THE SOCIAL NORMS
LEARNING COLLABORATIVE
NIGERIA

LANDSCAPE OF SOCIAL NORMS RESEARCH & PROGRAMMING IN NIGERIA

March 2023

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Nigeria Social Norms Learning Collaborative (NLC)

The Nigeria Social Norms Learning Collaborative (NLC) facilitates building knowledge and developing tools among researchers and practitioners across regions and disciplines to advance effective, ethics-informed social norm theory, measurement, and practice at scale. The NLC is made possible by the generous support of the Bill & Melinda Gates Foundation. The contents of this document are the responsibility of the NLC and do not necessarily reflect the views of the Bill & Melinda Gates Foundation.

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Introduction to the Nigeria Social Norms Landscape

Nigeria had the largest economy in Africa in 2021, with a gross domestic product (GDP) of just over 440 billion US dollars, rising from 375 billion US dollars in 2017 (World Bank Data, 2021). The country has also seen some steady but marginal growth across human development index (HDI) metrics, including life expectancy, average years of schooling, expected years of schooling and GNI per capita (Peter, 2020).

Despite these achievements and improvements, as of 2021, Nigeria's HDI ranking was still one of the lowest in the world, ranking 163rd out of 191 countries globally (UNDP Human Development Report, 2022). Key gender metrics are still relatively low for Nigeria. For instance, adult literacy rate for women is still 52.7% in Nigeria compared to 72.9% in other LMICs (World Bank Data). It is evident, then, that the growth observed in the country's GDP has not appropriately transitioned into health improvement, especially for women and girls in the country (UNICEF Nigeria).

One contributing factor to this disparity between investment and health improvement may be the influence of social norms (World Bank Group, 2019). Social norms are the often implicit, informal rules within a society or community to which most people adhere. They are influenced by belief systems, perceptions of what others expect and do, and sometimes by perceived rewards and sanctions (Prevention-Collaborative, n.d). Norms are embedded in formal and informal institutions and produced and reproduced through social interaction (ALiGN, n.d). Social norms govern behaviour, are vast, cut across various sectors, and have the potential to substantially impact development and health outcomes as well as associated programmatic costs (Vanderzanden, 2017; Heise et al., 2019). For instance, in Nigeria, social norms related to home deliveries, and post-partum hot baths lead to peripartum complications and the common practice of child marriage is estimated to result in $7.6 billion annual loss in earnings and productivity of human capital (Adedokun et al, 2016; Obaje et al, 2020). In Nigeria and elsewhere, lack of awareness of the effects of social norms on behavior at the program design and development level, lead to health and development projects that are designed without considering the normative context. Programs designed without an understanding of contextually-specific social norms typically experience implementation challenges and low levels of program uptake.

An understanding of prevailing social norms in implementation contexts in Nigeria is critical for effective program design, and has far reaching implications for the methodologies deployed by social and behavior change projects.

The Nigeria Social Norms Learning Collaborative

The Nigeria Social Norms Learning Collaborative (NLC) was launched in July 2020 by the Center for Gender Equity and Health (GEH) with support from the Bill & Melinda Gates Foundation. At its inception, social norms expertise rested to a large extent with a group of global "experts," which was inadequate to meet the demand for assistance to guide social norms practice and research. The Learning Collaborative supports effective programming that addresses the norms that influence critical health and development issues by strengthening social norms expertise at the implementation level, where it most matters. The goals of this initiative are to:

1. Strengthen networks among researchers, implementers and donors to generate evidence and improve practice;
2. Share state-of-the-art social norms evidence, approaches and resources;
3. Improve gender and social norms program implementation and evaluation; and
4. Generate and share knowledge globally.

Members work across development sectors including women's economic empowerment, sexual and reproductive health and family planning, infectious disease, gender equality, gender-based violence, maternal and child health, nutrition, and immunization among others. Members represent a variety of organizations/institutions including Civil Society Organisations (CSOs), Nigerian non-governmental organizations (NGOs), international NGOs, Nigerian Universities, government agencies, and donor organizations. The NLC engages collaborators through different mechanisms, one of which is through monthly working group meetings.

Report Objectives and Methodology

The NLC established a working group structure in January 2022 with the purpose of working collaboratively to make the latest knowledge and evidence on social norms widely accessible and to provide opportunities for practitioners and researchers from different disciplines and sectors to share and produce knowledge. During the initial meetings of the NLC working group, the group discussed different knowledge products that could be jointly developed and would be useful in the Nigerian context. Recognizing the dearth of summative products related to social norms research and programming in Nigeria, the meeting attendees voted and selected a social norms organizational landscape analysis and inventory as the first product.

To work collaboratively on the development of this product, the NLC working group created a concept note that was guided by similar landscape reports completed by the South Asia Social Norms Learning Collaborative and the Francophone Africa Social Norms Learning Collaborative. In Q3 of 2021, the working group began meeting monthly and as membership began to form, the working group was split into two sub-groups: 1. Literature Review Group and 2. Programs-Focused Group. Since the two sub-groups worked independently, their methods are detailed below separately. This report documents the methodologies used (approach taken) and findings and insights gleaned from conducting this landscape assessment. The main objectives of this landscape assessment were to document the frequency, types and trends in social norms research and programming in priority health and development areas in the last decade in Nigeria. Specific findings regarding social norms and their link to health and development outcomes were beyond the purview of this report but remain of interest for further investigation.

Prioritized Thematic Areas

One of the initial joint decisions made by the working group members was to narrow the focus of this inventory on social norms research and programming to four specific health and development sectors:

1. Sexual and Reproductive Health (SRH) and Family Planning (FP)
2. Gender Based Violence (GBV)
3. Nutrition
4. Women Economic Empowerment (WEE)

These sectors were prioritized by working group members as being relevant to their work, and of national importance. An overview of these four prioritized health and development issues in the Nigerian context is provided below.

Priority Area 1: Sexual and Reproductive Health and Family Planning

Nigeria has a rapidly growing population, with current estimates at over 200 million and a total fertility rate of 5.3 as of 2020 (Odusina et al., 2020). The country's population is expected to exceed 400 million by 2050 (Ogujiuba et al., 2022). Inadequate allocation of resources and poor uptake in family planning services is a major contributing factor to the fertility pattern and population growth rate observed in the country (Nigeria FP2030 Commitment).

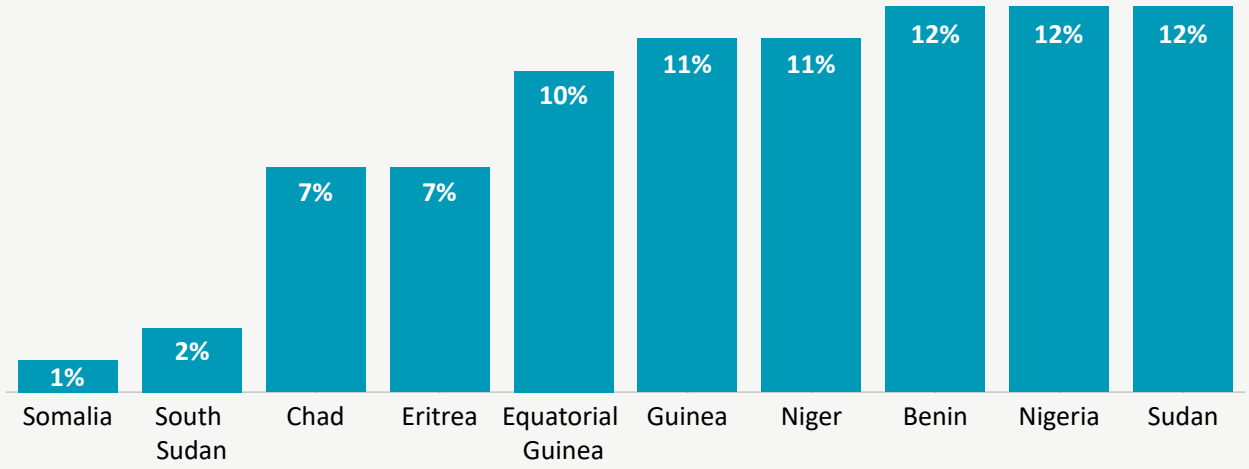
At present, the modern contraceptive prevalence is only about 12% among currently married women and 28% among sexually-active unmarried women, despite decades of innovative strategies and improved channels for service delivery (Alo et al., 2020). Only 46% of women between the ages of 15 and 49, are able to make informed decisions regarding sexual relations, contraceptive use and reproductive health care in Nigeria (World Bank Data, 2018). Consequently, 37% of 19-year-old girls have started childbearing in Nigeria. (NDHS 2018).

The country has made a commitment (Nigeria FP2030 Commitment) to strengthen women's ability to make informed family planning choices and to increase equitable and affordable access to quality family planning services by 2030. This commitment is focused on:

1. expanding the narrative on family planning and shaping the policy agenda

FIGURE 1 | Contraceptive Prevalence in Sub-Saharan Africa

Top 10 countries in Sub-Saharan Africa with the lowest modern contraceptive prevalence (in percentage) among married women (World Bank Data, 2021)



2. increasing, diversifying and efficiently using financing for family planning policies and programs
3. improving system responsiveness to individual rights and needs
4. transforming social and gender norms
5. driving data and evidence-informed decision making

These priorities will help expand the family planning narrative from a health to a development issue. It will also provide an opportunity for the achievement of the Sustainable Development Goal 3.7 which aims "to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes." With priority 4 focused on transforming social and gender norms, this project is uniquely situated to work collaboratively with the Nigeria FP2030 Commitment, and the focus on Family Planning and Reproductive Health as a priority thematic area within this report is intended to directly address any gap in knowledge that may exist on current social norms policies, programs, and research within Nigeria.

Priority Area 2: Gender Based Violence

According to the UNHCR, gender-based violence (GBV) is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls (European Institute for Gender Equality, n.d). Gender-based violence (GBV) or violence against women and girls (VAWG), is a global issue that affects one in three women in their lifetime and includes intimate partner violence, non-partner sexual assault, female genital mutilation, sexual exploitation and abuse, child abuse, female infanticide, and child marriage (Arango et al. 2014; World Bank, 2019).

