Meeting **Objectives**

Share objectives and activities of our Community of Practice.

Get to know each other and begin to build our community.
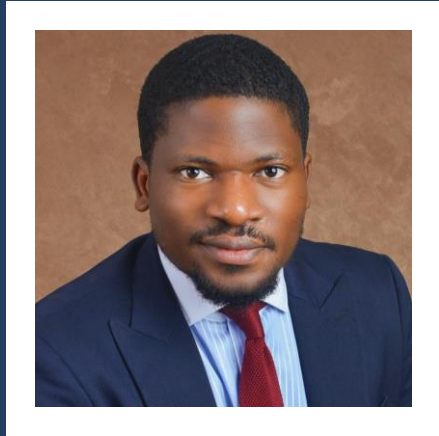
Establish a shared vision and agree on activities.

Meet the
Convening Team

Mikail Aliyu
M-Space

Hasbiyallah Ahmed
M-Space

Sada Danmusa
M-Space

Convening partner:

M-SPACE
CONSULTING

Rebecka Lundgren

Meredith Pierce

Ben Cislaghi

Michelle Lokot

Supporting partners
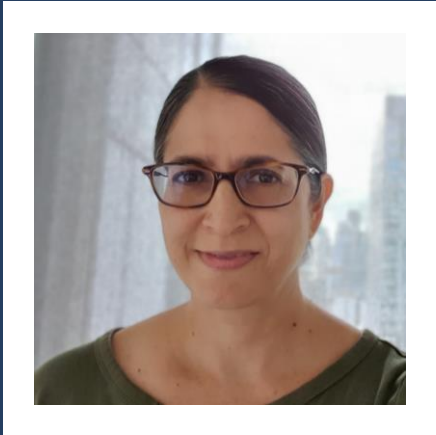
Betsy Costenbader

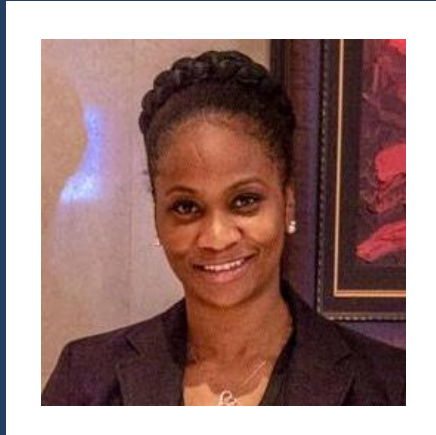Paul Bukuluki

Rachel Marcus

Caroline Harper

Supporting partners

Jenny Sequeira
BMGF Nigeria

Olufunke Olufon
BMGF Nigeria
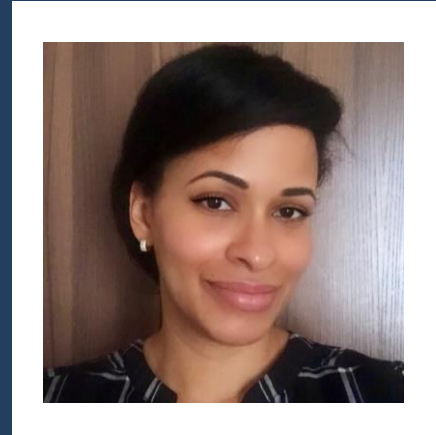
Katja Schiller Nwator
BMGF Nigeria

Sohail Agha
BMGF

Funding partner:

BILL & MELINDA GATES *foundation*

The Learning Collaborative is working in tandem with *The Curve,* a project managed by M&C Saatchi and also funded by BMGF, which **aims to increase the use of data for decision-making and show how continuous learning and adaptive programming approaches can improve health intervention performance.**

Coordinating in tandem:

THE CURVE

Meet the
**Nigeria Learning
Collaborative**

Members of the Nigeria Learning Collaborative

Implementers/Others

Shittu Abdu-Aguye	Breakthrough Action	**Tariah Adams**	White Ribbon Aliance	**Sadiat Onike-Azeez**	Dawaah Cordinator
Babafunke Fagbemi	Centre for Communication and Social Impact (CCSI)	**John Dada**	Malaria Consortium	**Oluwatoyin Taiwo**	Women and Girl Child Capabilities and Empowerment Organization
Nafisat Adeniyi	Centre for Communication and Social Impact (CCSI)	**Raihana Ibrahim**	Solina	**Bukola Oyishi**	Women for Women
		Uchenna Igbokwe	Solina	**Kolawole Olatosimi**	CYP foundation
Funke Fasawe	CHAI	**Elizabeth Omoluabi**	CRERD	**Naira Kalra**	Africa Gender Innovation Lab
Auwalu Kawu	FHI 360	**Victor Imuwahen Igharo**	TCI	**Mall Uquba Kabara**	Religious Leader Kano
Hadiza Umar	Hope for Communities and Children	**Azuka Okeke**	Africa Resource Center	**Ado Sanda**	Kano Emirate Council
Beatric Eluaka	CS-SUNN	**Chidubem Ogwulu**	Africa Resource Center	**Alozie Ananaba**	HSCL
Jibrailu L. Maliyogbinda, Sr	Pamela Steele Associates	**Opeyemi Tanimowo**	Africa Resource Center	**Precious Eze**	HSCL
Faroq Jega	Pathfinder International	**Victoria Agbara**	DAI TA Hub	**Ifeoma Kalu Igwe**	HSCL
Modupe Taiwo	Save the Children	**Balarabe Gaya**	DAI TA Hub	**Sanjana Bhadwaj**	UNICEF Abuja
Rahinatu Hussaini	Save the Children	**Ugochukwu Osigwe**	AFENET	**Asbakew Tsega**	UNICEF
Gwarzo Usman	Women For Health	**Adam Attahiru**	Program Manager	**Anisur Rahman Siddique**	UNICEF
		Lawal Sani Muhammad	Behavioural Scientist		
		Ndadilnasiya Endie Waziri	AFENET	**Maulid Warfa**	UNICEF Kano

Members of the Nigeria Learning Collaborative

Government Representatives

Dr. Ahmed Abdulwahab	Nigeria Gorvernors Forum
Dr. Hamza Abubakar	SPHCDA Kaduna
Dr. Ibrahim Idris	SPHCDA Niger
Inuwa Junaidu	SPHCDA Niger State
Aliyu Jalaludeen AbdulKadr	NPHCDA
Emmanuel Onasoga	NPHCDA
Auwal Fagge	State Educator Kano
Dr. Tijjani Habibu	State Emergency Routine Immunization

Universities

Dr. Hajara Aminu Abdulfatah	Ahmadu Bello University
Dr. Imam Abubakar	University of Abuja
Dr. Saleh N. Garba	Bayero University
Prof Isa Abubakar	Bayero University
Prof Hadiza S. Galadanchi	Bayero University
Prof Yusuf Adamu	Bayero University
Prof Ismail Zango	Bayero University
Dr. Awwalu Umar Gaijda	Bayero University and Aminu Kano Teaching Hospital

Donors

Olufunke Olufon	Gates Foundation
Nadia Lasri	GAVI
Foyeke Oyedokun	USAID
Sam Coope	DFID
Ojo Muyiwa	WHO
Kevin Tokar	GAC
Caroline Enye	GAC
Martin Osubor	GAC
Sangeeta Carol Pinto	World Bank
Nuria Diez Ungo	Global Fund
Maryam Shehu Buhari	Dangote Foundation

MNCH · Routine Immunization · Nutrition · Malaria · Family Planning · Women's Economic Empowerment
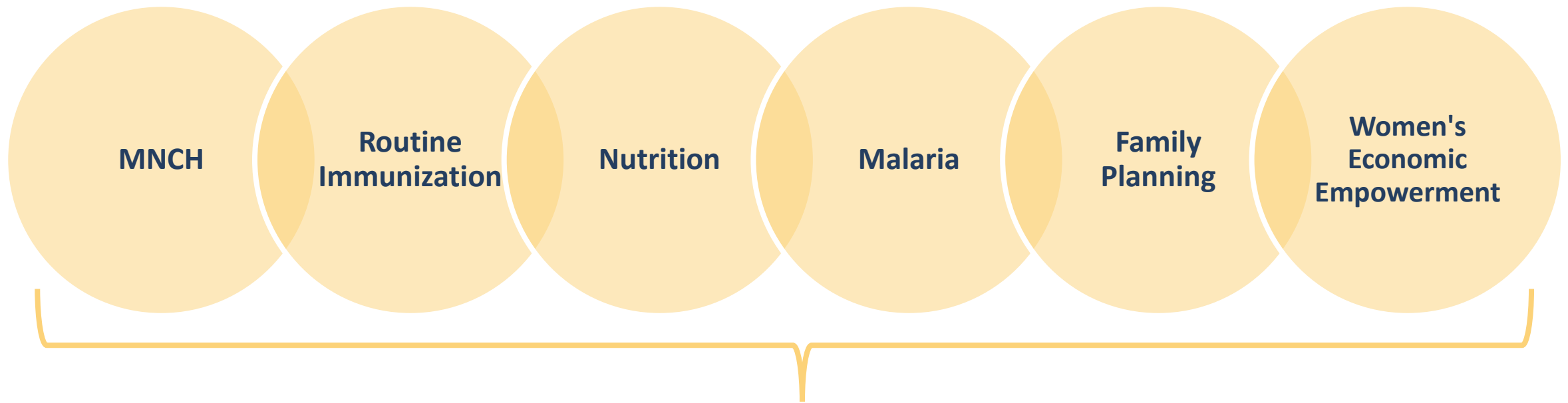
Addressing Gender & Social Norms across Sectors

Social norms influence outcomes across sectors.

