareness of the need of pregnant women to plan their births</li> <li>◆ Socio-cultural beliefs</li> <li>◆ Poverty</li> <li>◆ Lack of knowledge on the importance of birth preparedness</li> </ul>	Sentization on male, parent in-laws, community on the need for birth preparedness	Parent in-laws, Male Partners, Pregnant women, community members	<p>To create adequate awareness on the need for expectant families to have birth plans.</p> <p>To sensitize male, parent in-law, community, family members on the need for expectant families to be involved in birth plan</p> <p>To encourage and educate expectant families in their birth preparedness plan</p>	<p>Proportion of pregnant having birth preparedness plans</p> <p>Proportion of expectant families who is having birth preparedness</p>	<p>Health education of pregnant women and their spouses on birth preparedness</p> <p>Sensitization /mobilisation of community members for birth preparedness</p>	family who has birth preparedness plans ,plan to succeed in child birth	IPC, Leaflets, jingles, drama, V	LGAs, SMoH, FMOH, NGOs, Dev.partners
8	Delivery with skilled birth attendants	Most deliveries are attended by unskilled birth attendants	Sensitize pregnant women and spouses on the importance of delivery by skill attendance	<ul style="list-style-type: none"> <li>◆ Socio-Cultural practices that favour home deliveries</li> <li>◆ Unfriendly attitude of health workers</li> <li>◆ Poor Access to functional health facilities</li> <li>◆ High cost of delivery</li> <li>◆ Non involvement of community</li> </ul>	Sensitization of pregnant women , community on the dangers of deliveries attended to by unskilled attendants Home visit to pregnant women by HWs Friendly attitude of health workers	Mothers-in-law ,pregnant women, ,spouses, women groups,	To ensure that all pregnant women have their deliveries conducted by skilled birth attendants	Proportion of deliveries supervised by skilled births attendants	Sensitization of pregnant women and community members on the benefits of deliveries conducted by skilled personnel	Skilled birth attendants at delivery ensures survival of mothers and child	Health talks in health facility, seminars and sensitization posters, leaflets	CBOs, LGAs, SMoH, FMOH, Dev.partners

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8	Recognizing dangers signs in the postnatal period	Most pregnant women are not aware of danger signs in the postpartum period.	Delivered mothers should have information on danger signs during the post partum period	◆ Lack of knowledge on the part of delivered mother on the danger signs in the postpartum period	Educating mothers on the danger signs in the postnatal period during ANC	Mothers, pregnant women, and health worker	To educate pregnant women, mothers and HWs on the dangers signs during deliveries and postnatal period.	<ul style="list-style-type: none"> <li>◆ Proportion of mothers, pregnant women and CHEWs with better knowledge of dangers signs.</li> <li>◆ Proportion of mothers ,pregnant women and HWs who have better knowledge of danger signs</li> </ul>	Counseling ,sensitization , training of CHEWS  Trainings for HWs (CHEW)	Early recognition of danger signs will save your life  Early recognition of danger signs during post natal period ensures survivalof mothers and child	Health talks, seminars and workshops.	CBOS, LGAs, SMoH, FMOH, Dev.partners
9	Family planning practice	Poor utilization of FP services	Sensitization of women of child bearing age/mother should plan their pregnancies using available FP services	<ul style="list-style-type: none"> <li>◆ Poor Access to commodities</li> <li>◆ Socio-Cultural and religious beliefs, taboos</li> <li>◆ Lack of skilled personnel</li> </ul>	Sensitization of mothers on the benefits/ importance and use of FP commodities , Sensitization on Male involvement in FP	Males, women of reproductive age group, Health workers	To sensitize and create adequate awareness on the use of FP services	◆ Proportion of women of reproductive age using FP services.	Sensitization, campaign,development and production of IEC materials, radio, TV, jingles, health talk	FP the first pillar of safe motherhood  FP ensures healthy living	IPC, Posters, TV, Radio, Drama, Fez caps, T-Shirts	LGAs, SMoH, FMOH, UNFPA, Dev. partners

## SOCIAL MOBILIZATION PLAN FOR NEW BORN

S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
1.	Immediate newborn care	<p>Cutting the cord with unsterilised material</p> <p>Delivery not conducted in warm environment</p> <p>Separating baby from mother</p> <p>Wrapping the baby with wet clothing</p> <p>Late initiation of breast feeding</p> <p>insufficient efforts by the FBO,s,CBO,s, CSO,s ets in the promotion of cutting the cord with sterilized materials.</p> <p>CBO,s NGO,s FBO,s CSO,s do not put adequate effort in the promotion of conducting delievery in warm environment</p> <p>CHEWS, NGO,sFBO,s ets do not make suffiecient efforts to prevent the separation of baby from the mother after delivery</p> <p>Insufficient effort by the NGO,s CBO,s FBO,s CSO,s in the wraping of the New born with wet clothing.</p>	<p>◆ Cutting with sterile material</p> <p>◆ Keep environment warm</p> <p>◆ Early initiation of breastfeeding</p>	<p>◆ Socio-cultural practices</p> <p>◆ Home based delivery</p> <p>◆ Lack of information on the need to keep baby warm</p>	<p>Health education</p> <p>Encouraging facility based delivery</p>	<p><b>Primary:</b> Caregivers Pregnant women</p> <p><b>Secondary:</b> opinion leaders, policy makers, CHEWs</p>	<p>◆ To increase awareness on the need to keep baby warm</p> <p>◆ To encourage early initiation of breast feeding</p>	<p>Proportion of newborns not having sepsis and hypothermia</p>	<p>◆ Sensitization and training of target groups.</p>	<p>Facility delivery important</p> <p>Early initiation of breast feeding is important</p> <p>Cutting cord with hygienic material is important</p>	<p>IPC, Radio, TV, stickers, leaflets, jingles, women groups, churches, etc.</p>	<p>Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,</p>