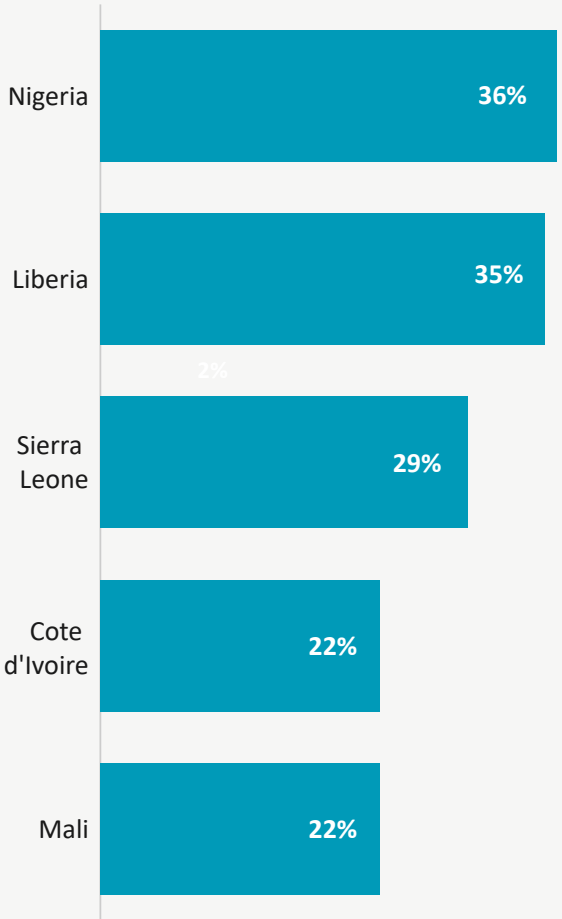
In Nigeria, GBV remains a challenge that significantly constrains women's autonomy and opportunities. The Nigeria Demographic Health Survey (NDHS) 2013 (NPC and ICF International 2014) indicates that 28% of women in Nigeria aged 15–49 have experienced some form of physical or sexual violence.

GBV in Nigeria is driven primarily by social norms, and various interpersonal and individual factors (World Bank Group, 2019). Conflict in Nigeria's North East geopolitical zone has further contributed to a steep rise in violence targeted against women and children by Boko Haram. Women are increasingly being used as instruments of war, for example, as suicide bombers or through forced marriage, which then

makes them more vulnerable to stigma and rejection by their families and communities (World Bank Group, 2019). Moreover, many women who have experienced physical or sexual violence may not seek help or tell anyone about the incident. This is mostly a result of a culture of victim-blaming and fear of family disgrace if the issue is not addressed appropriately (World Bank Group, 2019).

FIGURE 2 | Spousal Violence in West Africa

Countries with highest prevalence (in percentage) of spousal violence in West Africa (data available for 11 out of 15 countries) (World Bank Data, NDHS 2018).



There are various formal services available for GBV survivors, which also aim to reduce prevalence of GBV. However, according to the NDHS 2018 report, most female victims of GBV only report seeking help from their own family or their partner's family and only a very few victims (such as sexual assault, harassment and beating) report seeking help from more formal structures such as medical personnel, police, lawyers and social work organizations (World Bank Group, 2019; NDHS, 2018). With such a high prevalence of GBV in Nigeria, and the social pressures often limiting women's comfort with sharing their experiences, focusing on the role of social norms programming related to GBV is high priority.

Priority Area 3: Nutrition

According to USAID (2021), malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall (USAID, 2021).

An estimated 2 million children in Nigeria suffer from severe acute malnutrition (SAM), but only two out of every 10 children affected are currently reached with treatment (UNICEF, n.d). The nutritional status of children and adults can be measured through stunting, wasting, prevalence of overweight and underweight, as well as common infant and young child feeding practices and the prevalence of anemia (NDHS, 2018). According to UNICEF, Nigeria has the second highest burden of stunted children globally, with a national prevalence of 32%. The high rates of malnutrition across the country pose significant challenges across public health and development outcomes. Stunting is linked to an increased risk of death, poor cognitive development, lowered performance in education and low productivity in adulthood Nigeria is predicted to meet only one of 13 World Health Assembly 2025 targets for maternal, infant and young child nutrition (targets and progress depicted in **FIGURE 3**).

With such a significant burden of disease resulting from a lack of adequate nutrition of children and adults in Nigeria, the working group decided to prioritize nutrition and the role of social norms on nutrition as an emerging area for this report.

FIGURE 3 | Status of WHA targets in Nigeria as of 2021

(Global Nutrition Report, 2021)

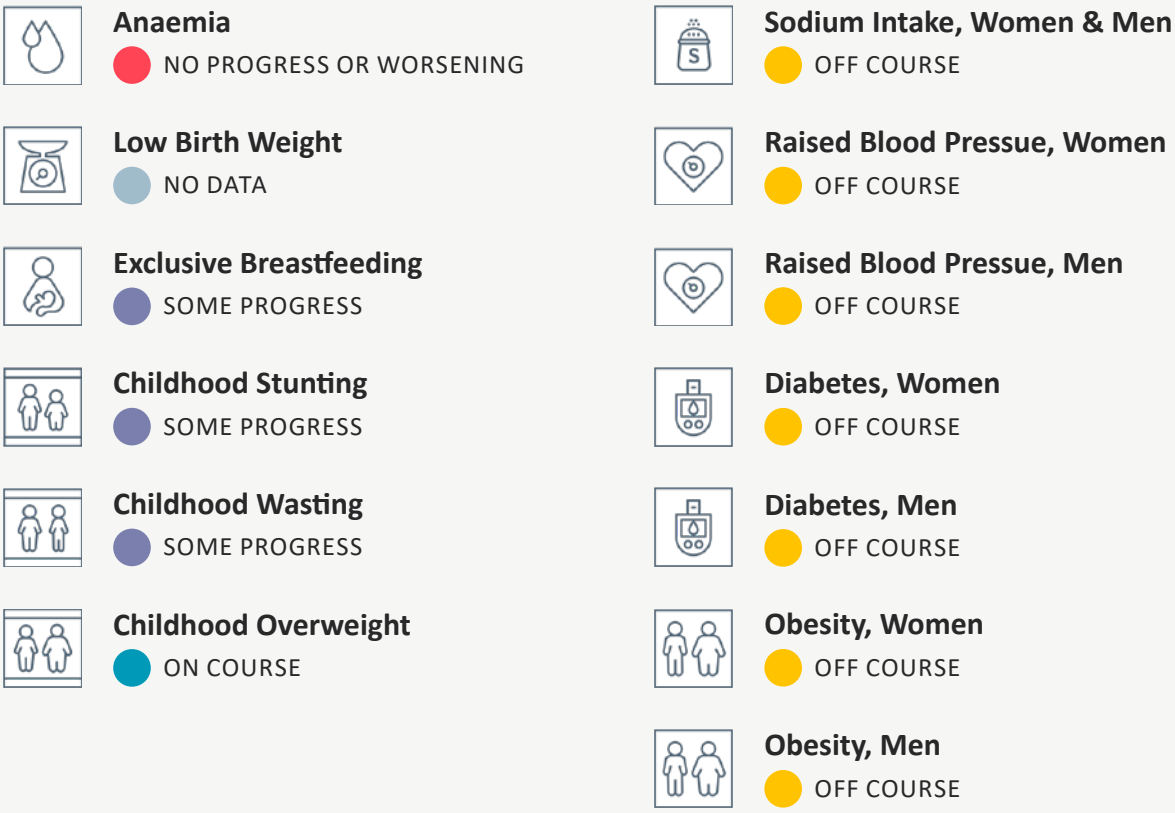
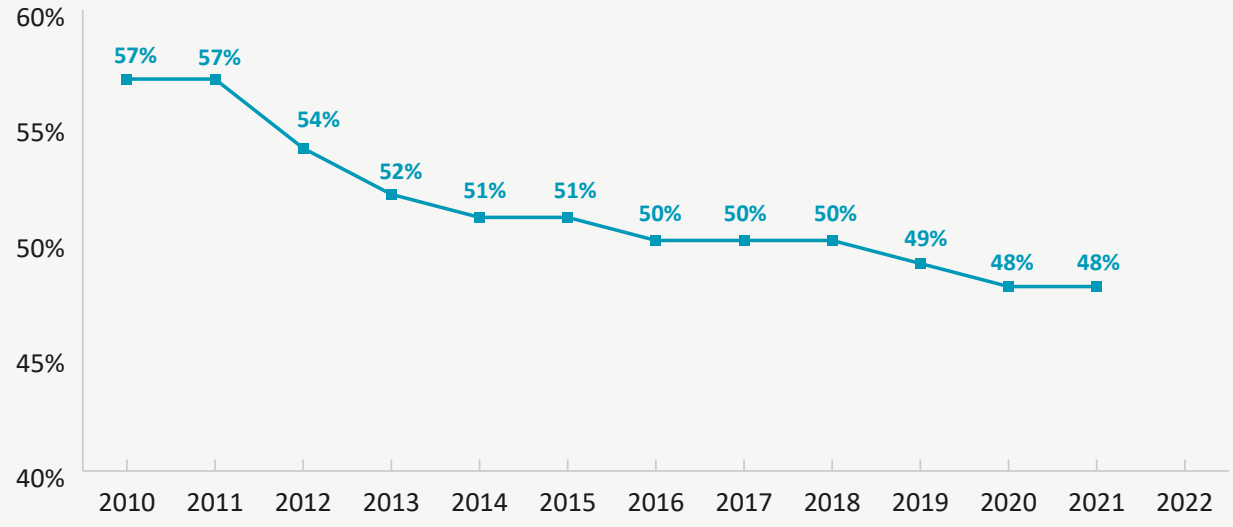


FIGURE 4 | Trend of Female Labour Force Participation in Nigeria

Female labour force participation rate (percentage of female population, ages 15 and older, who are economically active) in Nigeria (World Bank Data). Trends in Women's Economic Empowerment in Nigeria further detailed in the following pages.