NORMS ➤ **INTERMEDIATE EFFECTS** ➤ **OUTCOMES**

Girls' education

Family formation

Gender-based violence

Masculine ideologies (authority, virility, son preference, paternity)

Feminine ideologies (purity, chastity, obedience, humility)

Power hierarchies related to social group

Access to resources/services

Social and economic capital

Reproductive intentions

Women's agency

Couple communication & decision-making

Women's participation community decision-making

Health Timing & Spacing of Pregnancy

Education

Health

Nutrition

WASH

Livelihoods

Goals: **Integrate** social norms into ongoing and new social and behavior change initiatives | **Improve** social norms program implementation and evaluation

Sharing evidence, approaches and resources

Strengthening networks

Building sustained expertise and capacity

Generating and sharing knowledge

Applying new knowledge and skills to programs and research

What are social norms?
Why do they matter?

Social Norms are **unwritten rules about what is a 'correct' behavior or way of acting.**

Often defined in relation to a **reference group**, it's what people in a group believe is a...

1

Typical behavior
(what others do)

2

Appropriate behavior
(what others expect me to do)

Why do people comply with norms, even when they disagree?

Norms are **often hidden and unexamined**

Desire to conform to their sense of social identity

Enforcement by the reference group

Insufficient power to resist

Program Assumption

Improved access to knowledge and services will increase use of family planning.

VS.

"I don't know what my wife thinks about family planning; we have never talked about it. **In our culture, men and women should not talk about these things.**" [Husband]

"There is not **one single person in any of my networks who can give me positive information on FP** – they are all against it." [Wife]

Community Reality

- **TJ shifted norms** through mobilization of socially influential groups & individuals, small group reflection and diffusion through community radio

- TJ provided couples **permission to discuss and use FP**.

impact

WOMEN AND MEN'S **FP USE ALMOST DOUBLED** IN LESS THAN A YEAR

example:

Saleema (Sudan)

Objective:
Promote collective abandonment of the practice of FGMC via **mass media, normative social marketing, re-branding**

unicef
for every child

REPUBLIC OF THE SUDAN
THE NATIONAL COUNCIL FOR CHILD WELFARE

- *Saleema* shifted community perceptions by **changing the way that people talk about cutting**.

- *Saleema* **promoted the establishment of a new norm of desirability** of uncut girls through branding and social dialogue

impact

SIGNIFICANT REDUCTION OF NORM PERPETUATING CUTTING (P<.001) AMONG THOSE EXPOSED TO CAMPAIGN ACTIVITIES

Part of a
Global Learning Collaborative

NORTH AMERICA

EUROPE

CENTRAL & WEST ASIA

NORTH AFRICA

SOUTHEAST ASIA

LATIN AMERICA

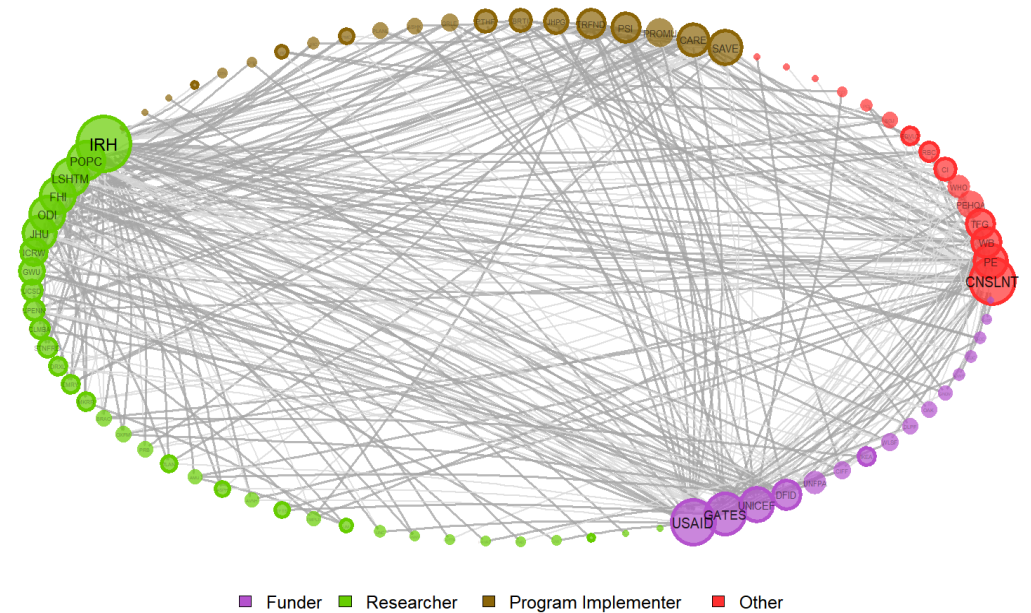SUB-SAHARAN AFRICA

5

6

16

32

60

No Response

Before
Learning Collaborative (2016)
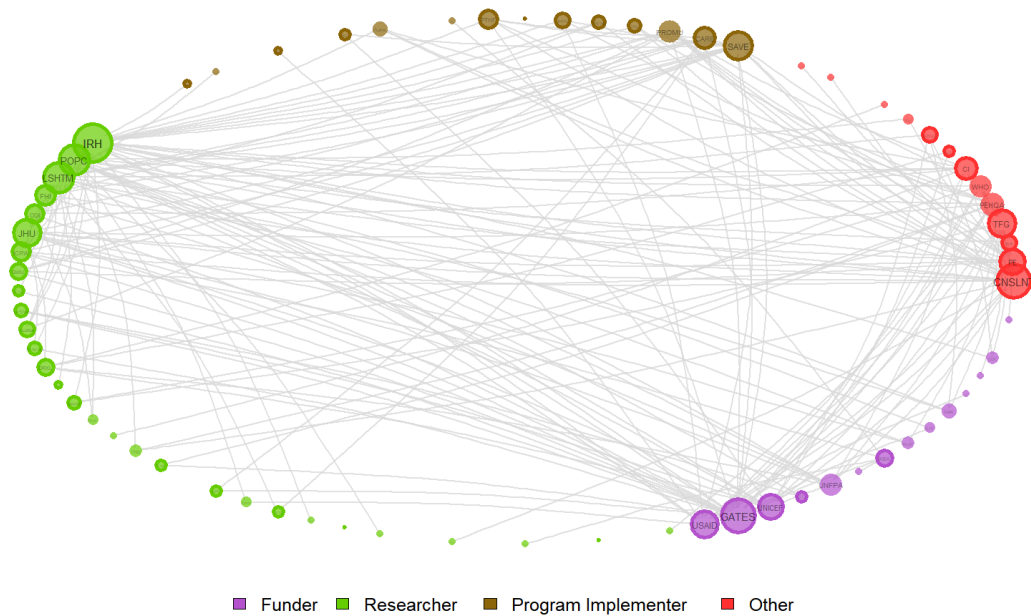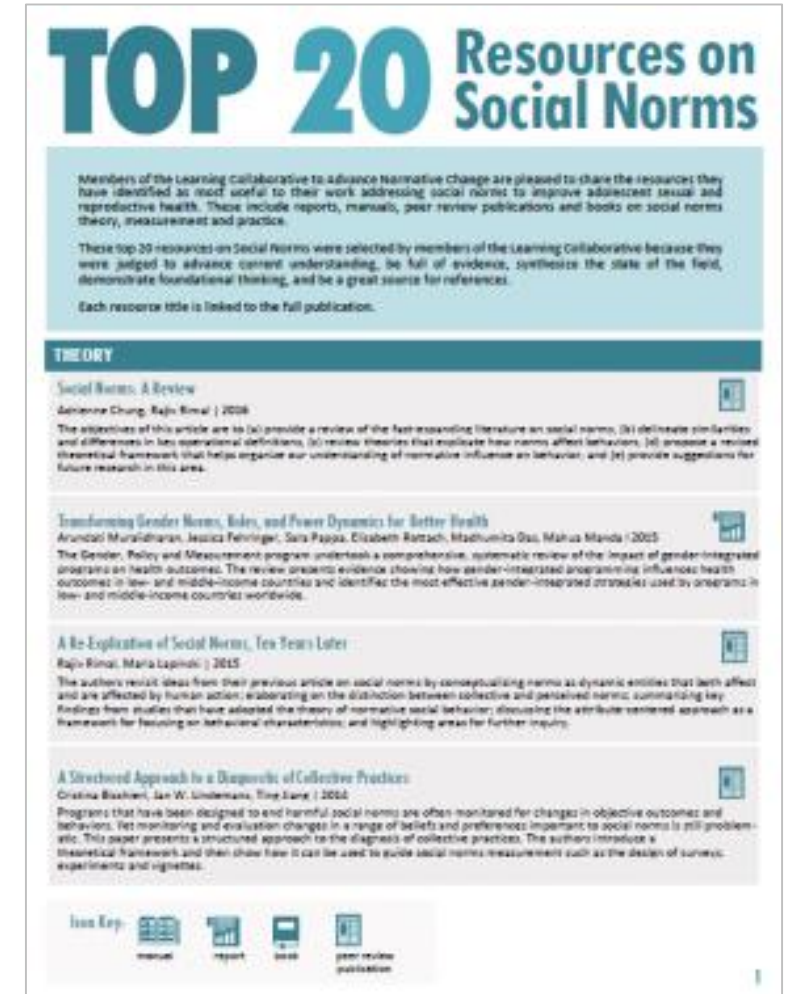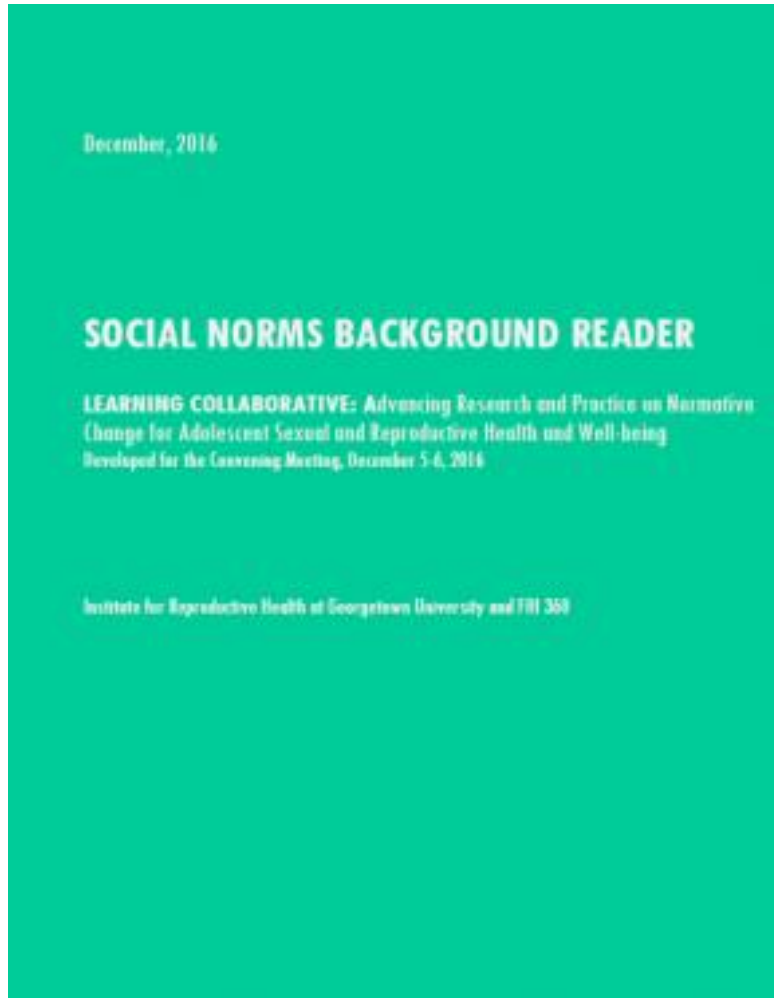