Ss /N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
2.	Clean delivery practices	<ul style="list-style-type: none"> <li>Home delivery with TBAs</li> <li>Using unsterilized delivery kit</li> </ul>	<ul style="list-style-type: none"> <li>Promote facility based delivery</li> <li>Encourage use of the mama kit</li> </ul>	<ul style="list-style-type: none"> <li>Poverty</li> <li>Cultural factors</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization of community members on the need for facility delivery</li> </ul>	<p><b>Primary:</b> Caregivers</p> <p><b>Secondary:</b> CHEWS</p>	<p>To increase awareness on the importance of delivery in a clean environment</p> <p>To sensitize pregnant women on the need for facility delivery</p>	Proportion of pregnant women who experienced clean delivery	IPC, Interactive section with pregnant Women. Sensitization and training of targets	To ensure safe delivery facility delivery is best. Clean environment is important to prevent infection for baby	IPC, Radio, TV, stickers, leaflets, jingles, etc	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,HSDP
3.	Care of cord/eye	<p>Application of local herbs/concoctions</p> <p>Application of dusting powder</p> <p>Touching of cord with unclean hands</p> <p>Putting cord wrapped</p> <p>Neonatal care and also interested in aseptic delivery at the community level</p> <p>Little NGO,s with interest in maternal and neonatal care and also interested in aseptic delivery at the community level resulting in higher neonatal mortality rate.</p>	<p>Regular cleaning of cord with spirit or gentian violet</p> <p>Regular hand washing</p> <p>* Community based organization to focus on .</p>	<ul style="list-style-type: none"> <li>Socio-cultural practices and beliefs</li> <li>Ignorance on best practices regarding cord care</li> </ul>	<ul style="list-style-type: none"> <li>Of community members on proper care of the cord</li> </ul>	<ul style="list-style-type: none"> <li>others M</li> <li>HEWs C</li> <li>community members C</li> </ul>	<p>To increase awareness on proper cord and eye care for the newborn.</p>	<ul style="list-style-type: none"> <li>Proportion of Delivered mothers that have adequate knowledge of cord/eye care</li> </ul>	<ul style="list-style-type: none"> <li>IPC, interactive section with pregnant women</li> <li>Sensitization and training of targets</li> </ul>	<ul style="list-style-type: none"> <li>Application of herbal preparations encourage infection</li> <li>Regular cleaning of cord with spirit or gentian violet prevents cord infection</li> </ul>	IPC, radio, leaflets, jingles, posters	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,HSDP
4.	Identification of danger signs in the newborn	<ul style="list-style-type: none"> <li>Caregivers lack knowledge of danger signs in the newborn</li> <li>*Few NGO,S working in the areas of newborn care especially on the issue of neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers to know about danger signs in the newborn</li> <li>Health workers to educate caregivers on the danger signs</li> <li>*NGO,s CBO,s to intensify in the areas of neonatal care</li> </ul>	<ul style="list-style-type: none"> <li>Ignorance on the danger signs in the newborn</li> <li>*Socio Cultural beliefs and practices very few NGO,s working on neonatal care</li> <li>*Poor sensitization of Health worker on the danger signs of the newborn</li> </ul>	<ul style="list-style-type: none"> <li>Health education to caregivers on the danger signs in the newborn</li> <li>*NGO,s CBO,s building interest in the areas of neonatal care</li> <li>*Increased knowledge to improve on the caregiver to drop some harmful socio cultural practices</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers, Chews</li> <li>Encouragement of CBO,s FBO,s, to increase effort in promoting newborn care</li> </ul>	<ul style="list-style-type: none"> <li>To orientate mothers and caregivers on the danger signs in the newborns</li> <li>To train CHEWs on the danger signs in the newborn</li> <li>*sensitizing the cbos NGO,s in the effort in promoting newborn care</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of CHEWS and caregivers trained on the danger signs in pregnancy.</li> <li>*Proportion of CBO,s NGO,S PROMOTING NEW BORN CARE</li> </ul>	<ul style="list-style-type: none"> <li>Orientatation of mothers and caregivers on danger signs.</li> <li>Training of CHEWS on the danger signs in pregnancy</li> <li>*Training of health workers on the new born care</li> </ul>	<p>To prevent death of the newborn early care seeking behaviour through the identification of danger signs</p> <p>* Support, promote neonatal care for the health of the newborn.</p>	IPC, group work, radio, TV *T.V, Women Childbearing age, meeting with women association	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,HSDP

Ss /N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
5	Take newborn for immunization	Caregivers do not take newborns for immunizations. Newborn not taken for immunisation	Caregivers should take their newborns for immunization  Taken newborn for complete immunization.	Most caregivers do not know the immunization schedule and benefits of immunization	<ul style="list-style-type: none"> <li>◆ Health talks during ANC and IWC.</li> <li>◆ * No Knowledge of benefit of immunization.</li> <li>* Inadquate information on complete immunization schedule</li> <li>*Topography</li> <li>* Fear of side effects.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Caregivers</li> <li>◆ CHEWS.</li> <li>* CBOs</li> <li>FBOs</li> <li>NGOs</li> <li>Community leaders..</li> </ul>	To educate caregivers and CHEWs on immunization schedule and the importance of completing all immunizations <ul style="list-style-type: none"> <li>ise4n .</li> <li>*To sensitize CBO,s FBO,s NGO&lt;s</li> <li>Community leaders</li> <li>Town announcer,</li> </ul>	<ul style="list-style-type: none"> <li>◆ Proportion of newborns that complete all immunization</li> <li>◆ Proportion of caregivers and CHEW who understand the immunization schedule.</li> <li>◆ * Proportion of cbo,s sensitised</li> </ul>	IPC, individual and group counseling, training of CHEWs  Training .  Development of IEC materials ,  CHART O N IMMUNISATION SCHEDULE.	Immunize newborn fully to save him or her from newborn killer diseases. * 5 Visit to the health centre ensures complete protection for the child. Take tour child to the health centre for immunization.	IPC, counselling sessions, posters, leaflets, radio, demonstrations, etc. Town Announcers, Radio, TV, Mass Campaign.	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, ,HSDP.
6.	Breast feeding of the newborn	In adequate knowledge of the benefits of early initiation breastfeeding Discarding the colostrums  No insufficient effort by CBO,s NGO,s FBO,s in the promotion of Breastfeeding of the newborn	Mother to initiate breastfeeding Early  Mothers to give the colostrums to baby  CBO,s,NGO,s FBO,s should make intensive effort in the promotion of the Newborn through H/ Education and counselling at the community level.	Lack of knowledge of the benefits of colostrums and early breastfeeding. ◆ Lack of knowledge of benefit of breastfeeding of the newborn  Not in their priority budget at the beginning of the year	<ul style="list-style-type: none"> <li>Health talks during antenatal and infant welfare clinics.</li> <li>Encouragment of CBO,s NGO,s to increase effort in breastfeeding the Newborn</li> </ul>	Caregivers, health workers  CBO,s FBO,s, CDO<S Community members ,Traditional leaders	To educate mothers and health workers on the benefits of early breastfeeding  Sensitization and encourage CBOs NGOs,NGO,s FBO,s to increase effort in promoting breast feeding of the newborn.	Proportion of newborns that initiate breastfeeding early.  Proportion of CBO,s NGO,s etc to sensitize and promote breast feeding of the new born.	IPC, individual and group counseling , training of CHEWs on the benefits of early initiation of breastfeeding.  Sensitised and campaign,  Training of H/Worker on the exclusive breastfeeding of the new born	Breastfeeding encourages good health for your baby. *Support and promote exclusive breastfeeding of the newborn for good health and growth of the newborn .	IPC, group counseling, mass media, jingles. *IPC< radio, TV, T. Announcers Mass media women group	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, ,HSDP