Priority Area 4: Women's Economic Empowerment

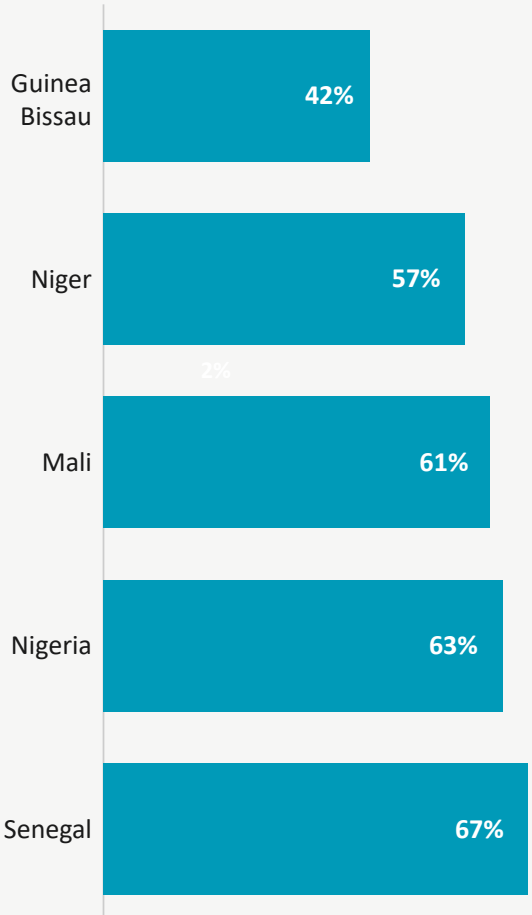
Women's Economic Empowerment (WEE) refers to an empowerment process that equips women with the ability to venture into the economic space, succeed and advance economically, and the power to make and act on economic decisions (Golla et al., 2011). WEE cuts across various domains including access to health services, legal & social protections, financial services & markets, knowledge & skills and gender equality. Women's economic empowerment is dependent on specific cultural, political, social, and economic systems, which must be fully recognized (NLC Policies and Social Norms Report, 2021).

Some of the key metrics that indicate the state of WEE in Nigeria include the number of women who participated in decision making for their own healthcare, household purchases and mobility outside of the home, number of seats in the national parliament held by women, and female labour force participation rate among others. At present, such metrics are below par. Only 33.5% of women make their own decisions about healthcare, household purchases and visiting family; only 48% of women are part of the labour force (down from 57% in 2011, see **FIGURE 4**), i.e., only this proportion of women supply labour both formally and informally for the production of goods and services; and only 4% of seats in the national parliament are held by women (World Bank Data, 2021). Nigeria performs poorly across most of the metrics for WEE, and at current rates of progress, it has been projected that it will take 100 years to achieve gender parity in Nigeria's economy (PwC, 2020).

The World Bank has calculated the Women Business and Law Index Score for Nigeria, as 63.1% in 2021, placing the country 153 out of 190 countries (see **FIGURE 5**). The index measures how laws and regulations affect women's economic opportunity, averaging scores across various indices including Mobility, Workplace, Pay, Marriage, Parenthood, Entrepreneurship, Assets and Pension and with a maximum possible score of 100% (World Bank Data, 2021). Since social norms often play a role in women's ability and interest to participate in the labor market, make shared household decisions, or serve in a government position, a focus on social norms to improve WEE is essential. For this reason, the NLC working group decided to prioritize programs and research on WEE in Nigeria as the final sector for this report.

FIGURE 5 | Women Business and Law Index in West Africa

Countries with the worst Women Business and Law Index Score in West Africa (World Bank Data, 2021)



Methods

Program-Focused Group Methods

The Program-Focused working group first worked collaboratively to brainstorm social norms programs for the initial inventory. Using a shared Excel spreadsheet, each Program-Focused working group member was asked to contribute names and contact information of social norms programs in Nigeria of which they were aware. Programs were included if they included social norms in their theory of change, conducted an exploration of social norms, included activities to shift social norms and/or collected data to assess changes in social norms. This initial brainstorming resulted in a list of 63 programs. To determine relevance of each of these programs for inclusion in this inventory, working group members then completed additional columns of the spreadsheet, providing details about each program including its primary focus and outcomes of interest. As necessary, online searches were conducted to uncover additional program details. The remaining 15 were excluded either because they were determined to not be related to any of the four priority areas or because they were research focused with no programmatic elements.

Of the remaining 48 programs, each was then assigned to the sector that working group members judged the intervention to be most closely related to based on its stated focus and outcomes; eight to GBV, 25 to SRH/FP, seven to Nutrition and eight to WEE. While the inventory was being completed, the Program-Focused working group co-created a survey intended to gather information from programs within the inventory. The survey was developed primarily during monthly meetings and was launched in early June of 2022 (**APPENDIX 1**). Program-Focused working group members reached out to contacts at each of the programs listed on the inventory via email or by personal phone. Nine survey responses were obtained in this manner.

Since the response rate was so low to the initial survey request, the Programs-Focused working group members then started using a snowball approach to identify additional programs in Nigeria that included a social norms component. Similarly, the NLC shared the survey multiple times in the community of practice newsletter and with individuals in the network. Through this modified snowball recruitment strategy, 10 additional survey responses were received. Aspects of each of the 19 programs that responded to the survey were summarized and are presented in the findings section below.

In addition, the Program-Focused working group members selected one program from each thematic area that was particularly unique to write up four case studies. Programs were also selected with the intention of highlighting diverse program designs and representing four different regions of the country. The group co-created a short interview guide (**APPENDIX 2**) for the case studies data collection and interviewed one program from each thematic area to dive deeper into their activities and the successes and challenges of their social norms program.

Literature Working Group Review Methods

In tandem with the Program-Focused working group's efforts to identify and interview programs, the Literature Review working group was working to uncover and summarize the published literature in these same priority thematic areas. To achieve this goal, the Literature Review working group with the help of librarians at FHI 360 developed and executed a literature search strategy. This literature search was conducted between July 11, 2022 – August 5, 2022 using the following search terms and parameters:

Timeframe: Limited to the time period 2012 - 2022

Search Engines/Literature databases: Limited to PubMed, PsycINFO, Hinari, Embase, CINAHL, Cochrane, Scopus, Refseek, and Microsoft academic search

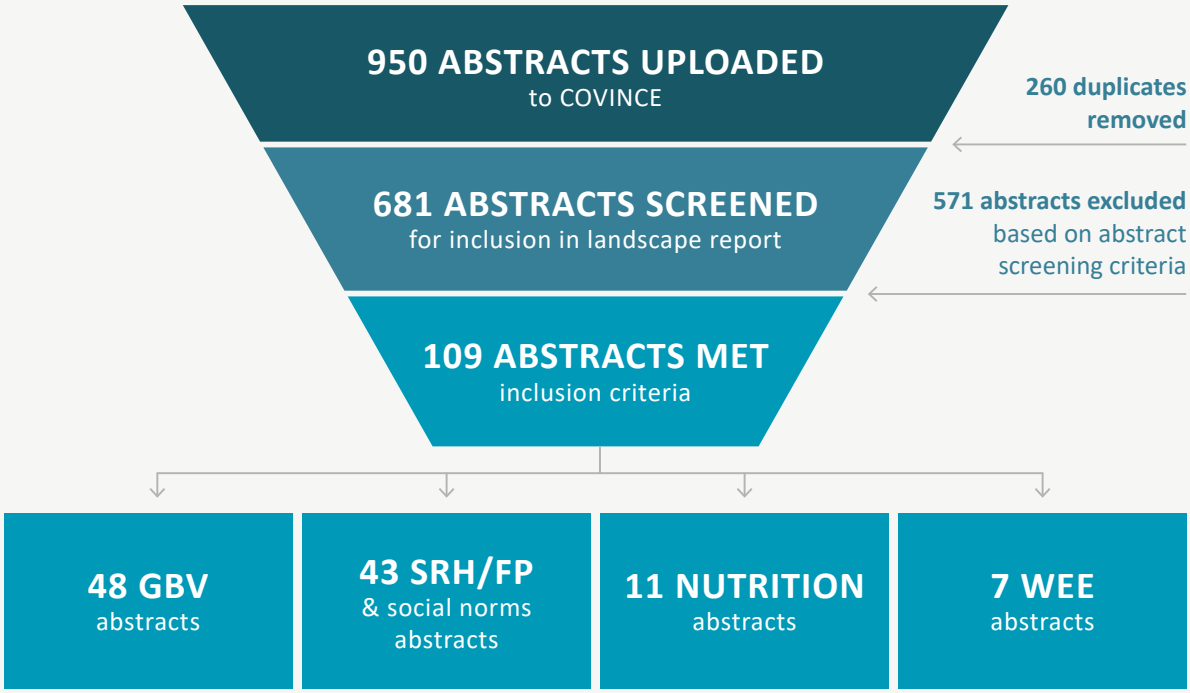
Geography: Limited to articles naming Nigeria as a study location.

Norms Terms: All searches utilized a standard set of social norms terms (see **APPENDIX 3**).

Outcomes Terms: Each search utilized a distinct set of terms[1] to identify abstracts pertaining to each of the four identified health and development priority areas (see **APPENDIX 3**).

FIGURE 6 | Litarature Review Flow Diagram

Flow diagram showing the literature review process



Across the four health and development priority areas, a total of 950 abstracts were initially identified through this search and uploaded into COVIDENCE. COVIDENCE immediately identified and removed 269 duplicate abstracts, leaving 681 unique abstracts for review (see **FIGURE 6**). A team of 10 literature working group members were then trained in the COVIDENCE database and an agreed-upon list of further inclusion and exclusion criteria (see **APPENDIX 4**). All abstracts were reviewed independently by two team members and in the case of conflicting review decisions, a third reviewer was brought in to make a final determination.

After the abstract review process, 109 articles remained.[2] During the abstract review, reviewers also tagged all articles to indicate to which of the priority thematic areas the abstract pertained. One of the central challenges to the write-up of this inventory was categorizing and assigning each of the identified article abstracts, as well as the identified programs, to just one priority thematic area. This difficulty stems from the fact that health and development programs and research typically address more than one outcome and work on social norms often has ripple effects across sectors.

1 Notably, a string of measurement search terms was also included in the searches but librarians determined that these terms were identifying a significant number of articles that were outside of the areas of interest so this set of terms was dropped from the search strings.