After
Learning Collaborative (2019)

"I joined to **hear about novel social norms work, to contribute knowledge** that we are gaining from our social norms work in real time (much, much faster than publication), to get to know others in the social norms space."
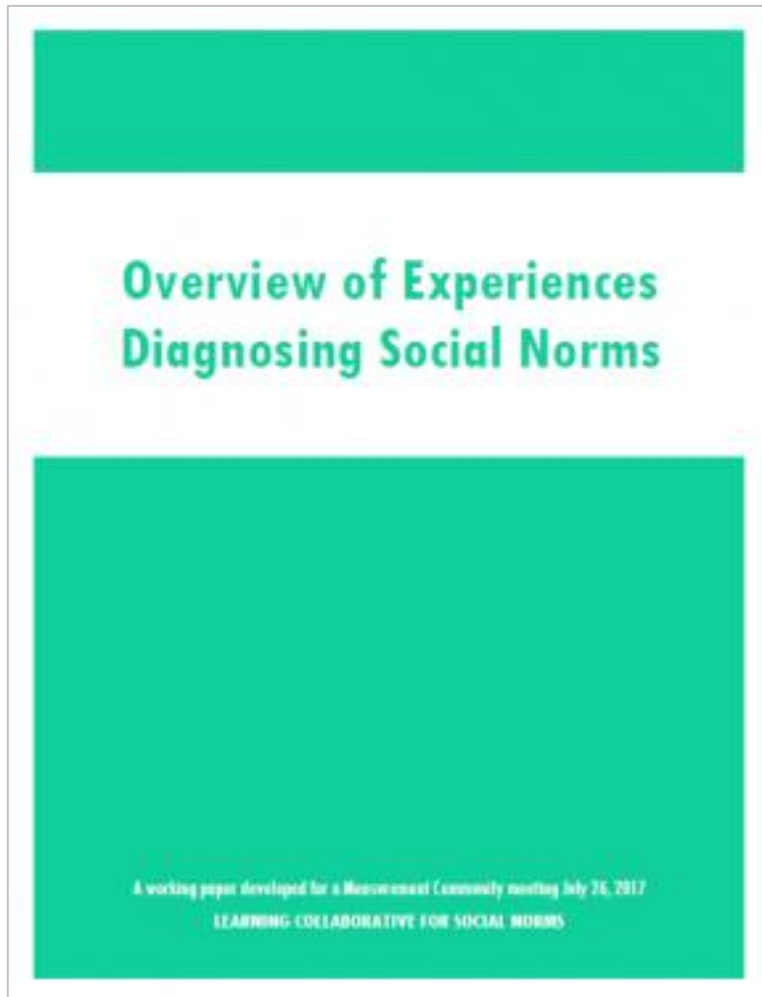
Resources by Program Cycle

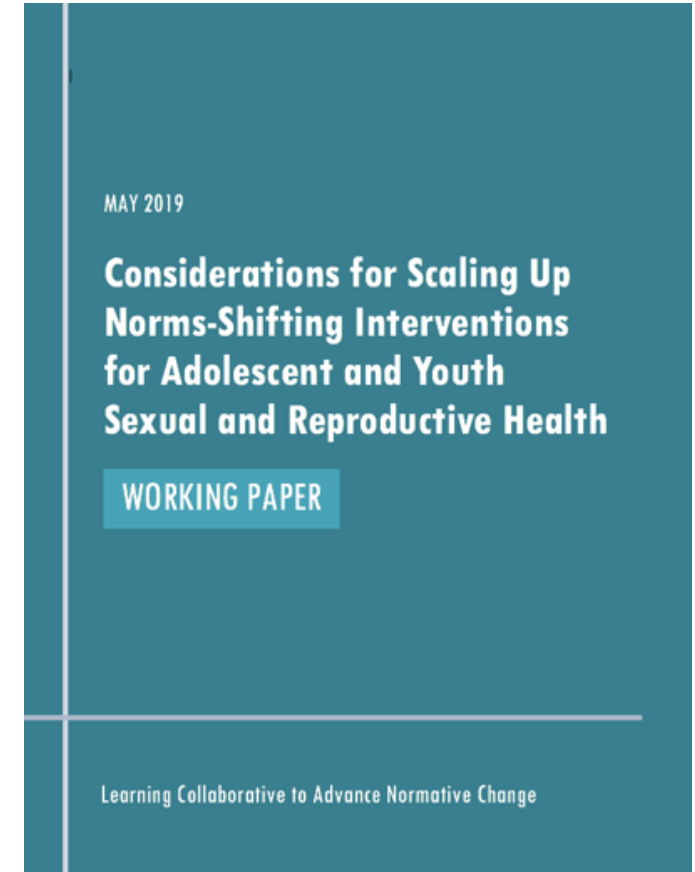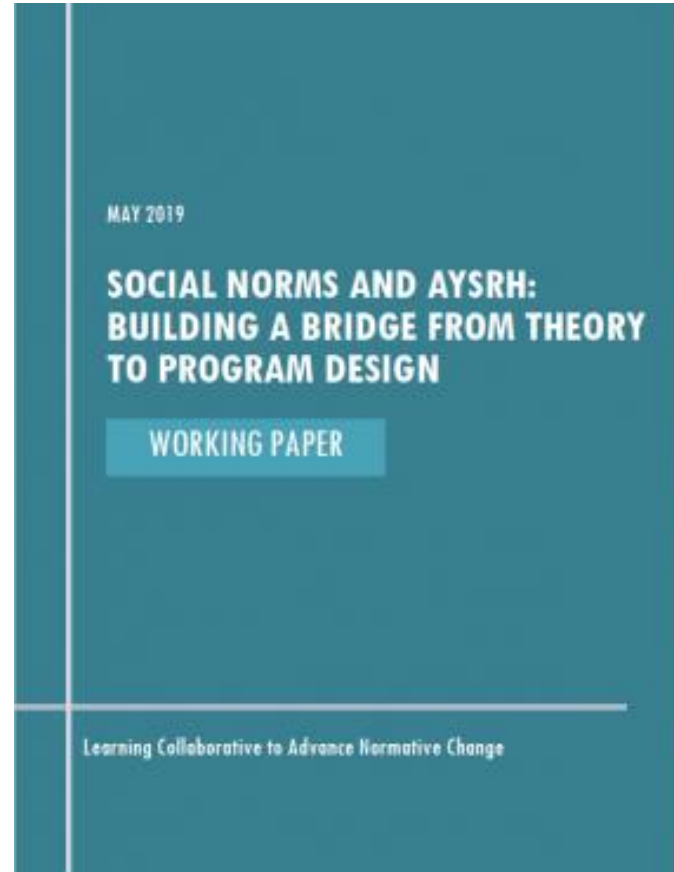# Phase 1: Orientation to Social Norms