S/N	KHHP	Problem Behaviour	Behaviour to Promote	Barrier to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
7	Disease Prevention ♦ Washing hand with soap or ash and water	♦ Poor hand washing habit , ♦ *CBO,s FBO,s NGO,s not participating in the education of community members on hand washing using soap or ash and water	Caregivers to practice proper hand washing with soap or ash and water before and after handling of newborn adult.  CBO,s FBO,s on the need to be involved in education of of community members on issues concern ing proper hand washing,	Cultural beliefs that a child's faeces is harmless  Carelessness and nonchalance of caregivers to look for soap and water to wash hands before handling the newborn.  CBO<s FBO,s NGO,s involve in educating of community members on proper washing of hand with soap & water	Health education at health facilities during IWC  Counseling sessions by CHEWs, NGO,s CBO,s etc to participate in community education of community members on advantages of hand washing	<b>Primary</b> Caregivers, family members  <b>Secondary</b> CHEWs . * FBO,s CBO,s to participate in community education about Hand washing	To improve knowledge, attitude and practice of caregivers towards proper hand washing and its importance, es.  * Create awareness of proper ways of hasnd washing with soap	Proportion of caregivers who wash their hands with soap or ash and water before and after touching newborn. * CBO,s , FBO<s to participate in the education of the community proper ways of Hand washing with soap.	♦ R egular practical demonstrati on of proper hand washing with soap or ash and water in the homes, during counseling and at the health facility., * CBO,s FBO,s Participating in community education in washing of hands	Always wash your hands with soap and water and before and after any contact with a newborn to avoid cross infection * NGO,s CBO,s etc	IPC, group counselling, radio, TV, stickers, leaflets, posters	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,HSDP
8.	Care of the low birth weight baby using Kangaroo method	Few caregivers have adequate knowledge on kangaroo method	Caregivers should be have adequate knowledge of kangaroo method of nursing of low birth weight babies	-Lack of adequate knowledge on the care of the low birth weight baby -entrenched traditional practices	Education of caregivers on the benefits of kangaroo method of nursing	Caregivers Health workers	To improve knowledge and practice of kangaroo method of nursing of low birth weight babies	Proportion of caregivers with adequate knowledge of kangaroo method of nursing	Training of health workers on kangaroo method of nursing. IPC, interactive session with mothers, pregnant women and caregivers	Low weight babies can be salvaged using kangaroo method of nursing.	Practical demonstrations, radio and TV ,posters	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, ,HSDP

## PROGRAMME COMMUNICATION PLAN FOR C-IMNCH IN NIGERIA

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
1	Exclusive Breast Feeding (EBF) for 6 months	<ul style="list-style-type: none"> <li>◆ Caregivers do not give Breast milk alone in the first six months.</li> <li>◆ Some mothers do not give Colostrum</li> </ul>	<p>EBF for all babies 0 – 6 months except those women who have medical excuse not to breastfeed.</p> <p>Giving of colostrum</p> <p>Early initiation of BF</p>	<ul style="list-style-type: none"> <li>◆ Socio-cultural belief that water is important to all lives including babies.</li> <li>◆ Caregivers belief that breastmilk alone cannot satisfy babies</li> <li>◆ Lack of adequate information on the importance of EBF</li> <li>◆ Refusal to Breastfeed for social reasons</li> <li>◆ Belief that Colostrum is harmful</li> <li>◆ Poor attachment and positioning of baby during breast feeding</li> <li>◆ Medical reasons</li> <li>◆ Short maternity leave</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health education at Antenatal and infant welfare clinic.</li> <li>◆ Male and family involvement in EBF practice</li> <li>◆ Making the workplace baby friendly by providing space for breastfeeding mothers (Creches)</li> </ul>	<p><b>Primary:</b> Pregnant women, Nursing mothers</p> <p><b>Secondary:</b> Husbands, grandparents, Health workers and opinion leaders, policy makers, CORPs FBOs, CBOs, Women of child bearing age</p>	<ul style="list-style-type: none"> <li>◆ To increase awareness on the benefits of EBF</li> <li>◆ To discourage practice of mixed feeding in 0 – 6 month old babies</li> <li>◆ To encourage early initiation of breast feeding.</li> <li>◆ To discourage practices that hinder EBF.</li> </ul>	<p>Proportion of mothers practising EBF.</p> <p>Proportion of babies that are exclusively breastfed</p>	<ul style="list-style-type: none"> <li>◆ Counseling and practical demonstration on effective breastfeeding skills to the caregivers.</li> <li>◆ Sensitization and training of target groups</li> <li>◆ Advocacy to policy and opinion leaders</li> <li>◆ Production of IEC materials.</li> <li>◆ Mass campaigns</li> </ul>	<ul style="list-style-type: none"> <li>◆ EBF ensures good health and well being of your baby; practice it.</li> <li>◆ Give only breast milk for the first six months of life.</li> <li>◆ Colostrum (first yellow milk) is very important for your baby's health, do not throw away</li> <li>◆ Put baby to breast immediately after birth, to encourage bonding</li> </ul>	<p>IPC, Radio, TV, stickers, leaflets, jingles, women groups, churches/mosque posters, men groups, town announcers,.</p>	<p>Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP</p>