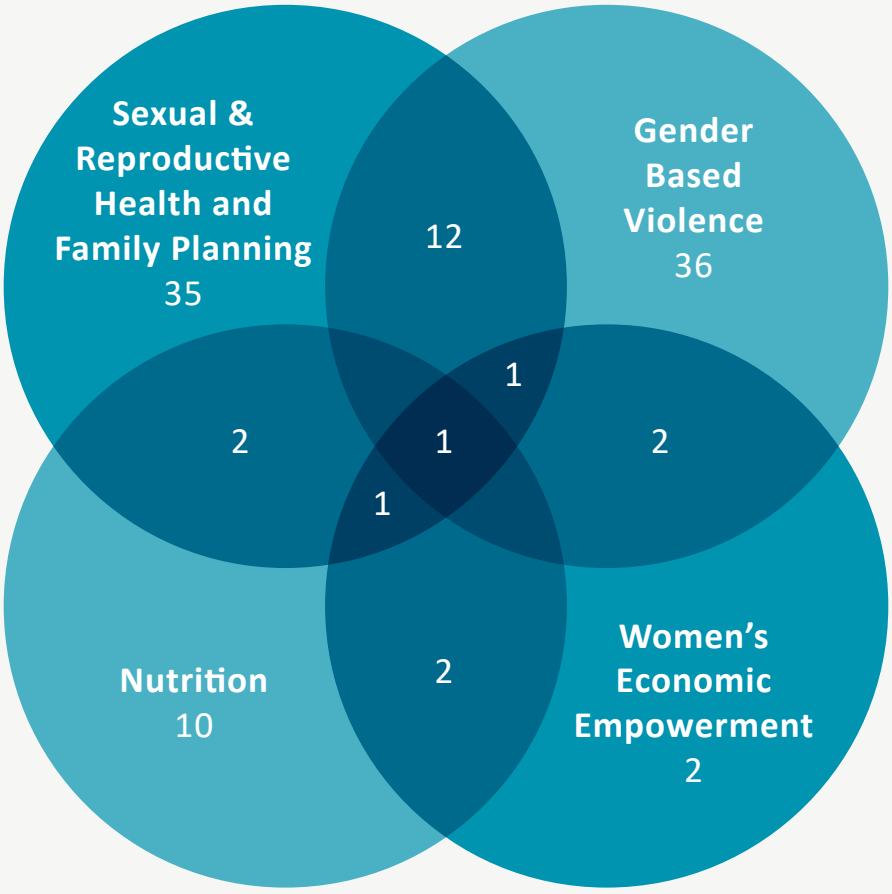
2 At the time of this report, due to timing constraints, full text review has not yet occurred but is planned and will be summarized separately.

For instance, there is widespread recognition of the link between social norms and the maintenance of harmful traditional practices and gender inequities which in turn are known to contribute to gender-based violence (GBV) and serve as an obstacle to women's economic empowerment (WEE). Low rates of WEE and high prevalence of GBV are in turn correlated with poor sexual reproductive health and nutritional outcomes, particularly for women and their children.

The majority of identified papers touched on more than one of the priority thematic areas. **FIGURE 7** shows the number of identified articles from the search across multiple thematic areas. For instance, two articles were identified both when searching for nutrition and WEE search terms.

FIGURE 7 | Thematic Overlap of Social Norms Literature

Venn Diagram displays substantial overlap across thematic areas during literature review which illustrates the cross-sectoral nature of social norms work.



Social Norms Literature and Programs Key Findings

The following sections highlight key findings on the state of the evidence and programming on social norms in Nigeria in our four selected thematic priority areas as of August of 2022. Within each priority area detailed below, we describe the state of the literature and then the state of reported programs.

Sexual & Reproductive Health and Family Planning

SRH/FP Literature Summary

After review of all article abstracts and manual categorization by thematic priority area based on primary outcomes, 43 total article abstracts were identified with a focus on a sexual and reproductive health (SRH) or family planning (FP) primary outcome and a stated focus on social norms. Of these 43 abstracts, two articles were also found relevant to the WEE thematic area, so are also cross-listed in that sector. As shown in **TABLE 1**, the studies focused on a range of different primary SRH and FP outcomes of interest; the most common among these was use of FP methods and contraceptives. While the majority of these studies (n= 30) collected primary data, a quarter of them were analyses conducted with secondary data. Also notable was the mix of methods used across the priority area, with 15 qualitative and 22 quantitative studies. The identified studies ranged substantially in design and thus sample size from the smallest study consisting of just five focus group discussions to the largest study analyzing data from a

TABLE 1 | Abstracts at the Intersection of Social Norms and SRH and FP

Characteristics of 45 abstracts identified at the intersection of social norms and SRH and FP in Nigeria

Primary Outcomes of Interest	Type of data	Data collection methods	Location of Studies		
FP/contraceptive use – 14	Primary data collection – 30	Quantitative Methods – 22	Nigeria and other International Sites – 5	Northern States – 19	Southern States – 20
ASRH – 8	Secondary data analyses – 10	Qualitative Methods – 15	National Level (generally) – 4	*Bauchi – 1*	*Akwa-Ibom – 1*
MCH – 7		Systematic, Desk, or Literature review – 4	Cross-National Sites – 11	*FCT – 3*	*Ebonyi – 1*
Sexuality/ SRH – 7			Single state level only – 16	*Kaduna – 1*	*Edo – 2*
Fertility/ infertility – 4				*Kaduna – 7*	*Edo – 1*
HIV/AIDS – 2				*Kano – 1*	*Imo – 2*
Abortion – 1				*Kwara – 4*	*Lagos – 1*
				Nasarawa – 1	*Oyo – 6*
				Sokoto – 1	*Osun – 2*
					Southeastern – 2
					Southwestern – 2

nationally-representative sample of 77,191 respondents. In terms of location, these studies took place across Nigeria, with Kaduna being the state with the most studies related to SRH and FP (n=7). Most of the studies took place in only one state, but a number also took place across multiple states within Nigeria. In terms of geographic location, they were equally distributed with roughly half conducted in the Northern and half in Southern states.

SRH/FP Programs Summary

In response to the survey and snowball search, the Programs-Focused working group received profiles of six intervention projects conducted in Nigeria with a focus on SRH and/or FP outcomes and with a stated interest in social norms. Notably, two of these projects (i.e., Spotlight and IHP) also reported working on GBV and WEE outcomes and therefore are cross-listed in those summaries as well. Also, as explained above in the Programs-Focused working group methods and further detailed in **APPENDIX 5: TABLE 1**, the norms shifting approaches ranged considerably from those that incorporated changes in social norms as one of their program objectives to those that simply noted the presence of social norms as a factor in their intervention implementation or theory of change.

The six identified interventions used an array of approaches to address social norms and behavioral outcomes of interest and most included multiple components. The approaches used ranged from disseminating messages broadly through a TV drama to working with small groups via peer education sessions, group discussions, and training sessions. Five of the six projects targeted adolescent and young people and aimed at increasing awareness of and/or access to and utilization of adolescent SRH services. In all of these programs the type of norms of interest were those that influenced adolescent and youth utilization and access to SRH/FP information and services. Specifically, these programs identified norms related to male involvement in SRH and women's agency to participate in decision making processes for SRH/FP service

Case Study 1: SRH & FP – REACH

What was it?

3-year project aimed at targeting adolescents and equipping them with information and skills to challenge social norms to reduce forced marriage, delay debut into sexual activity and increase access of adolescent boys and girls to correct and useful information on local sexual and reproductive health services.

Where was it?

4 states: Gombe, Katina, Yobe, Zamfara

What made it unique?

The REACH project was notable for its innovative approach to involving men in actively reorienting the beneficiaries and stakeholders, which was a key challenge in the project. This was achieved through the inclusion of gender orientations for all program staff, healthcare staff, and beneficiaries.

Why was it successful?

The success of the REACH project can be attributed to its use of qualitative methods such as focus group discussions and participatory dialogue, which allow the project to work closely with the beneficiaries and stakeholders. The project's focus on addressing social normas and providing access to gender-responsive information was able to assist over 1000,000 married and unmarried adolescents with high quality gender responsive information.

One of the key challenges of this social norms project was the ability to fully involve men in taking active roles in the reorientation of beneficiaries and stakeholders in the different states.

uptake. The remaining program sought to shift social norms around the use of contraceptive services by working with traditional and religious leaders .

Gender Based Violence (GBV)

GBV Literature Summary

Forty-eight article abstracts were identified with a focus on some form of gender-based violence (GBV) and a stated focus on or interest in social norms. Of the 48 abstracts, four were cross-classified as pertaining to the WEE priority area. As shown in **TABLE 2**, the studies focused on a range of different forms of GBV; the most common among these was intimate partner violence (IPV) with sizable numbers of studies also focused on violence against women and children and child marriage. Each abstract had a slightly different outcome of interest, ranging from studies seeking to understand constraints on gender equality in Nigeria, to those seeking to integrate gender awareness and rights into sexuality education for adolescents. While it was unclear in a few of the abstracts whether the studies collected primary data, over a third of the study abstracts that provided detail on their data sources were analyses conducted with secondary data (n= 18). Similar to the SRH/FP sector, a sizable number of these studies (n= 15) were purely descriptive studies utilizing only qualitative data collection methods. These 52 were conducted in various locations throughout Nigeria.

GBV Programs Summary

The Programs-Focused working group received profiles of five intervention projects conducted in Nigeria with a focus on GBV outcomes and with a stated interest in social

TABLE 2 | Abstracts at the Intersection of Social Norms and GBV

Characteristics of 52 abstracts identified at the intersection of social norms and GBV in Nigeria

Primary Outcomes of Interest	Type of data*	Methods*	Location of Studies*	
Types of Violence	Primary data collection – 30	Quantitative Methods – 22	Nigeria and other International Sites – 10	Northern States – 9
Intimate Partner Violence – 12	Secondary data analyses – 10	Qualitative Methods – 15	National Level (generally) – 24	*Bauchi – 1*
Violence against Women and Children – 10		Systematic, Desk, or Literature review – 4	Cross-National Sites – 3	*Benue – 1*
Female Genital Mutilation and Cutting – 7			Single state level only – 12	*Borno – 2*
Child/Early Marriage – 6				*FCT – 1*
Sexual Violence – 5				*Kaduna – 2*
Gender and Social Norms – 5				*Kano – 2*
Domestic Violence – 3				Southern States – 11
Gender Equality and Injustices – 4				*Bayelsa – 1*
Human Trafficking – 1				*Edo – 2*
Infant commodification – 1				*Enugu – 1*
				Oyo – 1
				Lagos – 2
				Osun – 1
				Southeastern – 1
				Southwestern – 1

* Numbers that do not sum to the total are due to a lack of full article information available during abstract review.