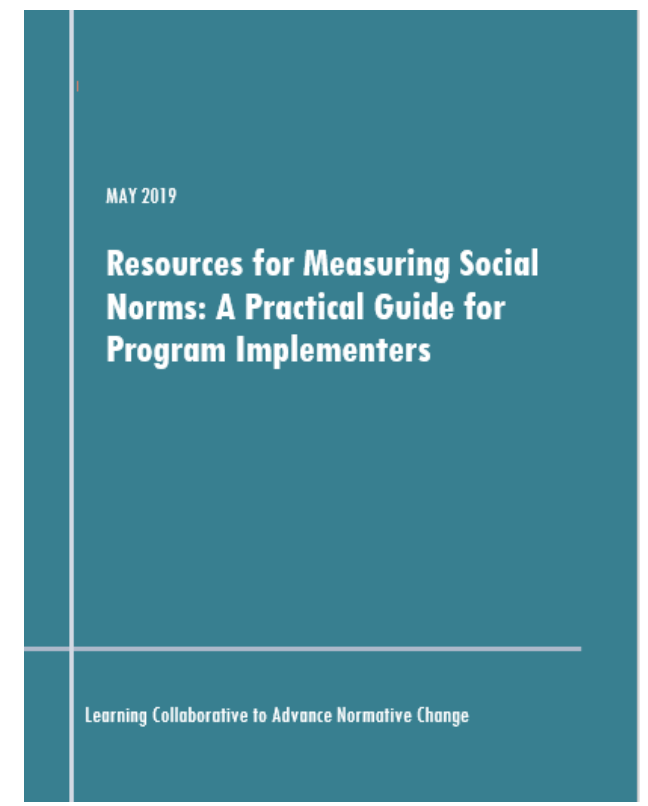*Click resource image to visit resource*

Phase 2: Social Norms Diagnosis
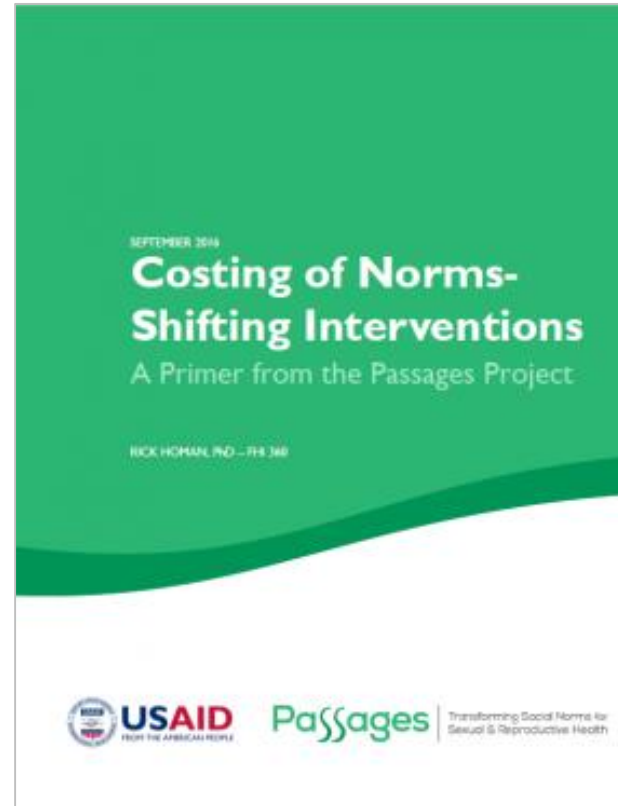

Click resource image to visit resource

Phase 3: Norms-shifting Intervention Design

NOVEMBER 2017

Identifying and Describing Approaches and Attributes of Norms-Shifting Interventions

BACKGROUND PAPER

Learning Collaborative to Advance Normative Change

MAY 2019

SOCIAL NORMS AND AYSRH: BUILDING A BRIDGE FROM THEORY TO PROGRAM DESIGN

WORKING PAPER

Learning Collaborative to Advance Normative Change

MAY 2019

Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Sexual and Reproductive Health

WORKING PAPER

Learning Collaborative to Advance Normative Change

Click resource image to visit resource

Phase 4: Implementation, Monitoring & Evaluation; Expanding Norms-shifting Programs

Click resource image to visit resource

ALiGN Advancing Learning and Innovation on Gender Norms

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© Eric Lafforgue/2011. Portrait of teenage girls wearing green hijabs in Boorama, Somaliland.

The Learning Collaborative

About the Learning Collaborative

With funding from the Bill & Melinda Gates Foundation, the **Learning Collaborative to Advance Normative Change** envisions a world where the powerful influence of social ... understood, and where pro... and reproductive health by ... Collaborative is an initiative ... shifting interventions. Orga... (Theory, Measurement, and ... to efforts to build consensus on program, evaluation, and scale-up approaches for norms-shifting initiatives aiming to improve adolescent sexual and reproductive health and well-being.
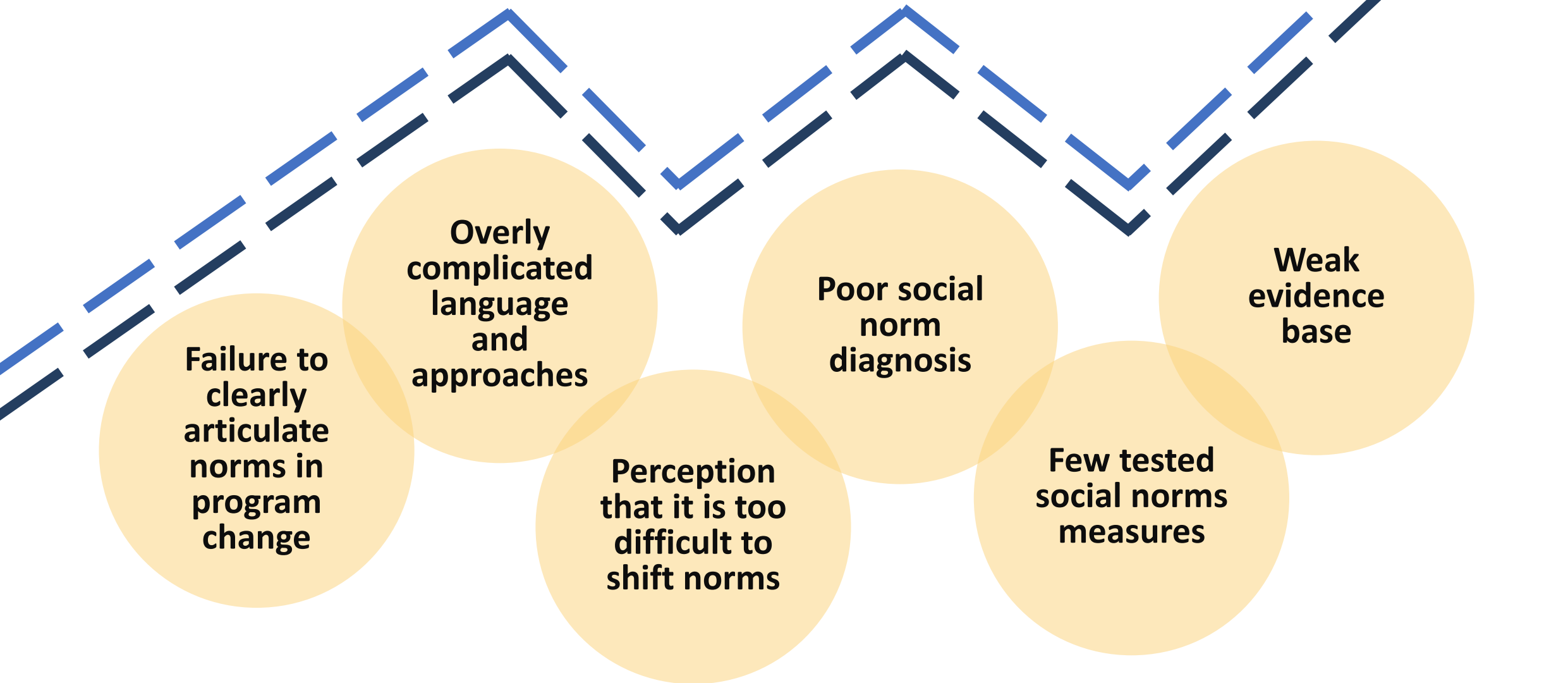
www.alignplatform.org/learning-collaborative

About
Nigeria's Learning Collaborative
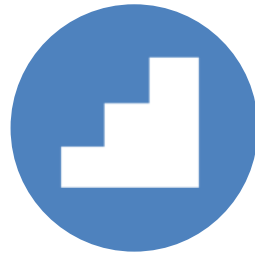
Global barriers to social norms shifting programs

Failure to clearly articulate norms in program change

Overly complicated language and approaches

Perception that it is too difficult to shift norms

Poor social norm diagnosis

Few tested social norms measures

Weak evidence base

What's the value?

Apply state-of-the art social norms language and understanding

Design, implement, scale up norms-shifting approaches

Accurately diagnose social norms

Monitor and evaluate norms shifting programs

Map of social norms-focused projects and measurement approaches

https://www.alignplatform.org/learning-collaborative/case-studies

Document & Share Experiences

- Virtual and in-person courses
- University partnerships:
  - Pre-service training
  - In-service (certificate program & practicum)

Possible Topics

- Social norms assessment
- Norms-shifting program design
- Sustaining and scaling norms change
- Planning for, monitoring, mitigating unexpected consequences
- Social norms measurement
- Monitoring and evaluation

Strengthen Capacity

5-6 members will receive up to 10 days of technical assistance

Possible Topics

- Formative research/social norms exploration

- Designing norms-shifting interventions (mass media/social marketing, community-based approaches)

- Monitoring and evaluation

Improve Practice through Partnerships

- **Adapt/co-create resources** with Global LC resources
  - Social Norms Atlas
  - Program design tool
- Develop **new resources**

Small grants available for LC members to coordinate resource development

Co-create Social Norms Resources & Products

Rebecka Lundgren

Center on Gender Equity and Health (GEH)
rlundgren@health.ucsd.edu

Needs Assessment: Purpose

Document work currently being done in Northern Nigeria on social and behavior change including social norms

Understand how organizations may be connecting with other organizations working in this space; and

Assess interest in and needs for establishing a learning collaborative on social norms in Northern Nigeria

Our Methods

Survey overview

- ✓ Online quantitative survey
- ✓ 20 questions
- ✓ Data collected January 17-March 13

Who participated in the survey?