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
2	Feed children with energy-rich and nutrient-dense complementary foods from 6 months while continuing breastfeeding up to 24 months	<ul style="list-style-type: none"> <li>Caregivers give thin pap (not enriched) as complementary feed. (CF)</li> <li>Early introduction of CF before 6 months</li> <li>Discontinuation of BF before 24 months</li> <li>Use of feeding bottle and forced feeding</li> </ul>	<ul style="list-style-type: none"> <li>Caregivers to enrich pap or other CF given to babies</li> <li>Introduction of appropriate CF from 6 months</li> <li>Breastfeed up to 24 months</li> <li>Caregivers to use spoon and plates to feed babies</li> <li>Patience/tolerance/conducive environment while feeding</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate knowledge of the appropriate CFs</li> <li>Beliefs that continuing BF for more than 1 year, makes the child suck blood and not Breast milk</li> <li>Low level of awareness of locally available nutritious foods</li> </ul>	<ul style="list-style-type: none"> <li>Health Education at ANC/ Infant welfare clinic.</li> <li>Male and family members' involvement in child survival issues</li> <li>Practical food demonstrations</li> <li>Availability of locally sourced foods .</li> </ul>	<b>Primary:</b> Caregivers  <b>Secondary:</b> <ul style="list-style-type: none"> <li>Health workers</li> <li>Day care/ kindergarten teachers</li> <li>Fathers</li> <li>Siblings</li> <li>CORPs</li> </ul>	<ul style="list-style-type: none"> <li>To increase awareness on the importance of enriched CF among caregivers.</li> <li>To sensitize mothers on the need to breastfeed up to 24 months.</li> <li>To increase awareness on the dangers of forced/bottle feeding</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of caregivers who prepare and give enriched CF to their babies</li> <li>Proportion of caregivers who use cup/plates and spoons in feeding baby</li> <li>Proportion of mothers who breastfeed up to 24mths</li> </ul>	IPC/BCC, community health education sessions with pregnant women, nursing mothers, care givers and CORPs, food demonstrations, identifying local food sources in the community, establishment of centres for rehabilitating malnourished children	For proper growth and development of baby, give enriched CF  Use nutritious locally available foods, they are cheap.	IPC, Radio, TV, stickers/posters, leaflets, jingles, traditional media of communication,, drama, etc	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, ,HSDP
3	Growth Monitoring and promotion (GMP)	<ul style="list-style-type: none"> <li>Health workers do not always record the weight of children</li> <li>Most mothers do not bring their children for growth monitoring</li> <li>Some caregivers do not safeguard the child health card</li> <li>HWs do not keep adequate records</li> <li>Some Health</li> </ul>	<ul style="list-style-type: none"> <li>Health workers to properly and regularly weigh &amp; record children's weight.</li> <li>Mothers should take active part in knowing their children's weight..</li> <li>Health workers should counsel caregivers when the child is weighed.</li> <li>Motivation of mothers by giving pluses or some positive reinforcers</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate skills of HWs</li> <li>Unprofessional attitude of HWs.</li> <li>Lack of knowledge on the importance of GMP by caregivers.</li> <li>Inadequate growth monitoring equipment</li> <li>Undertaffing of health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>Reorientation of health workers on growth monitoring</li> <li>HW to counsel mothers &amp; caregivers in GMP</li> <li>Caregivers increased interest in GMP</li> <li>Monitoring &amp; supervision of HW on GMP</li> </ul>	<b>Primary:</b> Care givers, Health workers,  <b>Secondary:</b> <ul style="list-style-type: none"> <li>Policy makers</li> <li>CORPs</li> </ul>	<ul style="list-style-type: none"> <li>To sensitize and motivate health workers on the need to record the weight of children during growth monitoring sessions</li> <li>To Interpret the chart and counsel caregivers.</li> <li>To sensitize mothers and caregivers to bring children for growth monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of health workers sensitized and motivated to always record the weight of children. during growth monitoring sessions</li> <li>% of children whose weights are charted on child health cards and caregivers counselled on feeding.</li> <li>Proportion of mothers that bring their children for GMP</li> </ul>	<ul style="list-style-type: none"> <li>Reorientation of health workers</li> <li>Orientation of caregivers and CORPs</li> <li>Regular monitoring &amp; supervision</li> </ul>	<ul style="list-style-type: none"> <li>To monitor the growth of your child, weigh him or her regularly</li> <li>Proper keeping of Child Health Card (CHC) by caregivers will assist growth monitoring.</li> </ul>	IPC, radio, leaflets, jingles, posters, folk songs, traditional media	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, ,HSDP