Case Study 2: GBV - MCGL

What was it?

MCGL (MOMENTUM Country and Global Leadership) is a four-year project aimed at reducing incidents of Gender Based Violence (GBV) and child marriage, as well as improving the sexual and reproductive wellbeing of young women and men. It is funded by USAID and led by Jhpiego in collaboration with Pact Global.

Where was it?

The project was implemented as a national project in two states in Nigeria, Ebonyi and Sokoto.

What made it unique?

The MCGL project was unique in its innovative approach to tackling GBV by combining both response and preventive methods into one project. The project also used focus group discussions, community participatory approaches, and quantitative methods to reach and change social norms related to GBV. One key strategy was to carry out social norms exploration and mapping, developed with state and community stakeholders to determine the depth of the issues and develop appropriate interventions. The project also focused on an inward analysis of the social norms evolution of all members of staff to set them up as role models in changing and reorienting social norms in the country.

Why was it successful?

The success of the MCGL project can be attributed to its innovative approach to tackling GBV. The combination of response and preventive methods, along with a focus on social norms, made it a unique project in Nigeria and has served as a model for other initiatives. The project's focus on training health workers and key stakeholders on GBV, validating the GBV Referral Directory, and establishing task forces at the state and local government level were critical factors in its success. The project's ability to successfully change social norms related to GBV has also been a significant contributor to its success.

norms (**APPENDIX 5: TABLE 2**). Notably, two of these projects (i.e., Spotlight and IHP) also reported working on SRH/FP and WEE outcomes and therefore are cross-listed in those summaries as well. The five identified programs used a variety of approaches to address and reduce GBV outcomes. Notable approaches included vocational skills training, house-to-house advocacy, market campaigns, interfaith and inter-tribal dialogues, trainings and workshops and provision of safe spaces for victims of GBV. Notably, all five of the projects used qualitative exploratory methods to identify social norms related to their GBV outcomes of interest.

Nutrition

Nutrition Literature Summary

The Literature Working group's search identified 11 abstracts of papers published between 2013 and 2022 with a focus on nutrition and a stated focus on or interest in social norms. Of those 11, 1 was cross-listed in the WEE priority thematic area. Breastfeeding and social norms related to breastfeeding was the focus of most articles, including issues around exclusive breastfeeding and complementary feeding. Across these articles, different types of social norms were noted such as the importance of gender roles in complementary feeding of children, the influence of social norms related to breastfeeding on postpartum female sexuality and social perceptions of breastfeeding among HIV positive women.

TABLE 3 | Abstracts at the Intersection of Social Norms and Nutrition

Characteristics of 8 abstracts identified at the intersection of social norms and nutrition in Nigeria

Primary Outcomes of Interest	Type of data	Methods*	Location of Studies	
Breastfeeding including Exclusive Breastfeeding and Complementary feeding – 5	Primary Data – 7	Quantitative – 8	Nigeria and other International Sites – 1	Northern States – 7
Maternal, Child, and Women's Nutrition – 3		Qualitative – 2	National Level (generally) – 1	*Borno – 1*
Body image – 1		Mixed-methods – 1	Cross-National Sites – 4	*Kaduna – 3*
Economic independence and food preparation and production – 1			Single state level only – 6	*Kebbi – 1*
Positive behavioral weight change – 1				*Plateau - 1*
Food Insecurity – 1				*Sokoto – 1*
				Southern States – 7
				Bayelsa – 1
				Edo - 1
				Enugu - 1
				Lagos - 2
				Ogun - 1
				Southeast Nigeria – 1

* Numbers that do not sum to the total are due to a lack of full article information available during abstract review.

Outside of breastfeeding, abstract topics ranged from body dissatisfaction among Nigerian youth to the effect of widowhood and religion on nutritional behaviors. Most of these studies collected primary data and did so using quantitative approaches. The two articles using qualitative methods both focused on the influence of social norms on breastfeeding and complementary feeding. In terms of geographic location of these studies, all were conducted exclusively in Nigeria and were equally distributed across Northern and Southern states.

Nutrition Programs Summary

The Programs-Focused working group received profiles of three intervention projects conducted in Nigeria with a focus on Nutrition and social norms (**APPENDIX 5: TABLE 3**). Across these three programs, intervention components sought to address an array of nutritional practices including exclusive breastfeeding (EBF), early initiation of breastfeeding, complementary feeding, iron and folic acid supplementation and use of local herbs. Water, sanitation and hygiene (WASH), and use of traditional birth attendants were each also addressed. Mass media campaigns, interpersonal communication, community mobilization and sensitization, trainings and workshops were the intervention approaches adopted to reach target stakeholders. Notably all three projects conducted exploratory studies using qualitative methods to identify the norms related to the nutrition practices of central interest.

Case Study 3: Nutrition- Accelerating Nutrition Results In Nigeria (ANRIN)

What was it?

Accelerating Nutrition Results in Nigeria (ANRIN) is a 5-year project aimed at improving Maternal, Infant, and Young Child Nutrition (MIYCN) in Nigeria. With a focus on strengthening local capacities and ownership, ANRIN aimed to enhance nutrition services and reduce maternal anaemia, low birth weight, and small for gestational age newborns, as well as improve breastfeeding practices.

Where was it?

ANRIN was successful in improving MIYCN at a National level.

What made it unique?

What made ANRIN unique was its approach to addressing social norms related to breastfeeding and promoting complementary feeding, particularly in rural communities. By using religious leaders as key stakeholders, ANRIN successfully reoriented negative norms surrounding breastfeeding and early childhood feeding practices, leading to improved health outcomes for children.

Why was it successful?

One of the project's key achievements was the introduction of new health indicators related to breastfeeding and the expansion of maternity leave. This innovative approach to changing social norms helped to improve health outcomes for children and was a crucial factor in the project's success.

Women's Economic Empowerment

WEE Literature Summary

The Literature Working Group's search identified a total of seven articles with a focus on some form of women's economic empowerment (WEE) and a stated focus on or interest in social norms. Notably, given the cross-cutting nature of WEE, six of these articles addressed and therefore were summarized among the other priority thematic areas. We chose to include them here as well to focus on the WEE aspects of their studies.

As shown in **TABLE 4**, the ways in which these studies were conceptualized and sought to advance WEE varied considerably and included women's participation in the labor force, women's ability to make food purchasing decisions, girls' retention in education, reductions in child marriage and women's entrepreneurship. Most of these studies were quantitative data and a few were secondary analyses of large surveys. Notably all of the studies included here that were conducted at the state level none were conducted in Northern Nigeria.

WEE Programs Summary

The Programs-Focused group received six profiles of projects which sought to shift social norms related to women's economic empowerment (**APPENDIX 5: TABLE 4**). Notably, two of these projects (i.e., Spotlight and IHP) also reported working on SRH/FP and GBV outcomes and therefore are cross-listed in those summaries as well. Notably these projects adopted different definitions of WEE focusing on outcomes that ranged from strengthened civic advocacy to improved access to quality education with the goal of strengthening the resilience of women farmers. Most interventions centred on conducting trainings and workshops. Although at the time this report was prepared, some of the projects were ongoing and/or in nascent stages, several reported important shifts in norms such as girls being able to negotiate delays in marriage and women allowed to make household decisions and use mobile phones.

TABLE 4 | Abstracts at the Intersection of Social Norms and WEE

Characteristics of seven abstracts identified at the intersection of social norms and WEE in Nigeria

Primary Outcomes of Interest	Type of data	Methods*	Location of Studies	
Women's labor force – 2 Economic empowerment and VAWC – 2 Gender roles and food insecurity and purchasing decisions – 2 Support system for families and women's entrepreneurship – 1 Child Marriage and social norms for education – 1	Primary data collection – 3 Secondary data analyses – 2	Quantitative methods – 7 Qualitative methods – 0	Nigeria and other International Sites – 1 National Level (generally) – 3 Cross-National Sites – 1 Single state level only – 3	Southern States – 4 *Bayelsa* *Oyo* *Southeast Nigeria*

Case Study 4: WEE - GPI

What was it?

Girls' Power Initiative (GPI) was a 3-year program focused on leadership and sexuality education for young girls in Nigeria. The program provided age-appropriate curriculums for different levels, divided according to the age of the girls.

Where was it?

GPI runs in four different states in Nigeria namely; Cross River, Edo, Delta and Akwa Ibom.

What made it unique?

GPI was unique in that it challenged traditional norms that limit young women to being only wives and daughters. The program opened up new opportunities for young girls to explore their skills and abilities, encouraging them to think beyond traditional gender roles and pursue careers that positively impact their communities.

Why was it successful?

GPI was successful due to funding from various donors, including the Ford Foundation, MacArthur Foundation, and International Women's Health Coalition (IWHC). This funding has allowed the program to reach 10,000 young girls in Nigeria and provide them with the information and tools they needed to thrive. The unique approach of the program, challenging traditional norms, also contributed to its success by providing young girls with a platform to explore their potential and positively impact their communities.

Cross-Sectoral Summary of Program Funding and Implementation Characteristics

The Programs-Focused working group circulated a survey asking respondents to provide some details on the funding and implementation aspects of their programs.

APPENDIX 5: TABLE 5 provides additional detail on the variety of implementing partners, funders, collaborating agencies, project locations and duration of all 16 projects that completed the survey. As shown, most projects were implemented by a consortium of partners including a mix of local and international NGOs, international humanitarian aid organizations, community-based organizations, government agencies and universities. The funders for these projects were largely international financial institutions, foundations and government funders. Notably, the government of Canada (Global Affairs Canada) funded a quarter of these projects (i.e., four of the 16) and the US Government (USAID) and the World Bank each funded two. These were the only funders who supported more than one of these social-norms focused projects. There were also a few private-sector organizations among the funders like Nugi Technologies. Across these projects, a total of seven different federal government ministries collaborated on the implementation of these projects; these included the Ministries of Health, Women's Affairs, Education, Social Welfare, Justice, Humanities and Youth. A variety of state and local government agencies also served as collaborators. The projects varied in length from 12 weeks to up to 15 years but most were implemented for a period lasting greater than one year but less than five.