Major focus of work

Organization

Major focus of work legend:
- Maternal/Child Health
- Family Planning
- Women's Rights
- System Strengthening
- Education
- Nutrition
- Immunization
- Communication
- Other*
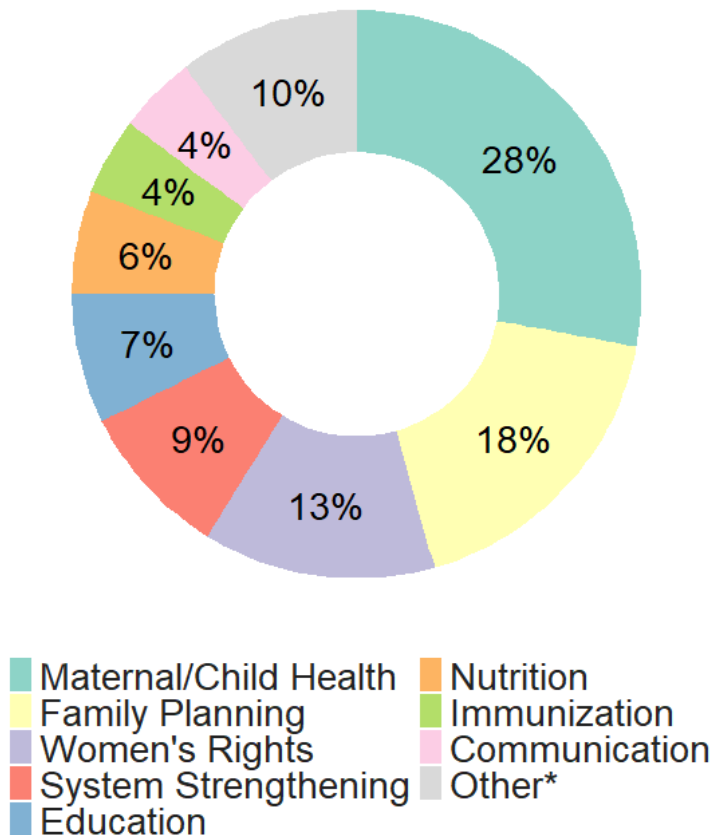
*Other includes: financing, insurance, HIV/TB, and multi-sector

Organization legend:
- Local NGO
- International NGO
- University
- Government
- Donor/Funding Agency
- Other
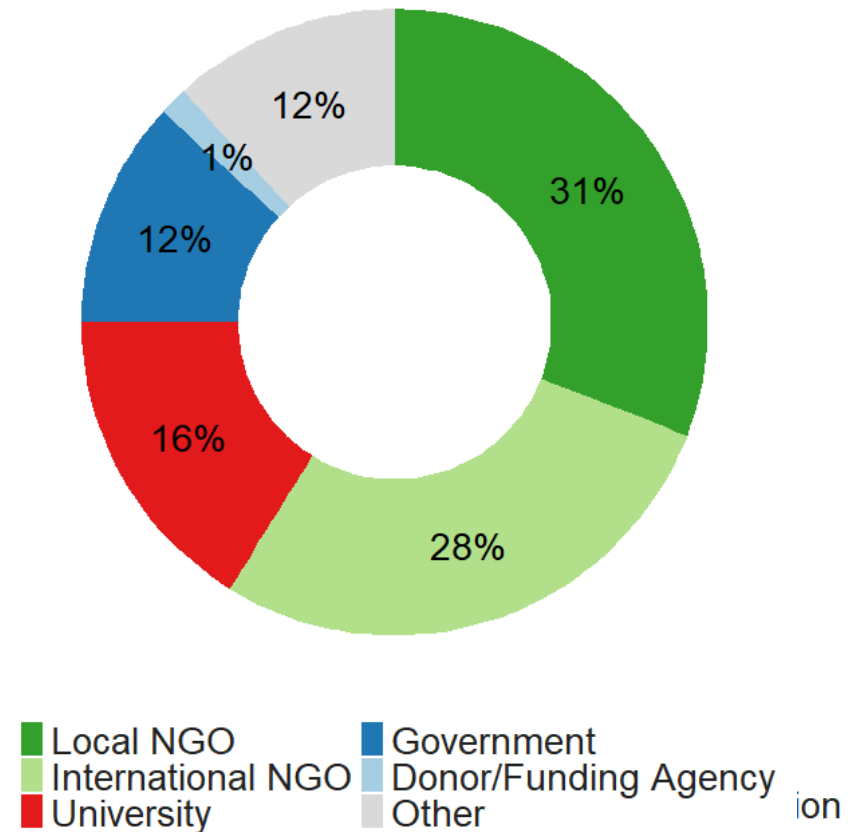
*Other includes: consultants and media

Where do survey participants work?
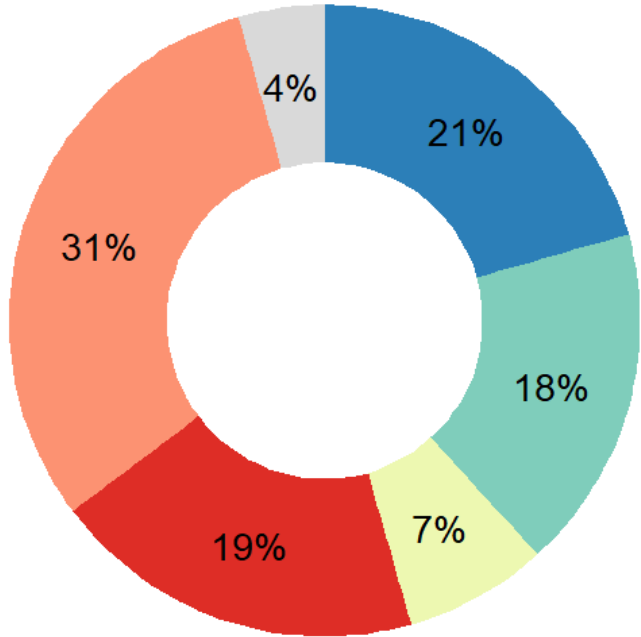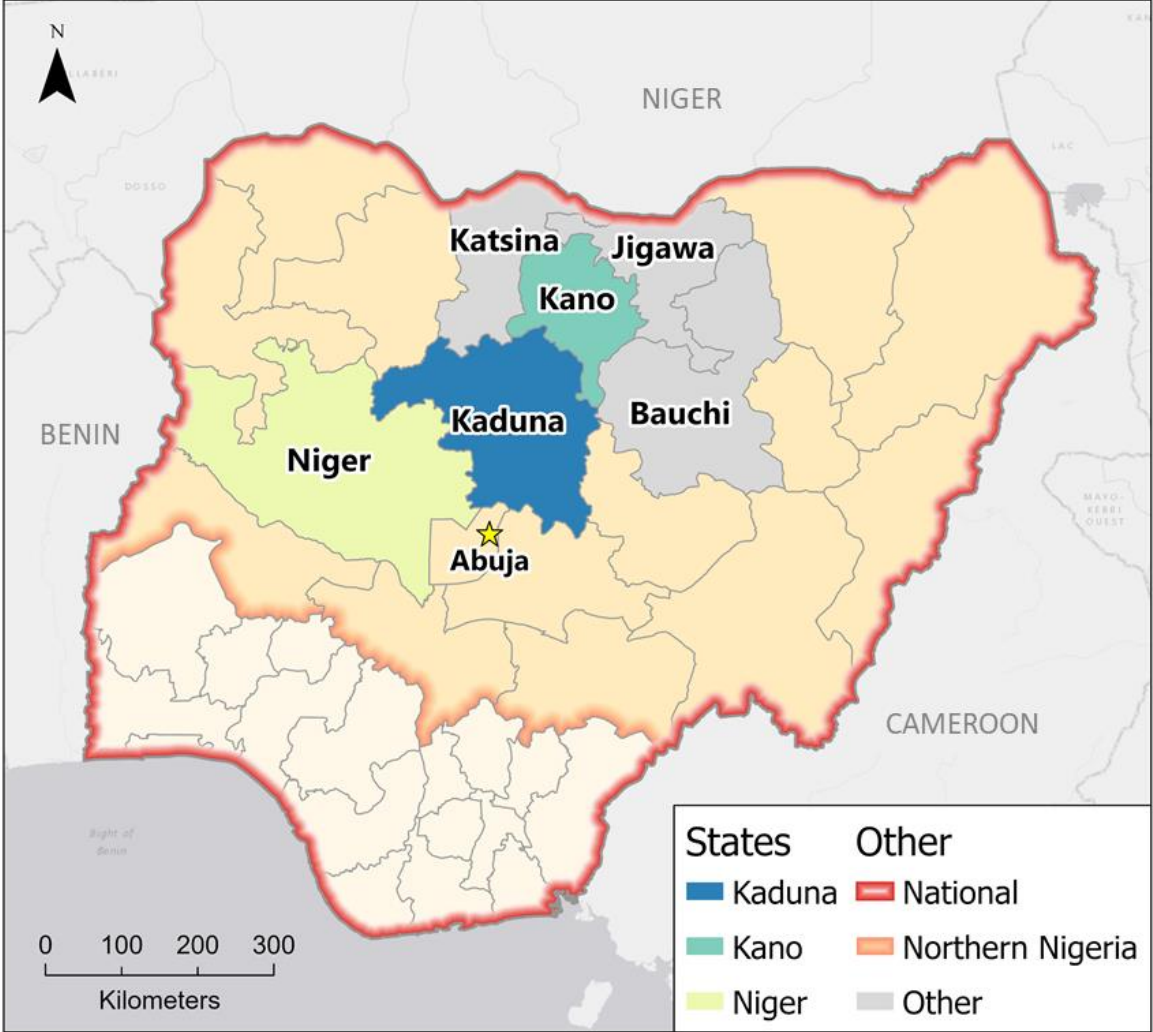
Other includes Katsina, Jigawa, Bauchi