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4	Psycho-social and mental development	<ul style="list-style-type: none"> <li>Caregivers do not adequately stimulate their children psychosocially.</li> <li>Caregivers do not have adequate knowledge of the benefits of early child stimulation (barrier)</li> </ul>	<ul style="list-style-type: none"> <li>Adequate child stimulation from the womb</li> <li>Caregivers to create quality time to play and interact with children</li> <li>Increased knowledge of caregivers on the benefits of early child stimulation</li> </ul>	<ul style="list-style-type: none"> <li>No standard recreational centres in some communities</li> <li>Inadequate early child care centres (CCC)</li> <li>low level of awareness of the need for and benefits of early child stimulation</li> </ul>	<ul style="list-style-type: none"> <li>Availability of toys in the homes.</li> <li>Availability of some ECC centres</li> </ul>	<p><b>Primary</b> Caregivers, CORPs, Health workers, teachers</p> <p><b>Secondary</b> CBOs, NGOs, FBOs</p>	<ul style="list-style-type: none"> <li>To orientate mothers/ caregivers, teachers, &amp; HW on methods of child stimulation and their benefits</li> <li>To train CORPs and caregivers of ECC centres on how to make local toys and other play materials</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of parents who play and interact with their children.</li> <li>Proportion of CORPs and caregivers trained on how to make toys with available local materials.</li> </ul>	<ul style="list-style-type: none"> <li>Orientate mothers, caregivers, teachers &amp; HW on child stimulation</li> <li>Training of CORPs and caregivers at ECC centres on how to make toys for adequate stimulation</li> </ul>	<p>For proper mental and psycho-social development of your child, provide adequate play materials.</p> <p>Supervise your children while at play.</p> <p>Caregivers should create quality time to play with their children for proper psycho-social development.</p>	IPC, group work, radio, TV, jingles, traditional media	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP
5	Adequate micronutrients through diet and supplementation	Most caregivers do not give adequate micronutrient both in foods and as supplements	Provision of energy-rich and nutrient-dense CF for all children Inclusion of fruits and vegetables in children's meals.	<ul style="list-style-type: none"> <li>Inadequate knowledge of local sources of micronutrients</li> <li>Food taboos</li> <li>Cultural beliefs</li> <li>Poverty</li> </ul>	<ul style="list-style-type: none"> <li>Availability of local food sources of various micronutrients</li> <li>Availability of vitamin A supplementation</li> <li>Availability of iodized salt in the market</li> <li>Poverty alleviation programmes</li> </ul>	<p><b>Primary</b>  <ul style="list-style-type: none"> <li>Caregivers</li> <li>Opinion leaders</li> <li>Community members</li> </ul> </p> <p><b>Secondary</b>  <ul style="list-style-type: none"> <li>CORPs</li> <li>CBOs</li> <li>HWs</li> <li>Teachers</li> </ul> </p>	To orientate caregivers and CORPs on the importance of micronutrients in food supplementation, food fortification and dietary diversification	Proportion of caregivers, CORPs and Health workers sensitized.	<ul style="list-style-type: none"> <li>To orientate caregivers on importance of adequate micronutrients for children</li> <li>To train CORPs on food demonstration and dietary diversification</li> </ul>	Give your child different kinds of food for proper growth and development	IPC, group counseling and mass media, traditional media	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP
6	Take child to complete full course of immunization	Caregivers do not complete full course of immunizations in respect of their children	Caregivers should take their children for full course of immunization before their first birthday.	<ul style="list-style-type: none"> <li>Some caregivers do not know the immunization schedule and benefits of immunization</li> <li>Unpleasant Reactions following immunization serves as deterrents.</li> <li>Poor routine immunization practice in most communities</li> </ul>	<ul style="list-style-type: none"> <li>Health education during ANC and IWC to complete full course of immunization</li> <li>Strengthening Routine Immunization</li> </ul>	<p><b>Primary</b>  <ul style="list-style-type: none"> <li>Caregivers</li> <li>CORPs</li> <li>Health workers</li> </ul> </p> <p><b>Secondary</b>  <ul style="list-style-type: none"> <li>Policy makers</li> <li>Community members</li> <li>Religious leaders</li> </ul> </p>	To educate caregivers and CORPs on the full immunization schedule and the importance of allowing children to complete all immunization	<p>Proportion of children that complete all immunization before their first birthday.</p> <p>Proportion of caregivers and CORPs who understand the immunization schedule.</p>	IPC, individual and group counselling, training of CORPs. Baby tracking, community dialogue Health education services focusing on immunization for children	Immunize children fully to protect them from childhood killer diseases	IPC, counselling sessions, posters, leaflets, radio, demonstrations, jingles, folk songs etc.	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
7	Home management of infections	Caregivers do not give antimalarials and other drugs appropriately at home to treat infections	Caregivers to give appropriate home treatment for infections	<ul style="list-style-type: none"> <li>◆ Poor attitude of HW</li> <li>◆ Socio-cultural including religious beliefs</li> </ul>	<ul style="list-style-type: none"> <li>◆ Inadequate information,</li> <li>◆ Poverty,</li> <li>◆ Unavailability</li> <li>◆ Inaccessibility</li> <li>◆ Unaffordability of essential drugs</li> <li>◆ Lack of knowledge and skills relating to home management of infections</li> </ul>	Health education at health facilities, homes and community level	<p><b>Primary</b></p> <ul style="list-style-type: none"> <li>◆ Caregivers</li> <li>◆ CORPs</li> <li>◆ Patent medicine dealers</li> </ul> <p><b>Secondary</b></p> <ul style="list-style-type: none"> <li>◆ VVHWs</li> <li>◆ HWs</li> </ul>	<p>To increase level of knowledge on appropriate home treatment for infections</p> <p>Proportion of caregivers who administer correct home treatment for infections.</p> <p>Proportion of patent medicine stores with essential drugs and VVHWs who treat infections correctly.</p>	<p>To upgrade caregivers and CORPs knowledge and skills on appropriate home treatment for infections.</p> <p>To orientate patent medicine vendors on the need to adequately stock their stores with essential drugs</p> <p>To enhance the capacities of CORPs to appropriately treat infections at home</p>	Prompt and appropriate home care to prevent infections	IPC, group counseling, jingles, mass media & town announcers	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, HSDP

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
8	Continue to feed and offer more fluids when child is sick	Care givers do not give increased fluid and food intake especially when a child is sick	Caregivers should give increased food and fluid to children during illness	<ul style="list-style-type: none"> <li>◆ Inadequate information on the need to give additional fluid and food during illness</li> <li>◆ Loss of appetite of the sick child</li> <li>◆ Impatience on the part of caregivers while feeding sick child.</li> </ul>	Health education at homes, communities and health facilities on the importance of giving children additional fluid/foods during illness.	<p><b>Primary</b></p> <p>Caregivers, CORPs, Health workers</p> <p><b>Secondary</b></p> <p>Health workers Community members</p>	<p>To provide caregivers with adequate information on the importance of increased fluids/foods during illness.</p> <p>To enhance the capacity of health workers to provide community health education on the importance of continued feeding and giving of fluids during childhood illness</p>	<p>Proportion of caregivers who give additional fluids/foods during children's illness</p> <p>Proportion of caregivers who were able to prepare and administer ORS/SSS correctly</p>	<ul style="list-style-type: none"> <li>◆ Health talks at homes, communities and clinics.</li> <li>◆ Practical demonstration on how to give additional fluids/foods</li> <li>◆ Practical demonstration of ORS/SSS preparation and administration</li> </ul>	Giving additional fluids/foods during and after illness ensures quick recovery and good health of your child	IPC, radio, practical demonstration, leaflets, jingles, mass media	Community leaders, LGA authorities, NGOs, CBOs, SMoH, FMOH Development partners, HSDP