Final Reflections and Takeaways

This landscape report is intended to serve as a snapshot and baseline assessment of the status of social norms research and programming in Nigeria. The main objective of this report is to provide practitioners, researchers and funders across a broad swath of health and development sectors with an understanding of the social norms work that has been done to date in Nigeria.

It is our hope that this information about what type of social norms work has been done to date, by whom, and in what sectors and geographies, will help to inform understanding of where gaps remain, spur new partnerships and investments and lay the foundation for increased scholarship and programming in Nigeria.

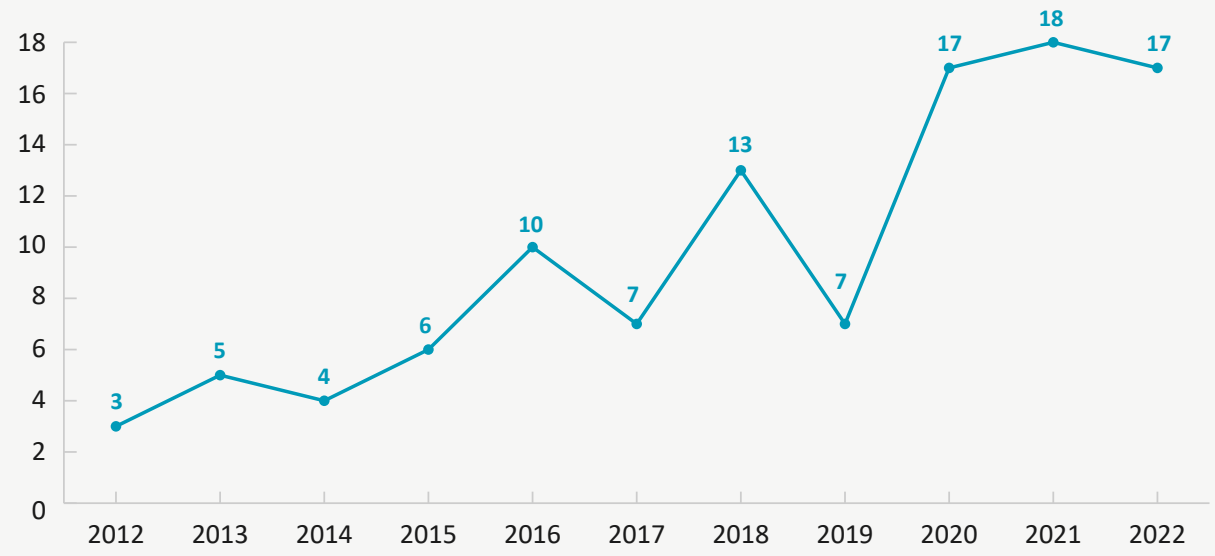
In looking across all the studies and programs that we were able to find and compile for this report, there are a few trends and gaps that we felt it important to highlight. They are as follows:

Chronological Trends

We found 109 articles published during our time period of interest 2012 to 2022. The number of articles published on an annual basis during that time increased in a nearly linear fashion from a mere three articles in 2012 to 17 articles in 2022 (**FIGURE 8**). It is hard to make any definitive statements about chronological trends in social norms programming given the imprecise nature of the programs sampled for this report. Nonetheless, it seems promising that the majority of included programs were initiated within the past five years.

FIGURE 8 | Chronological Trends

Final number of social norms published articles identified during social norms landscape assessment



Encouragingly it appears that scholarship and programming to understand and address the effects of social norms on health and development outcomes in Nigeria has been steadily increasing over the past decade.

Geographic Focus

In terms of the locations where these studies and programs were implemented, it is notable that there has been research and programs conducted in all six of Nigeria's geopolitical zones and 30 of Nigeria's 36 states. Specifically, the abstracts included here represent an equal number of studies conducted in Northern and Southern Nigeria. We did note that more of the norms shifting initiatives were located in Northern Nigeria, particularly Northeast Nigeria. Notwithstanding, the geographic dispersion of social norms research and programming throughout Nigeria indicates that capacity and expertise needed to undertake this work is not centralized in one location but rather exists and is growing throughout the country.

Diversity of Funders, Implementing Partners and Government Collaborators

Looking across the 16 social norms programs included here, we find it encouraging the diversity of funders and implementing partners and collaborating Nigerian government agencies involved in this work. For others interested in incorporating a social norms lens into their work, we hope that the range of experienced potential collaborators enumerated in this report will increase the probability of them finding the right partners to help them do so.

Focus of Social Norms Research to date

In comparing the number of articles identified in each of the four prioritized health and development areas, we found substantially less research to date on the intersection of nutrition and social norms (n=11) and social norms related to WEE (n=10), in comparison to the intersection of social norms and SRH/FP (n=43) and social norms and GBV (n=48). This indicates a need and an opportunity for increased scholarship examining social norms related to WEE and nutritional outcomes. This also likely indicates that much is already known about the existence and impact of social norms in relation to SRH/FP and GBV in Nigeria.

Variations in Social Norms Approaches and Focus

This Landscape report included 15 social norms-focused programs identified either by NLC members or the program personnel themselves. We similarly included 109 abstracts with a stated interest in social norms. While this represents a substantial body of work in Nigeria over the last few years, social norms conceptualization and approaches varied considerably. For instance, the programs ranged from those with an explicit social norms shifting objective to those which tackled norms implicitly, simply noting the presence of social norms as a factor to take account of in their theory of change or program implementation. We similarly found a range of social norms conceptualizations, theoretical frameworks, measurement and exploration approaches among the included studies. We believe there is still considerable work to be done in Nigeria to bring greater consistency and focus to social norms programmatic and scholarship approaches.

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Appendix 1
Social Norms Programs Survey

Nigeria Social Norms Learning Collaborative Stakeholders Landscape Questionnaire

The Nigeria Social Norms Learning Collaborative is working on gathering information about social norms programs and tools in Nigeria to further our work. The objectives of this process are to:

1. Document the names and contact information of organizations and projects that are working on social norms initiatives in Nigeria in selected health and development sectors
2. Provide short summaries of the work that these are organizations are doing;
3. Document challenges and lessons learned doing social norms work in Nigeria from key stakeholders

Information we collect will be added to our website on the ALiGN network platform, which you can see here: https://www.alignplatform.org/learning-collaborative-advance-social-norm-change-nigeria

* Required

1. I understand that participation in this survey is voluntary and the information submitted will be shared on the ALIGN Map to be publicly available. *

   Mark only one oval.

   ◯ Yes
   ◯ No- I do not want to continue with this survey.

2. What is your organization's name? *

   _____

3. Please list the primary contact's name and email address for this project/tool. *

   _____

4. Please list the donor/funder for this project/tool. *

   _____

Basic Project Information

5. What is the name of the project, intervention, or tool (& Acronym) related to social norms? *

   _____

6. Please list all organization(s) involved in-sentence list format; separated by semi-colon *

   _____
   _____
   _____
   _____

7. What was the duration of the project or intervention? *

8. Select below the level (s) of implementation (if this occurred at both the state and national level you may check both). *

Check all that apply.

- [ ] National
- [ ] States
- [ ] Other:

9. Please list the line ministries, departments and agencies worked with in the implementation of this intervention or program.

Program/Intervention Details and Activities

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

Program/Intervention Details and Activities

11. Please select 3-5 tags that best describe the project *

Check all that apply.

- [ ] Child Marriage
- [ ] Community Development
- [ ] Conflict and Emergencies
- [ ] Data, tools, and measurement
- [ ] Economic Empowerment
- [ ] Education
- [ ] Gender-based violence (GBV)
- [ ] Maternal & Child Health
- [ ] Media
- [ ] Men, Boys, and Masculinities
- [ ] Sexual and Reproductive Health
- [ ] Other:

Program/Intervention Details and Activities

12. Did this intervention address any social norm (this could be directly or indirectly)? If yes, kindly list the social norms you were trying to address through this project in sentence list format and separated by semi-colon. *

13. Please select up to five of the below data collection methods that were used *

Check all that apply.

- [ ] Focus Group
- [ ] Participatory Techniques
- [ ] Quantitative Methods
- [ ] Survey
- [ ] Interview
- [ ] Qualitative methods
- [ ] Scales
- [ ] Vignettes
- [ ] None of the above

14. What additional strategies were used in intervening on the above issues? Please select or add anything different than was previously listed.

Check all that apply.

- [ ] Trainings
- [ ] Workshops
- [ ] Vocational Skills
- [ ] Cash Transfers
- [ ] None- main method listed above.
- [ ] Other: _____

Implementation

15. What challenges did you face during implementation of this intervention?

_____

_____

_____

_____

_____

Results/Achievements/Findings

16. In 3-5 sentences provide a summary of the project's key achievements and findings related to social norms. *

_____

_____

_____

_____

_____

17. Can this intervention be adapted in other locations, with or without funding? If yes, please explain how. *

_____

_____

_____

_____

_____

Program Sustainability

18. Was there a sustainability plan for this intervention to continue after donor funding ended?

Mark only one oval.

- ◯ Yes
- ◯ No

19. If you answered "yes" above-could you explain the sustainability plan and include whether it is still being implemented?

Supplementary Information

20. We would like to feature your approach / tools on the ALIGN Map and invite you to upload them to this question below. If you choose not to add additional items you may skip this question.

Files submitted:

21. Is there any other supplementary information you would like to submit? (e.g. website, manuscripts, reports, etc) If so, please upload documents to the previous form or submit links to documents or websites below.

Appendix 2
Case Studies Interview Guide

Case Study Interview Questions

The following questions will be used to get additional information about selected programs:

1. What were the objectives of the project (name of project)?
2. What would you say is the innovative strategy you employed in changing social norms on the project?
3. Is your organization a gender or diversity-oriented organization or did you just take on a gender related project? (For WEE and GBV programs)
4. Was there a need to reorient staff of the project on gender and social norms? If so, why?
5. What would you say are the key achievements of this project related to social norms?