Overview of Key Informant Interviews

29 interviews conducted
(15 men, 14 women)

8 INGO
8 government
5 LNGO
4 academics
2 consultants
1 UN agency
1 donor

16 from national level
6 from Kano
6 from Kaduna
1 from Niger

What do respondents know about social norms?

What do respondents know about social norms?
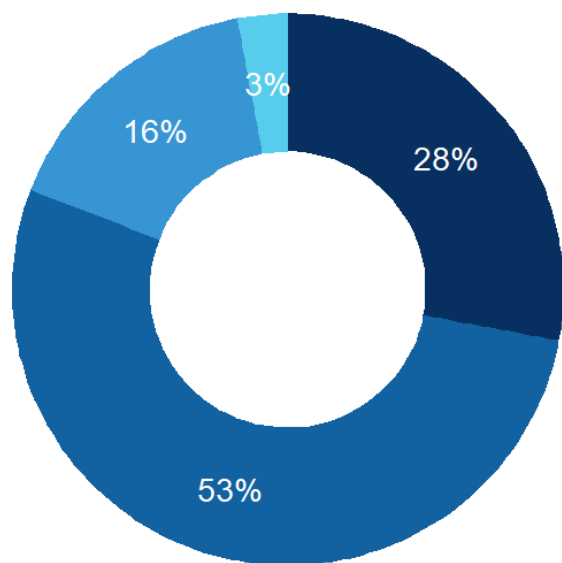
Legend: Very Strong | Strong | Little | Very Little

Chart values: 28%, 53%, 16%, 3%

Many had some understanding of social norms.

*'I view social norms as… **unspoken rules or unspoken codes of conduct…'** (female, INGO)*

*'Norm is a word that **describes what is normal** that people do. People in various locations do things according to what appears normal'* (male, INGO)

Norms may be conflated with behavior.

*'[Social norms are] **practices and behaviours** at the community level that shape the person's growth, that affect their development'* (male, INGO)

How do organizations identify and incorporate social norms?

Has your **organization done any work to identify** which social norms might influence the particular issue(s) you work on?

62%

32%

6%
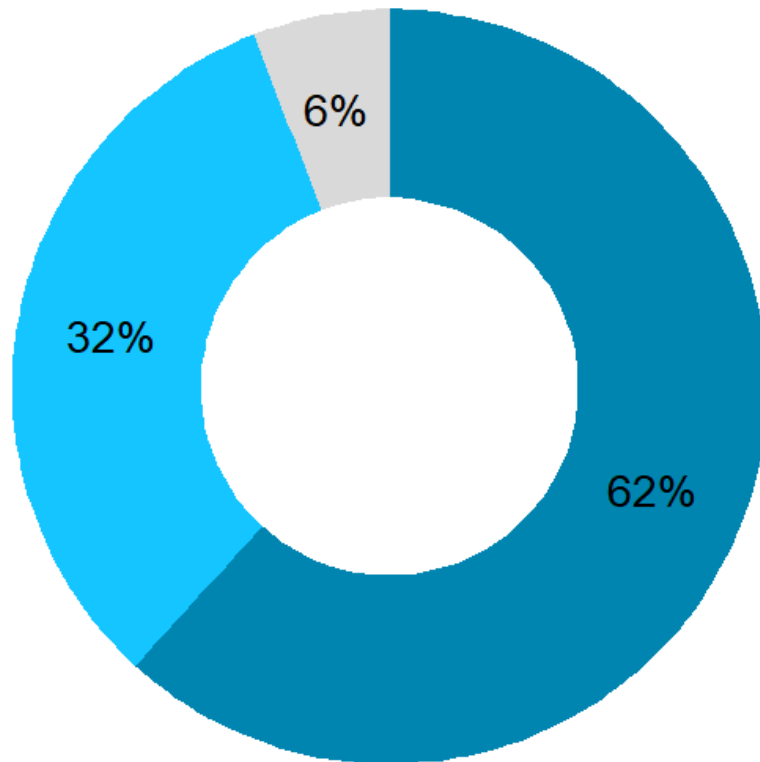
■ Yes ■ No ■ Don't Know

Do any of your current work activities **incorporate a social norms perspective**?

76%

22%

1%
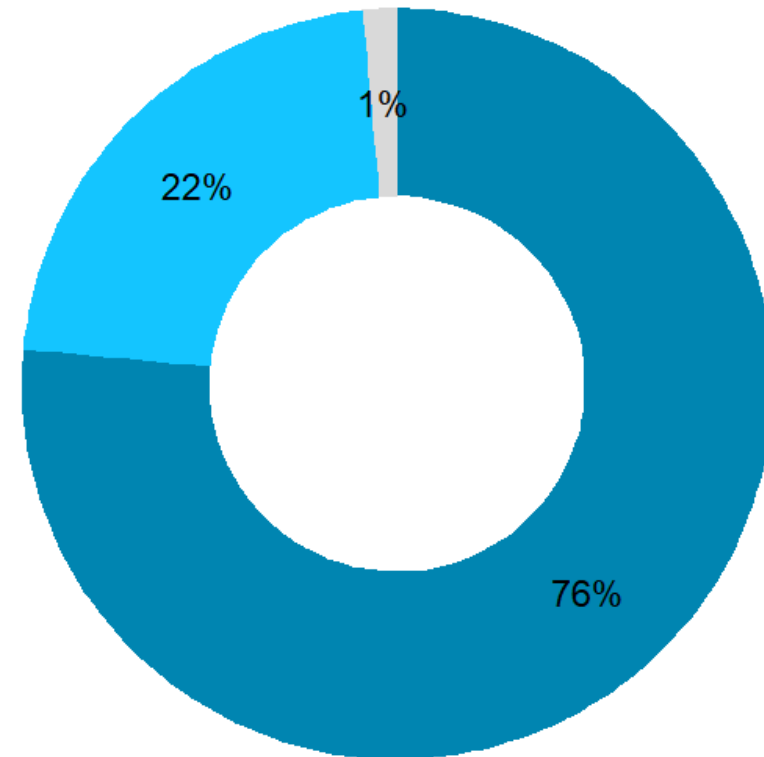
■ Yes ■ No ■ Don't Know

How did you identify the social norms that were important to your program?
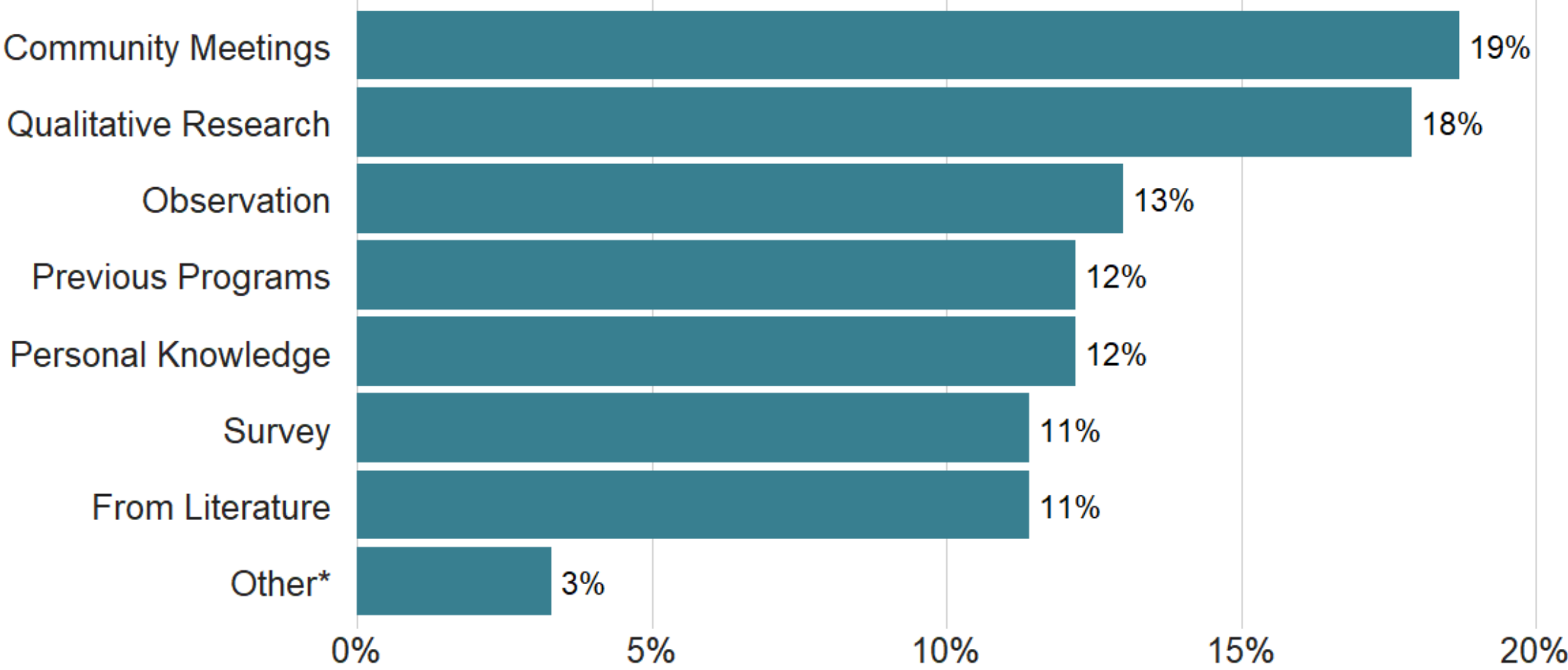
*Other includes bottleneck analysis, exploration, implementation research

Which aspects of your work do you currently incorporate a social norms perspective?