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
9a	Washing hands with soap or ash and water so as to prevent diseases	<ul style="list-style-type: none"> <li>◆ Care givers do not wash their hands properly after attending to a child that defecated</li> <li>◆ Improper hand washing before &amp; after eating;</li> <li>◆ Improper hand washing before &amp; after attending to new born</li> </ul>	Caregivers should practice proper hand washing with soap or ash and water after contact with any faecal matter, whether that of child or adult  Washing of hands before feeding a child	<ul style="list-style-type: none"> <li>◆ Cultural beliefs that a child's faecal matter is harmless</li> <li>◆ Lack of knowledge of caregivers on the need for hand washing</li> <li>◆ Inadequate potable water</li> </ul>	<ul style="list-style-type: none"> <li>◆ Provision of adequate information on hand washing</li> <li>◆ Provision of adequate potable water</li> </ul>	<p><b>Primary</b> Caregivers, family members</p> <p><b>Secondary</b> Daycare/ kindergarten school teachers, ECC centres, CORPs</p>	<p>To improve knowledge, attitude and practice of caregivers concerning proper hand washing.</p> <p>To improve the practice of proper hand washing after faecal disposal and before preparing food/feeding children</p>	<p>Proportion of caregivers who wash their hands with soap or ash and water after disposing child's faeces.</p> <p>Proportion of caregivers who wash their hands before preparing food and after before feeding baby</p>	<ul style="list-style-type: none"> <li>◆ Health education on hand washing,</li> <li>◆ Regular practical demonstration of proper hand washing with soap or ash and water in the homes, during counselling and at the health facilities</li> </ul>	<p>Always wash your hands with soap and water after any contact with faecal matter</p> <p>Always Wash your hands before &amp; after feeding baby</p>	IPC, group counselling, radio, TV, stickers, leaflets, posters, jingles, mass media	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP
9b	Proper disposal of faeces	Caregivers do not dispose of faeces properly	Caregivers to properly dispose faeces in the toilets or pit latrines	Many caregivers do not have good toilet facilities.	Provision of toilet facilities in homes and communities	<p><b>Primary</b> Caregivers, CORPs,</p> <p><b>Secondary</b> ECC centres, community members</p>	<p>To increase awareness on the use of latrines and other acceptable methods of faecal disposal</p> <p>To increase community members</p> <p>To enhance the capacity of opinion leaders to mobilize their followers to</p>	<p>Proportion of caregivers using latrines and acceptable methods of faecal disposal</p> <p>Proportion of household with toilet facilities</p>	<p>Continuous health education at the health centres, during home visits and mobile clinic sessions in the communities</p> <p>Media health education</p>	<p>Improper faeces disposal is a health hazard</p> <p>Dispose faeces properly for disease prevention</p>	IPC, group counselling, radio, TV, stickers, leaflets, posters	Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
10	Child sleeps under ITN	Most children and pregnant women do not sleep under ITNs	All families to sleep under ITNs especially children and pregnant women	<ul style="list-style-type: none"> <li>◆ Inadequate number of ITNs at the LGAs</li> <li>◆ Poor distribution channels for ITN</li> <li>◆ Poor utilization of the ITN by caregivers</li> </ul>	<ul style="list-style-type: none"> <li>◆ Existence of NGOs, CBOs and women groups interested in ITN project</li> <li>◆ Procurement of adequate ITNs by LGA's</li> <li>◆ Improved distribution of ITNs</li> </ul>	<p><b>Primary</b> CORPs, caregivers</p> <p><b>Secondary</b> ,community leaders, LGA authorities, NGOs, FBOs</p>	To sensitise LGA authorities, NGOs, CBOs, FBOs, caregivers, community leaders and women groups on the need to participate in the distribution and use of ITN.	<p>Proportion of families who have ITNs</p> <p>Proportion of children and pregnant mothers who sleep under ITN</p>	<ul style="list-style-type: none"> <li>◆ Advocacy</li> <li>◆ Sensitization</li> <li>◆ Community mobilization</li> </ul>	Malaria kills, use ITN for prevention	IPC, radio, jingles, drama, TV, posters, Leaflet,	Community leaders, LGA authorities, CBOs, NGOs SMOH,, FMOH Dvpt partners
11	Prevention of HIV and AIDS	Some mothers do not know the mode of transmission of HIV to their children (MTCT)  Stigmatization against HIV+ve persons and OVC	<p>Promoting knowledge on the mode of transmission and prevention of HIV</p> <p>Showing Care, love, and support for OVC and HIV+ve People</p> <p>Encourage use of condoms</p>	<ul style="list-style-type: none"> <li>◆ Stigmatization placed on persons with HIV/AIDS</li> <li>◆ Nonchalant attitude of people towards HIV/AIDS messages</li> <li>◆ Limited access to antiretroviral drugs</li> <li>◆ Poverty</li> <li>◆ Limited HCT centres</li> </ul>	<p>Availability of government committees working on HIV /AIDS</p> <p>Awareness creation</p> <p>Collaboration of NGO, FBO &amp; CBO on awareness creation</p> <p>Encourage caregivers to access HCT services</p>	<p><b>Primary</b> PLWAs, Mothers' groups, fathers' groups, , caregivers</p> <p><b>Secondary</b> NGOs, FBOs, CBOs, opinion leaders in the community</p>	<ul style="list-style-type: none"> <li>◆ To increase knowledge on modes of transmission of HIV/AIDS</li> <li>◆ To change attitudes and practices of families and community members regarding HIV infected persons</li> <li>◆ To provide care and support for OVC</li> </ul>	<p>Proportion of mothers and fathers with adequate knowledge of HIV transmission, MTCT</p> <p>Proportion of OVC provided with home care and support</p>	<p>Group counseling for PLWA, individual counseling, orientation and sensitization of caregivers and community members, media campaign, health education, orientation of health workers</p>	<p>OVC and HIV+ve children need your love; Support and care for them</p> <p>Stop stigmatization against PLWAs</p>	IPC, radio, TV, drama, magazine, jingles, group counselling programmes, mass media	Community, CBOs, NGOs, FBO, State Govt, LGA Dvpt. partners