Appendix 3
Literature Search Terms

All Articles

Databases

PubMed, Global Health, Academic Search, CINAHL , PsycInfo, Scopus, AIM

Search Terms

Behavioral Outcomes lists see below

AND

(social norms OR "social norms" OR community norms OR subjective norms OR injunctive norms OR normative expectations OR "gender norm" OR "gender norms" OR norm OR norms OR "norm change" OR normative OR "normative intervention" OR normali*)

AND

Nigeria

GBV

FGM/C

("female circumcision" OR "female genital cutting" OR "female genital mutilation" OR "female genital mutilation or cutting")

Early marriage

(“child marriage” OR “early marriage” OR “timing of marriage” OR “arranged marriage” OR “adolescent marriage” OR “age of marriage” OR “marriage entry” OR “forced Marriage”)

Domestic abuse and violence

(“domestic assault” OR “wife Abuse” OR “spousal abuse” OR “woman abuse” OR “abuse of women”

Gender based violence

(violence OR GBV OR IPV OR “wife beat” OR battered OR battering OR “eve teasing” OR abuse OR abused OR abusing OR rape OR raped OR coercion OR “sexual coercion” OR coerced OR coercing OR “sexual attack” OR “sex abuse” OR “sexual harassment” OR harassment OR VAWC OR VAW OR “violence towards women“)

Cyberbullying

(“online violence” OR bully OR bullying)

SRHFP

Family Planning

("family planning" OR fertility OR "family size" OR "unmet need" OR infertility)

Birth Spacing

("healthy timing" OR "birth spacing" OR "birth timing" OR HTSP OR pregnancy OR childbearing OR childbirth OR "first birth" OR "sexual debut" OR abstinence OR "premarital sex" OR "teen parent*" OR "adolescent mother*" OR "adolescent sex*" OR "timing of parenthood")

Menstrual Hygiene

(menstruation OR menstruate OR menstrual OR menstruating OR MHM OR menses OR menarche OR period OR puberty OR menopause OR "monthly cycle" OR dysmenorrhea)

HIV and STIs

(HIV OR STIs OR "human immunodeficiency" OR gonorrhea OR syphilis OR chlamydia OR herpes OR HPV OR AIDS OR "acquired immune deficiency" OR HCT OR concurrent OR concurrency OR STD OR "sexually transmitted" OR VD OR venereal OR "genital wart" OR "human papilloma")

WEE

("WEE" OR "economic empowerment" OR "economic power" OR "economic capabilities" OR "economic abilities" OR "financial capacity" OR "economic ability" OR "economic opportunities" OR "economic advancement") AND (women OR gender OR female)

Nutrition

(anemia OR "antenatal care" OR prenatal care[Mesh] OR "prenatal care" OR "balanced energy" OR "breast milk" OR milk, human[Mesh] OR breastfeeding OR breast feeding[Mesh] OR "complementary feeding" OR diarrhea OR "dietary diversity" OR "dietary supplements" OR feeding OR "feeding behavior" OR folate OR "folic acid" OR "infant formula" OR infant formula[Mesh] OR iron OR micronutrients OR nutrition OR "nutritional status" OR nutritional status[Mesh] OR obesity OR overweight[tiab] OR protein[tiab] OR stunting[tiab] OR undernutrition[tiab] OR "vitamin A" OR wasting OR wasting syndrome[Mesh] OR zinc[tiab])

Appendix 4
Literature Inclusion and Exclusion Criteria

Inclusion Criteria

- Situated in Nigeria
- Timeframe: 2012-2022
- Needs to say one of the following:
  - social or gender norms were measured; or
  - social or gender norms were part of the theory of change or conceptual framework; or
  - project tried to change/focused on changing social or gender norms
- Must be focused on one of the following sectors:
  1. Women's Economic Empowerment
  2. Gender-based violence
  3. Reproductive health and Family Planning
  4. Nutrition

Exclusion Criteria

- Written in language other than English
- Project took place before 2012
- Work took place outside of Nigeria
- Social/ gender norms just mentioned as a related issue or possible cause of the issue rather than a focus of the project
- Does not fall into any of the following sectors:
  1. Women's Economic Empowerment
  2. Gender-based violence
  3. Reproductive health and Family Planning
  4. Nutrition

Appendix 5
Social Norms Project Characteristics Tables

TABLE 1 | Characteristics of 6 Recent SRH/FP Projects

Characteristics of 6 identified recent projects working at the intersection of SRH/FP and social norms in Nigeria

Project Name	Project Objective	Intervention Components	Target Population	Reported Social Norms of Interest	Reported social norms findings or achievements
Drama for Edutainment	To educate young people in Northern Nigeria about reproductive health issues using a TV drama series.	· TV Drama series	· Youth	The drama series sought to address social norms around SGBV[3], HIV/ AIDS, SRH, Parenthood, Drug / substance abuse, Menstrual hygiene, and Gender equality	Educated and created awareness on social norms related to reproductive health
STI Risk Reduction Program among female undergraduates in Port Harcourt Metropolis	To reduce risk of STIs among female students at the University of Port Harcourt	· Online peer education · Small group discussion sessions · Counseling and referral services · Youth leader engagement · Trainings and workshops	· Female university students	This program sought to address the unspoken bias associated with educating young females about their sexual and reproductive health	Educated students about their sexual and reproductive health, and STI prevention

3 SGBV- Sexual and gender-based violence, HIV- Human immunodeficiency virus AIDS-Acquired immunodeficiency syndrome, SRH- Sexual and reproductive health, ASRH- Adolescent sexual and reproductive health, STI- Sexually transmitted infection, PHC- Primary health care, FP- Family planning, IPV- Intimate partner violence

Project Name	Project Objective	Intervention Components	Target Population	Reported Social Norms of Interest	Reported social norms findings or achievements
Integrated Health Program (IHP)	To contribute to state-level reductions in child and maternal morbidity and mortality and to increase the capacity of health systems (public and private) to sustainably support quality PHC services.	· Sex Education sessions for first time mothers · Trainings and workshops	· Young women and girls who were first time mothers · Health care workers	This program sought to address the social norms that contribute to a lack of power to make decisions regarding family planning among women and low self-esteem for girls to return back to school following pregnancy	Trained key stakeholders on gender sensitivity and integration into health and developed male engagement strategy documents in implementation states
REACH	To improve access and utilization of ASRH rights and services for 100,000 adolescents aged 10-19 in Zamfara, Katsina and Gombe states in Northern Nigeria	· Trainings and Workshops	· Adolescents	The program addressed norms related to child early marriage, use and non-use of modern contraceptives, and IPV	In the implementation states, girls were able to negotiate delay in marriage
Spotlight	To support and promote SRH rights of young people, women and girls	· Vocational skills training · Support and promotion of SRH rights	· Youth · Women and girls	This program addressed social norms impacting male involvement in SRHR	The village heads developed bylaws to prohibit harmful practices and SGBV
Enhancing the Sexual and Reproductive Health of Women and Adolescent Girls in Northern Nigeria	To improve awareness on SRH rights and services, equip religious and traditional leaders (RTLs) with the capacity to engage as change agents in the promotion of gender responsive SRH services and improve uptake of SRH services	· Training religious and traditional leaders (RTLs) to be change agents in the promotion of gender responsive SRH services · Male engagement	· Religious and Traditional Leaders	This program addressed social norms related to women needing permission from their husbands to seek reproductive health services, and myths and misconception around the use of contraceptive services	By the 4th year of the project, there had been a 49% increase in the proportion of RTLs who demonstrated a positive attitude to gender responsive and adolescent friendly SRH services. It also contributed to the 46% increase in the percentage of married women whose male partners support the use of contraceptives

TABLE 2 | Characteristics of 5 Recent GBV Projects

Characteristics of 5 identified recent projects working at the intersection of GBV and social norms in Nigeria

Project Name	Project Objective	Intervention Components	Target Population	Reported Social Norms of Interest	Reported social norms findings or achievements
Community led action to prevent violence against women and girls in Rigasa, Kaduna	To understand the KAPs of legal rights of women and girls in order to design effective and sustainable community level engagements to promote those rights	· Community leaders engagement	· Women and girls	This project sought to understand and address social norms related to GBV, child marriage and women empowerment	None reported
P.E.A.C.E.D / Combating GBV	To prevent and counter violent extremism and combat GBV	· Community engagement to strengthen their ability to resist extremism and radicalization · Creating safe spaces · Inter-faith/tribal dialogues	· Youth · Women · Community and religious leaders, groups and association	The project addressed social norms related to discrimination against and prevention of justice and services for GBV survivors	Community members were found to cover cases of GBV thereby promoting its perpetration therefore, creating awareness and providing justice and service is essential in combating GBV
Women Voice Leadership Nigeria Project	To prevent GBV	· Vocational skills training · Campaign in the markets · House to house advocacy · Provision of technical and financial resources to local feminist / women's rights organizations	· Primary target: Women and girls · Secondary target: Men and adolescents	The project addressed social norms that promote harmful practices such as · Female Genital Mutilation · Unequal power dynamics between men and women · Community practices that influence GBV	Found that it is important to teach equitable gender norms early as children and adolescents are highly impressionable. They also found that for adults, continuous awareness in local dialect is key to achieve norm change
Integrated Health Program (IHP)	To increase the capacity of health systems (public and private) to sustainably support quality PHC services.	· Sex Education sessions for first time mothers · Trainings and workshops	· First time mothers · Health care workers	This program sought to address the social norms that contribute to a lack of power to make decisions regarding family planning and stigma about returning to school after pregnancy.	Trained key stakeholders on gender sensitivity and integration into health, developed male engagement strategy documents in implementation states and reported improvement in Gender Based Violence (GBV) identification, response and documentation

TABLE 3 | Characteristics of 3 Recent Nutrition Projects

Characteristics of 3 identified recent projects working at the intersection of Nutrition and social norms in Nigeria