What are the **challenges** related to addressing norms?

What are the **biggest challenges in integrating a social norms approach** in your organization?

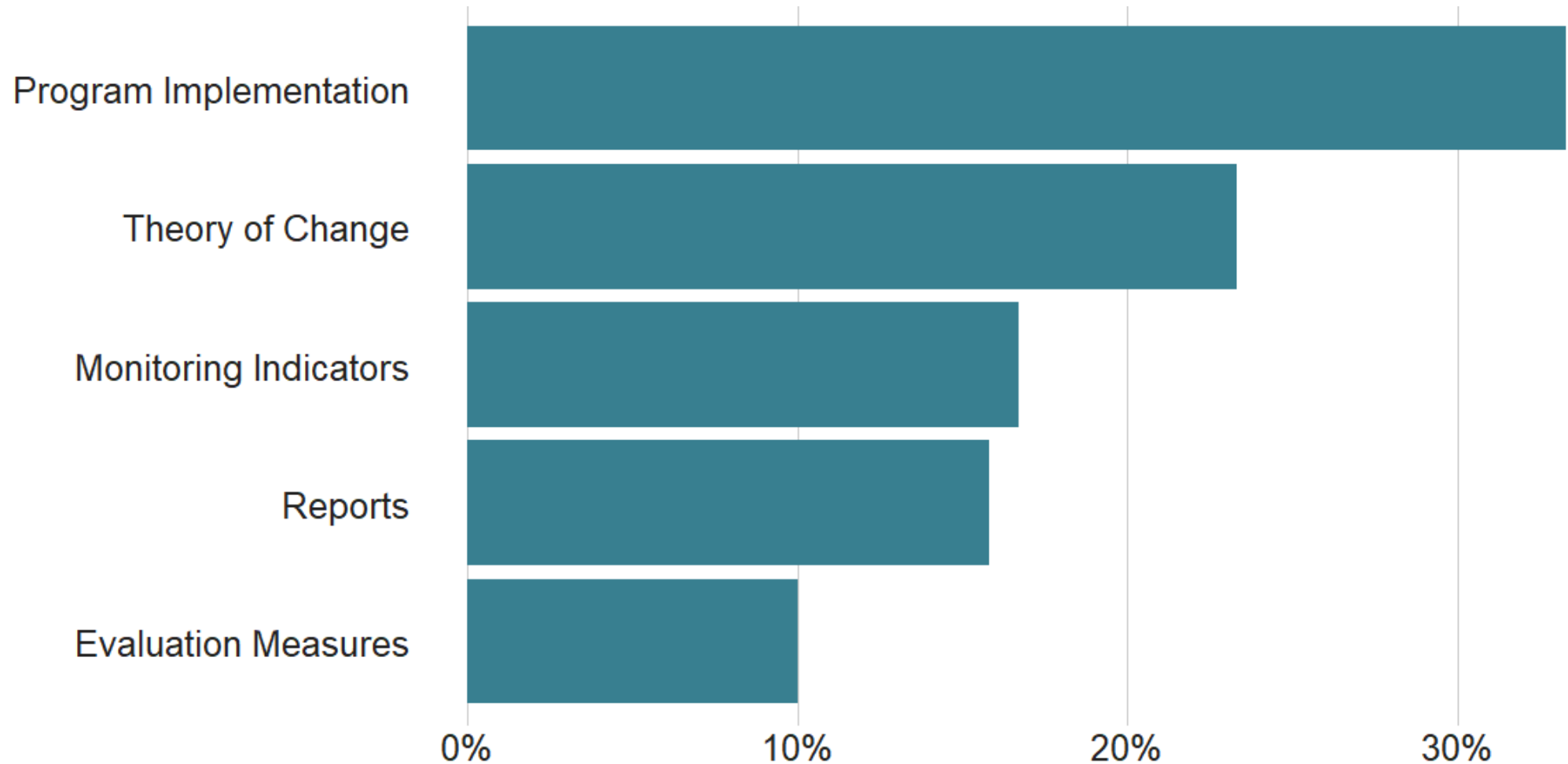|		
POLICIES AND RESOURCES	**114**	**40%**
Difficulties in adding social norms to programs due to program timing or donor rules	36	13%
Lack of funding	33	12%
Lack of staff to take this forward	15	5%
Lack of importance/priority given to social norms by the organisation	15	5%
Lack of time to invest in this/other competing priorities	15	5%
TRAINING AND TOOLS	**100**	**35%**
Lack of norms resources (guidance materials, manuals, etc.)	35	12%
Lack of training on social norms	33	12%
Challenges in measuring social norms	32	11%
LACK OF UNDERSTANDING	**71**	**25%**
Lack of understanding how social norms are enforced	28	10%
Lack of understanding of how interventions can be designed to engage social norms	24	8%
Lack of understanding what social norms are	19	7%

Challenges to social norms work

**Time/resources required
for social norm change**

*'Everyone wants to get low-hanging fruit
but change is generational. To reach a
critical mass requires a lot of **resources***'
(female, INGO)
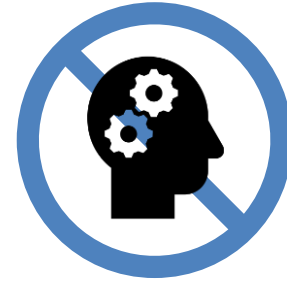
**Lack of understanding
of social norms**

*'The most significant challenge I see now
is there is **a lot of norms language** and a
lot of norms theory. Everyone is picking
it up. It's the new kid on the block, the
thing to do. People are understanding
the rhetoric but the actual ability to
programme is years behind the rhetoric'*
(female, consultant)

Challenges to social norms work

Difficult to engage communities on sensitive topics

*'How do you start the conversation? They are **not easy conversations** to have… you can get into trouble if you don't have those conversations carefully'* (female, INGO)
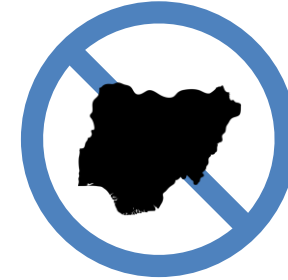
Nigerian context is difficult

*'In our HIV work, we have a different strategy for each of the 7 states although [they are] in similar geographical areas and all Muslim. This is the biggest challenge – that **diverse cultural base** we contend with'* (male, INGO)

What makes norms **work easier?**

What would **help your organization more easily integrate social norms** approaches into activities?

POLICIES AND RESOURCES	**140**	**42%**
Funding designated for social norms activities	43	13%
More flexibility in adding new activities to an existing program	31	9%
Greater interest and support from organizational management	23	7%
Staff who can take the lead on social norms	22	7%
More time to invest in this aspect of the program	21	6%
TRAINING AND TOOLS	**126**	**38%**
Training on social norms	45	13%
Guidance materials, manuals and other resources on social norms	42	13%
Monitoring and evaluation tools to help in measuring social norm change	39	12%
IMPROVING UNDERSTANDING	**69**	**21%**
Stronger understanding of what social norms are	37	11%
Stronger understanding of how interventions are enforced and/or shift	32	10%

Enabling factors for social norms work

Not pushing own agendas

'*Understanding the community as they are* and appreciating their deep-rooted historic background and also working with them through mutual understanding' (male, INGO)

Involving the right groups in the community

'*Collaboration with gatekeepers* in the community – community leaders and religious leaders…' (male, INGO)

How are organizations connected?