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
1 2	Care seeking in formal health facilities and compliance with follow-up and referral	<ul style="list-style-type: none"> <li>◆ caregivers do not seek for health care in the health facilities</li> <li>◆ Caregivers do not recognize danger signs of IMCI-targeted disorders</li> <li>◆ Caregivers seek care at inappropriate places and do not fully comply with health workers' advice</li> </ul>	<p>Caregivers to recognize danger signs of IMCI-targeted disorders and seek help promptly</p> <p>Caregivers should comply with health workers' advice on treatment, follow-up and referral</p>	<ul style="list-style-type: none"> <li>◆ Lack of knowledge of danger signs that warrant care seeking in the health facility</li> <li>◆ Increasing influence of unorthodox healing homes and prayer houses.</li> <li>◆ Poor attitude of health workers</li> <li>◆ Poverty</li> <li>◆ Inaccessibility and non-availability of Health facilities</li> </ul> <p>Sociocultural beliefs</p>	<ul style="list-style-type: none"> <li>◆ Positive attitude of health workers</li> <li>◆ Accessibility of health facilities</li> <li>◆ Provision of adequate information on danger signs of IMCI targeted illnesses.</li> </ul>	<p><b>Primary</b> Caregivers, CORPs, HWs,</p> <p><b>Secondary</b> Community and family members</p>	<ul style="list-style-type: none"> <li>◆ To improve the knowledge of caregivers to be able to recognize the danger signs for care-seeking at the health facility</li> <li>◆ To improve the knowledge of when and where to seek care and the need for compliance with health workers' advice</li> </ul>	<p>Proportion of caregivers able to recognize danger signs of IMCI illnesses.</p> <p>Proportion of children treated at health facilities</p> <p>Proportion of caregivers who comply with instructions on treatment and health workers' advice on referral and follow-up</p>	<ul style="list-style-type: none"> <li>◆ Sensitization/training of caregivers and CORPs on the skills to recognise danger signs for prompt care seeking</li> <li>◆ Sustained campaign on the need to use health facilities and also the need for compliance with referral advice and drugs</li> <li>◆ Re-orientation of health workers for change of attitude</li> </ul> <p>Economic empowerment of caregivers</p>	<p>If you identify any danger signs on IMCI illnesses, take child to the nearest health facility promptly</p>	<p>IPC, radio, TV, drama, magazine, jingles, group counselling programmes, mass media</p>	<p>Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP</p>
1 3	Male involvement in child care and household activities (including household chores)	Few males participate in child healthcare and other household activities	Males should be involved in childcare and household chores	<ul style="list-style-type: none"> <li>◆ Socio-cultural beliefs that child care and household activities are exclusively for women.</li> <li>◆ Patriarchal nature of our society</li> </ul>	<ul style="list-style-type: none"> <li>◆ Discouraging socio-cultural practices that prevent Male involvement in child care</li> <li>◆ Encourage the establishment of male friendly Infant/ child welfare centres</li> </ul>	<p><b>Primary</b> Men, CORPs.</p> <p><b>Secondary</b> Men organizations, traditional and Opinion leaders, Communities</p>	<p>To sensitize and encourage men to participate actively in child health care and household activities to ease the workload on mothers and pregnant women.</p> <p>To motivate and encourage men to actively participate in child healthcare and household</p>	<p>Proportion of men who are actively involved in household activities and child health care</p>	<ul style="list-style-type: none"> <li>◆ Sensitization seminars and workshops on the role of men in child healthcare including involvement in other household activities</li> <li>◆ Counselling activities targeted at CORPs and health workers</li> <li>◆ Media</li> </ul>	<p>Men, Show love and care to your families, participate actively in child health care and household chores</p>	<p>IPC, radio, posters, leaflets, jingles, handbills, men group, traditional leaders, TV, newspapers</p>	<p>Community leaders, LGA authorities, NGOs, CBOs, SMOH, FMOH Development partners, HSDP</p>

S / N	KHHP	Problem Behaviour	Behaviour to Promote	Barriers to Ideal Behaviour	Factors Encouraging Ideal Behaviour	Target Audience	Communication Objectives	Outcome Indicators	Activities	Core Messages	Channels of Communication	Partners Funding
14	Prevent child abuse and neglect	<p>Most parents leave the care of their children with less caring child minders and relatives.</p> <p>Some parents neglect the rights of their children</p>	<p>Parents should make arrangements for proper care of their children in their absence</p> <p>Full implementation of child's Right Acts at all levels – community, LGA, State, Federal</p>	<ul style="list-style-type: none"> <li>◆ Poverty</li> <li>◆ Lack of knowledge of the rights of children</li> <li>◆ Wrong priority placement on wealth acquisition.</li> <li>◆ Poor parent-child communication</li> <li>◆ Parental neglect of child's right through denial of basic necessities of life</li> </ul>	<ul style="list-style-type: none"> <li>◆ Presence of some NGOs and child rights clubs working on child abuse and neglect</li> </ul>	<p><b>Primary</b> Caregivers, mothers, traditional leaders</p> <p><b>Secondary</b> teachers, students, community members employers of child labour, NGOs, FBOs, CBOs, CSO</p>	<p>Sensitization of caregivers, to increase their knowledge on issues relating to child abuse and neglect.</p>	<p>Proportion of NGOs and CBOs working on issues of child abuse and neglect</p> <p>Proportion of abused or neglected children</p> <p>Proportion of caregivers promoting the rights of children</p> <p>Proportion of caregivers and significant others reached with educational messages on child rights</p> <p>Proportion of LGAs and states that have adopted the child right act.</p>	<ul style="list-style-type: none"> <li>◆ Sensitization workshops/Seminars on child abuse and child neglect;</li> <li>◆ Community education</li> <li>◆ Formation of child rights clubs in schools and communities</li> <li>◆ Establishment of ECC centres</li> <li>◆ Advocacy to law makers.</li> </ul>	<p>Improve the welfare of children in the society, contribute to the prevention of child abuse and neglect</p>	<p>IPC, mass media, group counselling, posters, bill boards, policy statements by government,</p>	<p>community members CSO, LGAs, FMOH, SMOH, women affairs, social welfare services, Development partners,</p>

## 6.0 Implementation Process

To meet the goals and objectives of the Community Integrated Management of Childhood Illness (CIMCI), the Federal Ministry of Health, in collaboration with UNICEF, WHO and other partners conducted a base-line study in the six early use sites or LGAs (Ife Central in Osun State, Owerri West in Imo State and Uyo Central in Akwa Ibom State: whose matrixes are contained in this strategy document; Kano Municipal in Kano State, Jere in Borno State and Chanchaga in Niger State). A lot has gone into the formative research that unveiled both qualitative and quantitative data that are crying out for implementation. It is not enough simply to package these key household practices that are important for child survival, growth and development if proper arrangement is not put in place for the implementation of the articles of the document. (this section also needs to be rewritten to reflect CIMNCH)

Based on the data gathered from these sites and particularly with the experience of the participating partners, the Federal Ministry of Health developed this communication strategy document with the purpose of setting in motion the processes of implementing and evaluating the Community IMCI.

A workable process of implementing CIMNCH must concentrate on the identification and study of particular behaviour patterns that have become practices among the caregivers in the selected communities/sites. Such behaviours would include:

- ◆ those that do not promote child survival, growth and development i.e. Problem Behaviour.
- ◆ those that are manifest in households and community practices and are likely to promote child survival, growth and development i.e. Ideal Behaviour
- ◆ those practices that is likely to impair care of young children by caregivers and others in the communities.