Project Name	Project Objective	Intervention Components	Target Population	Reported Social Norms of Interest	Reported social norms findings or achievements
Accelerating Nutrition Results in Nigeria (ANRiN)	To increase the utilization of quality, cost effective nutrition services for pregnant and lactating women, adolescent girls and children under five years in Nigeria.	· Mass media campaigns · Interpersonal communication	· Pregnant and lactating women · Adolescent girls · Children under 5 years	The project sought to address social norms that influence nutritional practices such as EBF, EIBF, complementary feeding, and IFA supplementation	None reported. Project ongoing
Alive & Thrive	To reduce maternal anemia, low birth weight and small for gestational age newborns, improve breastfeeding and Infant and Young Child Feeding (IYCF) practices to reduce wasting and stunting, and strengthen the capacity of local organizations to successfully implement nutrition interventions within existing MNCH services.	· Community mobilization and sensitization · Capacity strengthening sessions · Practical skills enhancement trainings and workshops on IPC for delivery of IYCF services for health workers	· Infants and young children · Mothers	This project seeks to address social norms around breastfeeding and complementary feeding	Sensitized and engaged communities on IYCF practices, and recorded improved rate of early initiation of babies to breastmilk and exclusive breastfeeding in two project states
The IFA and Zinc Lo-ORS behavioral Change Intervention (BCI) Strategy Project and implementation	To reduce maternal and child mortality in Northern Nigeria by supporting the provision of quality ANC services including IFA Supplementation and Nutrition Counseling to pregnant women, and improving care seeking for diarrhoea and quality of diarrhoea treatment, as a strategy to reduce mortality among children under-five	· Community mobilization · Trainings and Workshops	· Pregnant women · Children under 5	This project addressed gender norms that served as barriers to women accessing health services and norms that encourage the use of local herbs	Identified social norms influencing the low uptake of IFA among pregnant women and ORS among children with diarrhea, and gender norms that serve as barriers to women accessing health services, developed messages for community mobilization and trained service providers

TABLE 4 | Characteristics of 6 Recent WEE Projects

Characteristics of six identified recent projects working at the intersection of WEE and social norms in Nigeria

Project Name	Project Objective	Intervention Components	Target Population	Reported Social Norms of Interest	Reported social norms findings or achievements
Girls Education	To improve girls' enrollment, retention, and graduation rate in Yobe	· Advocating for the rights of disadvantaged children	· Girls	The program addressed norms related to child early marriage	In the implementation states, girls were able to negotiate delay in marriage
Integrated Health Project (IHP)	To promote women's economic empowerment by providing sex education to young first-time mothers, encouraging them to delay pregnancy and supporting them to return to school	· Trainings and workshops	· Young first- time mothers	This program sought to address social norms that influence women's economic empowerment	Trained key stakeholders on gender sensitivity and integration into health
Nigeria for Women	To address key constraints to women's social and economic empowerment at the community, and household levels	· Women Affinity Groups · Trainings and workshops · Gender sensitization activities	· Women 18 years and above	This projects seeks to address gender norms that influence women's full participation in economic activities	Project is ongoing however they are beginning to see women being allowed to make decisions in their household. In a community where women were not allowed to use phones, they now use phones
Project Impact 5000 Children	To promote access to quality education for indigent children by providing them with essential school materials	· Provision of essential educational materials	· Primary school children	This project seeks to address norms that affect social inclusion	None reported as this is a new project

Project Name	Project Objective	Intervention Components	Target Population	Reported Social Norms of Interest	Reported social norms findings or achievements
Spotlight	To provide education and vocational skills for young women, and strengthen the capacity of local CSOs for civic advocacy	· Vocational skills training · Support and promotion of SRH rights	· Young women and girls	The project addressed norms related to women's economic empowerment in order to promote practices such as having female members in traditional council	The village heads developed by laws to prohibit harmful practices
V4D	To improve support for inclusive basic education and improve resilience among vulnerable women farmers	· Vocational skills training · Providing farm inputs · School re-enrollment · Sign language trainings for teachers and students · Creating and running inclusive neighbourhood spaces for literacy and numeracy training for young people · Sports	· Young women (ages 15-35) · Women Farmers · Community and religious leaders	None addressed	None reported related to WEE

TABLE 5 | Characteristics of 16 Recent Social Norms Projects

Characteristics of 16 identified recent projects working on social norms in Nigeria

Project Name	Implementing Partners	Funder(s)	Collaborating Government Agencies	Region(s) / State(s) Conducted	Year Started, Project Duration[4]
Alive & Thrive	· FHI360 · 21 Indigenous CBOs across 7 states	Bill and Melinda Gates Foundation	Ministry of Health; primary health care development agency/ board; budget and planning	Kaduna, Kano, Sokoto, Borno, Bauchi, Yobe (North) and Lagos (South)	2017, 5 years
The IFA and Zinc Lo-ORS behavioral Change Intervention (BCI) Strategy Project	· Forward In Action For Education Poverty and Malnutrition (FAcE-PaM); · Society for Women Development and Empowerment of Nigeria (SWODEN), · Association of Women living with HIV/AIDS in Nigeria, · Taimako Community Development Initiatives, · Save the Child Initiative	Nutrition International	Ministry of Women's Affairs; State Ministry of Health, State Primary Health Care Development Board, LGA health departments, and facility health providers	Kano, Katsina, Jigawa, Sokoto, Kebbi, and Yobe (North)	2019, 1 year, 6 months
Accelerating Nutrition Results in Nigeria (ANRiN)	· Global Financing Facilities · World Bank	World Bank	Federal and State Ministries of Health, MBNP ,Federal Ministry of Agricultural and Rural Development, Federal Ministry of Women Affairs, Federal ministry of Education, National Association of Secondary School Principals, National and State Primary Health Care Development Agencies	Gombe, Kaduna, Kano, Katsina, Kogi, Kwara, Niger, Nasarawa, Plateau (North) and Abia, Akwa Ibom and Oyo (South)	2019, 5 years
REACH	· Save the Children	Global Affairs Canada	Ministries of Education, Health, and Women's Affairs and Social Development	Zamfara, Katsina and Gombe (North)	2018, 3 years

4 If year not shown, it was not reported by the project.

Project Name	Implementing Partners	Funder(s)	Collaborating Government Agencies	Region(s) / State(s) Conducted	Year Started, Project Duration[4]
Enhancing the Sexual and Reproductive Health of Women and Adolescent Girls in Northern Nigeria	· Clinton Health Access Initiative (CHAI)	Global Affairs Canada	State Ministry of Health, State Primary Healthcare Management Board, Hospital Management Board	Kaduna, Kano and Katsina (North)	2018, 4 years
Drama for Edutainment	· Adolescent Health and Information Projects (AHIP) · Browlay	Ford Foundation, PZ Cussons	Ministries of Women's Affairs	Kano, Maiduguri (Borno), Jos (Plateau), Kaduna, Zamfara, Sokoto, and Niger (North)	15 years
STI Risk Reduction Program among female undergraduates in Port Harcourt Metropolis	· University of Port Harcourt · Rivers State University	Self-funded	N/A	Port Harcourt, Rivers (South)	12 weeks
Women Voice Leadership Nigeria Project	· A Well Informed Adolescent Initiative · ActionAid Nigeria · Child Care and Adult Protection Initiative · Neighborhood Care Well Foundation	Global Affairs Canada	Ministries of Health, Justice and Women's Affairs; Child Protection Network; Nigerian Police Force; Local Government Leaders	Cross River (South)	2020, 4 years
Momentum Country and Global Leadership-(VAWG)	· Jhpiego · The Man Off Group · PACT · Save the Children	USAID	Ministries of Health, Humanitarian Affairs, Justice and Women's Affairs	Ebonyi (South) and Sokoto (North)	2021, 4 years

4 If year not shown, it was not reported by the project.

Project Name	Implementing Partners	Funder(s)	Collaborating Government Agencies	Region(s) / State(s) Conducted	Year Started, Project Duration[4]
Community led action to prevent violence against women and girls in Rigasa, Kaduna	· Enhancing Communities Action for Peace and Better Health (e-CAPH) Initiative · UNICEF	Rise up Nigeria	Kaduna State Ministry of Human Services and Social Development; Kaduna State Aids Control Agency; National AIDS Control Agency; Police and Kaduna State Vigilante Services	Kaduna (North)	2020, 1 year
P.E.A.C.E.D. / V4D	Adolescents Health and Information Projects (AHIP) Youth, Adolescence, Reflection and Action Centre (YARAC); Education as a Vaccine (EVA); CARAV; Federation International de Football Association (FIFA); Network for Empowerment and Development Initiative (NEDIN); Isa Wali Empowerment Initiative (IWEI); Women's Rights RAdvancement & Protection Alternative (WRAPA); Federaion of Muslim Women Associations in Nigeria (FoMWAN); Jama'atu Nasril Islam (JNI); Christian Association of Nigeria (CAN); Support for Women and ATeenage Children (SWATCH); Centre for Human Rights and FSocial Advancement N(CEFSAN); National Association of Person With Disabilities (NAPWD); WPC; Society for Women Development and Empowerment of Nigeria (SWODEN); Network of Disabled Women (NDW); Rule oOf Law and Anti-Corruption Programme (RoLAC); MELHRT; Neem FoundationEEM; Women Widows and Orphans Development Initiative (WWODI)	Global Community Engagement and Resilience Fund (GCERF, IPAS, Amplify Change, Voluntary Service Overseas (VSO)	Ministries of Education, Health, Justice and Women's Affairs National Agency for Prohibition of Trafficking in Persons (NAPTIP), Human Rights Council	Kano (North)	2 years
Girls Education	· Save the Children	Global Affairs Canada	Ministries of Education, Health, and Women's Affairs and Social Development	Yobe (North)	2018, 3 years

4 If year not shown, it was not reported by the project.

Project Name	Implementing Partners	Funder(s)	Collaborating Government Agencies	Region(s) / State(s) Conducted	Year Started, Project Duration[4]
Integrated Health Project (IHP)	· Jhpiego · Palladium · Women Influencing Health, Education and Rule of Law (WI-HER)	USAID	Ministries of Health, Women Affairs and Youth; State/National Primary Health Care Agency, National/ State Health Insurance Schemes	Ebonyi (South)	2019, 5 years
Nigeria for Women	· Federal Ministry of Women Affairs · State Ministries of Women Affairs (Ogun, Abia , Akwa Ibom, Kebbi, Taraba and Niger)	World Bank	Ministry of Women Affairs; State Health Insurance Agencies, Ministry of Environment	Abia, Akwa Ibom, and Ogun (South) Kebbi, Taraba and Niger (North)	2018, 5 years
Project Impact 5000 Children	· Atycare Initiative · Color Her Africa	Nugi Technologies	Ministries of Social Welfare and Humanities, and Education	Cross River (South)	2023, 2 years
Spotlight	· Cuso · GADA · Girls' Power Initiative · Netcusa · WILF	UN Women, Hivos	Ministries of Education, Social Welfare and Women's Affairs, Nigerian Police, Nigeria Immigration	Cross River and Ebonyi (South)	2019, 4 years

4 If year not shown, it was not reported by the project.

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