Organizations with which you have engaged on gender or social norms in the past six months

	Local NGO	International NGO	University	Government	Donor/Funding Agency	Other
Other	2	1	0	3	1	2
Donor/Funding Agency	3	1	1	4	2	0
Government	5	9	1	7	2	0
University	7	0	5	2	3	2
International NGO	26	15	5	24	13	7
Local NGO	70	22	11	24	15	9

Outgoing Connections (vertical axis) / **Incoming Connections** (horizontal axis)

*Other includes: consultants and media

Organizations you have *invited, or been invited by, to any meetings* touching on gender or social norms in the past six months

Legend:
- Local NGO (green)
- International NGO (light green)
- University (red)
- Government (blue)
- Donor/Funding Agency (light blue)
- Other (grey)
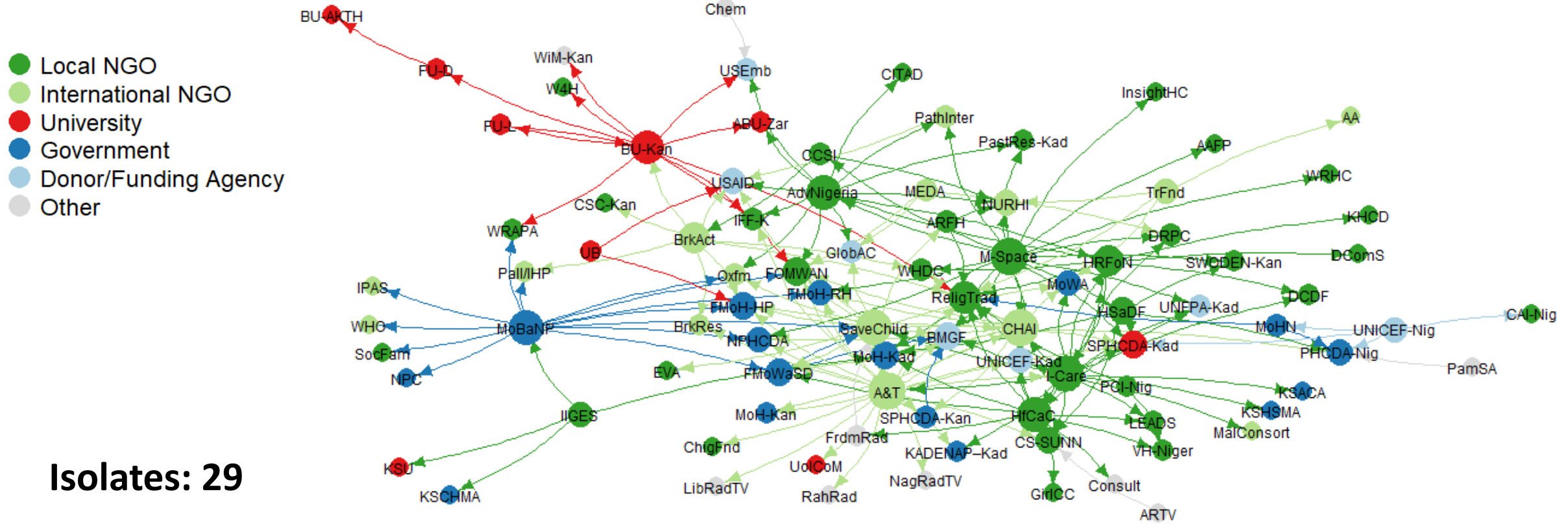
Isolates: 29

*Other includes: consultants and media

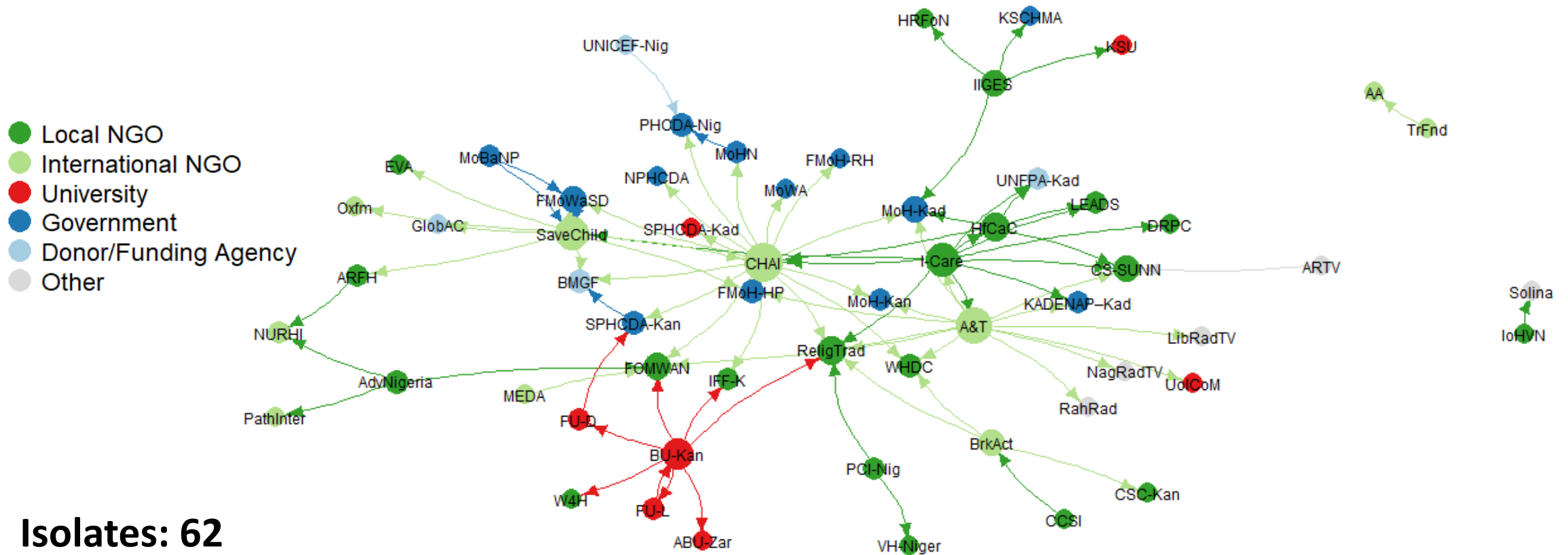# Organizations you have *conducted any trainings or workshops* related to gender or social norms in the past six months

Local NGO
International NGO
University
Government
Donor/Funding Agency
Other

Isolates: 62

*Other includes: consultants and media

*'I would focus on **sharing findings and doing trainings**... Conferences or some kind of event to have panel presentations'* (female, INGO)

*'Avoid it being a **big talk show**. Social norms are quite trendy so lots of people would want to be part of it... You could have different forums – learning fora once a year but deep dives for smaller group more often'* (female, consultant)

Capacity Building

*'Strategies should be specific not general. **Models** could be **adapted**. Which Nigerian cultures fit the Kenyan culture'*
(male, INGO)

*'If there are curricula or frameworks for implementing projects? **Guidelines**? That's what I struggled with'*
(female, INGO)

Tools & Guidelines

Training is needed.

*'I've **never attended any training** or workshop that was focusing on social norms'* (male, consultant)

Training should be practical.

*'There's **too much theory** out there… It took me years to grasp the whole empirical versus injunctive… All this language… really confuses people… Making it as accessible and grounded as possible to avoid the jargon'* (female, INGO)

Training

*'There's a real need to bring people who have real experiences and to make it very **practical**. Also not to have too many people in the room'* (female, consultant)

*'**Traditional groups and faith groups** should be part of this'* (male, UN)

Who should be a part of the COP?

'It's a very **competitive** environment we work in. Groups are always suspicious of one another, of motives... People suspect one organisation is trying to position themselves **to have an edge for a particular donor**...What I advise is to get this entity to be **as neutral as possible**... **You need to think about who leads, where it is housed**, so people are clear on the motives' (male, INGO)

Visibility, Funding, Competition

poll: What do you want to get out of the **Learning Collaborative**?

Discussion:
Implications of Key Findings

Betsy Costenbader

James MacCarthy

Michelle Lokot

Creating Community
Breakout Session

https://www.alignplatform.org/learning-collaborative/case-studies

3 → Please select 3-5 Tags that best relate to your tool/project.

Choose as many as you like

A	Child Marriage
B	Community Development
C	Conflict and Emergencies
D	Data, tools, and measurement
E	Economic Empowerment
F	Education
G	Gender-based violence
H	Health
I	Media

8 → Provide a summary of the project (include target population, and location) in paragraph form in less than 200 words.

Type your answer here...

Shift ⇧ + Enter ⏎ to make a line break

Project Name (& Acronym): Engaging Religious and Traditional Leaders in Nigeria on Gender Mainstreaming approaches for Sexual Reproductive Maternal Newborn Health

BACK-END INFORMATION

Tags

Community Development, Education, Gender-based violence, Mens, Boys, and Masculinities, Sexual and Reproductive Health

Data collection methods

Focus group(s), Participatory techniques, Scales

Country/Region

Nigeria/West Africa

CASE STUDY

Organizations involved

Clinton Health Access Initiative Nigeria (CHAI)

Summary

Globally and in **Nigeria**, engaging men in adopting and promoting more gender-equitable norms around sexual and reproductive health (SRH) has proven to improve sexual, reproductive, maternal and newborn health (SRMNH) outcomes for women, men, girls and boys. In Nigeria, religious and traditional leaders (RTLs) are recognized as key community influencers and gatekeepers of religion, culture and community cohesion. They can be change agents for promoting positive social norm change for more gender equitable and healthier relationships within homes and communities. In **2019**, CHAI engaged and held sensitization workshops with more than 2,000 **Christian and Muslim religious and traditional leaders in Kano, Kaduna and Katsina states** to build their knowledge and skills to become gender justice champions and role models to promote SRH and well-being in couples, families and communities.

The sensitization approach intended to:

a)	Equip RTLs with the required evidence, awareness and capacities to understand and engage actively as community leaders and change agents in the promotion of gender-sensitive SRMNH

breakout:

What are you bringing to the **Learning Collaborative**?

report out:
What we're bringing to
the **Learning Collaborative**

In Summary:
Day One Wrap Up

coming up tomorrow

1 **Welcome** & Day 1 Recap

2 Social Norms: **Theory & Practice**

3 Developing a **Roadmap for Working Together**: Breakout Session

4 **Next Steps** & Closing