To achieve the objectives of Behaviour Change Communication (BCC), care must be taken to ensure that designed core messages reach the target audience (caregivers) and are understood by them and elicit desired behaviour changes necessary for the improvement of the quality of care given to children. Of equal importance must be the issue of implementing prescribed actions to achieve the desired objectives. In all circumstances, all stake-holders must aim at the SMART structure if the desired objectives would be achieved.

The strategy document has recommended that core messages of CIMNCH be implemented. It is necessary the implementation process puts in place modalities for effectively disseminating these messages using the most appropriate media.

IMCI is about the life of children. Since life is involved, it becomes necessary that the IMCI communication strategy document be speedily implemented in order to save lives. The early implementation of the Communication Strategy document for IMCI will provide a justification of the efforts and funds committed to the CIMCI project in Nigeria.

## **7.0 Monitoring, Supervision and Evaluation**

### **Monitoring**

There is need for effective monitoring, supervision and evaluation in the implementation of Community Integrated Management of Childhood Illnesses. Utilization of information derived from exercises would significantly improve the quality communication programmes.

The CIMNCH Communication Strategy document has spelt out relevant monitoring elements and they include:

- ◆ the communication objectives, which must be SMART.
- ◆ the appropriateness of the core messages designed for intervention to bring about the desired behaviour change
- ◆ the outcome indicators for monitoring whether the objectives were being carried out or not.
- ◆ the activities that need to be carried out in order to achieve the desired objectives

The process of monitoring which must be a continuous one must be carried out at various levels by all stakeholders ranging from the participating partners down to the community members particularly the caregivers. To ensure effective monitoring, an adequate monitoring instrument must be designed. In addition to identifying the monitoring levels such as national, community, health facility and village levels, the monitoring instrument must equally spell out the monitoring intervals, determine what will be reported as well as providing guidance on how monitoring information may be used.

### **Supervision**

For effective supervision, there is need to develop a supervision system with an appropriate supervision checklist. Effective supervision should ideally have the following four elements:

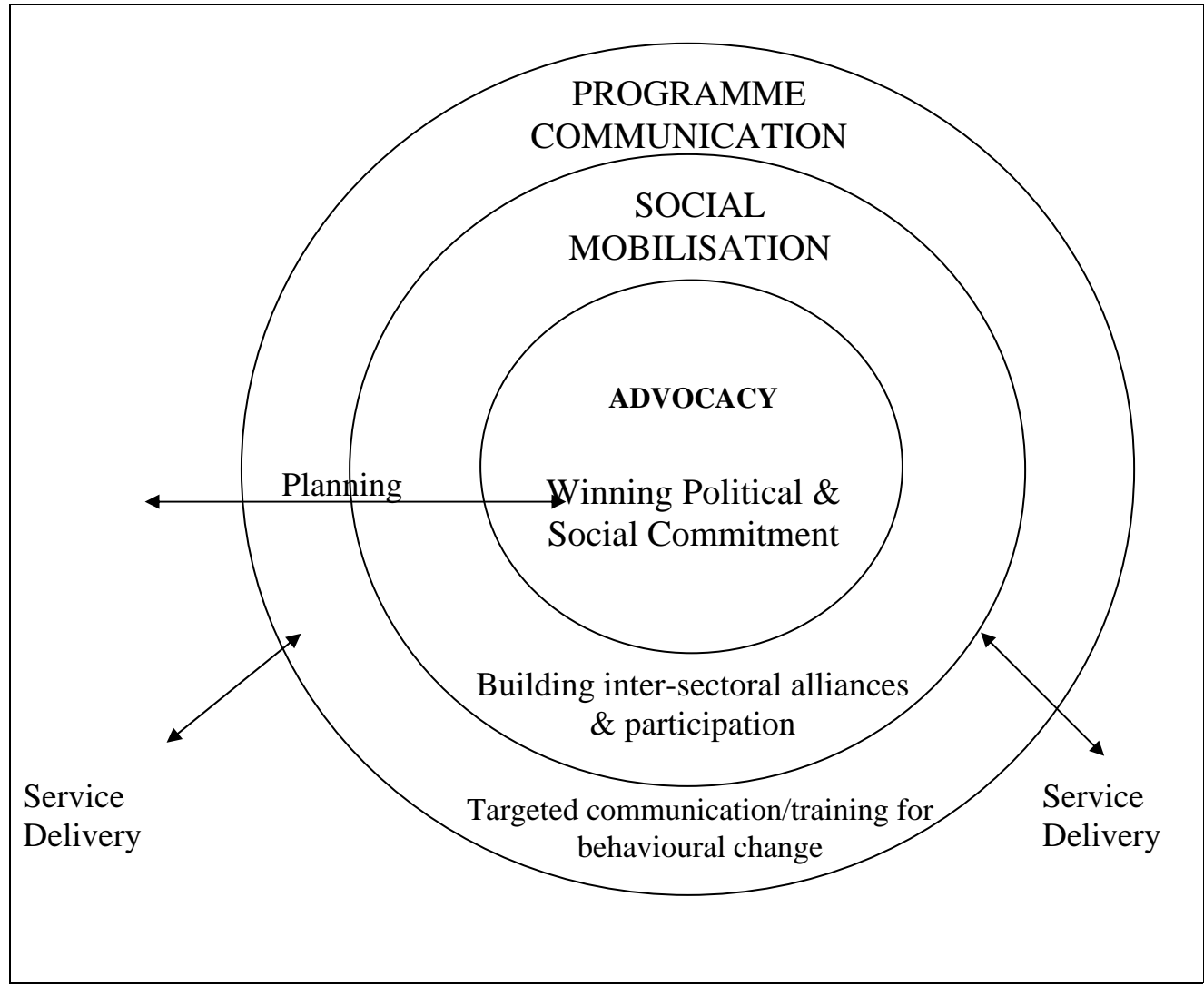
- ◆ Routine overseeing of field activities to find out what is happening on the ground.
- ◆ Discussions with the people on the ground to implement improvement strategies.
- ◆ Developing follow-up and improvement strategies.
- ◆ Supporting the team on the ground to implement improvement strategies.

### **Evaluation**

Evaluation fundamentally means the assessment of the results and should provide answers to such questions as “how have we done.” The success of the exercise of monitoring and supervision will be determined through the process of an end-of-activity evaluation. The evaluation would provide a picture of the state of things, showing, not only how far, but also how well the activities have been carried out to determine the next phase in the effort to effectively solve the problem. For CIMNCH, the problem is one of reducing the incidence of childhood illness among children in Nigeria.

# Appendix I

## Communication for Development Model



# Appendix II

## Communication Planning Circle

