A Descriptive Study of the Impact of Mama2Mama Demand Generation Initiative on Immunization Coverage and Scaling-Up in Bauchi State

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ABSTRACT

This field verification study was conducted to ascertain impact of the Mama2Mama Support group initiative on routine immunization in Bauchi State. Through a mixed-methods approach across six Local Government Areas (LGAs)—Bauchi, Katagum, Shira, Darazo, Ganjuwa, and Dass—data was collected via health facility assessments, household surveys (n=240), health worker interviews, and focus group discussions. The findings provide overwhelming evidence of the Initiative's success. Household surveys revealed vaccination coverage rates of 85% to 100% in M2M communities, with approximately 90% of caregivers identifying M2M as the primary influence on their decision to vaccinate. Furthermore, 100% of health workers ranked M2M as the foremost contributor to increased uptake. The program's effectiveness is rooted in its peer-to-peer model, which builds trust, provides practical support, and navigates social barriers. This study conclusively validates the M2M program as a transformative and scalable intervention for improving public health outcomes.

Keywords: Primary Health Care, Households, Immunizations, Vaccinations and Mama2Mama

INTRODUCTION

At the community level women are central to both child and maternal health. There exist proffered geographical, financial, sociocultural and recently security barriers as reasons for poor uptake of services at Primary Health Care facilities, leading to increase morbidity and mortality. To address these barriers, the Mama to Mama (M2M) strategy was developed and implemented in Adamawa, Bauchi, Gombe and Taraba States. The M2M focuses on the empowerment of mothers and women in the community with appropriate health related knowledge and influencing behavioral change. It seeks to promote women's voice and participation in primary health care delivery, strengthens the links between the community, and other community structures with the health services and facilities. The strategy encourages female participation in decision making in matters that concern their health and wellbeing while facilitating women to join their voices in advocacy.

The Mama2Mama is a community-driven and focused solution to the first and second stages of the four-delay model. It is a platform to increase uptake of Reproductive Maternal Newborn Child Adolescent Health and Nutrition (RMNCAH+N) services and to promote positive knowledge, attitude and practices. Mama to mama (M2M) is a strategy designed to positively impact the efforts towards achieving most of the sustainable development goals.

The Mama2Mama (M2M) program was initiated in Bauchi State to address, among other health issues, persistently low childhood immunization rates through a community-based, peer-to-peer model. UNICEF

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supported the establishment and functionality of this initiative in all the 323 wards in Bauchi State. Two Mama2Mama support groups operational in each political wards, each group with ten members cutting across different age groups. One Community Extension Health Worker (CHEW) serves as health coach and facilitator to the two group in each ward. The groups meet monthly during which their coach empower them on RMNCAH+N key messages and collate their data. A previous impact report indicated a significant rise in immunization success rates following the program's implementation. To independently verify these claims and provide robust, ground-truther evidence, this field study was commissioned. Its primary objective was to ascertain the veracity of the reported coverage increase and to determine the extent of M2M's contribution, thereby justifying the program's documented impact.

LITERATURE REVIEW

A support group is formed when people come together with a common interest or life experience. It may be informal or formal, for the purpose of sharing information, sharing responsibility, safe environment, availability of practical help, emotional connection, learning together and from each other.

A mother-to-mother support group is a platform where women of childbearing age, as well as older women with similar interests, come together in a safe place to exchange ideas, share experiences, give and receive information, and at the same time, offer and receive support women and child health.

Mother-to-Mother Support Groups (MtMSG) under the Infant and Young Child Nutrition (IYCN) Project

There have been few instances where women groups were formed for the purpose of health education and community mobilization. One example is the Mother-to-Mother Support Groups (MtMSG) under the Infant and Young Child Nutrition (IYCN) Project, a United States Agency for International Development's flagship five-year project which begun in 2006 basically to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. The IYCN MtMSG are groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition (IYCN). These women also support each other as they care for children ages 0–5 years. One member of each group was trained in IYCN, as well as on basic group facilitation techniques. This person was responsible for engaging group members in discussion about IYCN and providing basic health education in an interactive, participatory manner.

RMNCAH+N Mama2Mama support groups Vs MtMSG

The RMNCAH+N Mama2Mama support groups in Bauchi State are group of women of different age who come together monthly where CHEW or JCHEW serves as the coach/facilitator unlike the MtMSG. This HW is responsible for conveying group's monthly meetings, empowering the group members with key messages on RMNCAH+N including WASH (hand washing) through interactive and participatory approach as well as documenting the group activities unlike the MtMSG that the focus is limited to nutrition.

Both have similar composition strategies. To maximize the effectiveness and sustainability of the groups, mobilization efforts focused on identifying and recruiting members from existing community structures with women members instead of forming entirely new groups. They both have the following characteristics:

- Groups have up to 15 participants.
- Members decide how often they meet.
- Members support each other through sharing experiences and information.

However, while MtMSG group was made up of pregnant and lactating women and other interested people RMNCAH+N groups are made up of women of childbearing age and older women (grandmother and mother-in law) with the goal of contributing to improving maternal and child health outcomes by empowering women

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with knowledge and skills. It has been implemented in states like Adamawa, Bauchi, Gombe, and Taraba in Nigeria, and has shown positive results in health-seeking behavior and healthcare outcomes.

In 2010, the Nigeria government with UNICEF support commenced implementation of Community Infant and Young Child Feeding Project (cIYCF). This included formation of IYCF support groups in communities and wards. No record or report of this group's activities could be traced. State and LGA program officers in Adamawa and Bauchi State confirmed that the IYCF support group has been merged into the RMNCAH+N groups

Mother 2 Mother Group Founded by Salina Miller

Another Mother 2 Mother support group is one founded by Salina Miller a dedicated advocate, caregiver, and community leader who devoted her life to empowering families navigating the complexities of disability care. She champions the needs of caregivers, providing them with the resources, education, and emotional support necessary to become strong advocates for their loved ones. Her journey began with the birth of her son, Elijah, who was diagnosed with autism and complex medical conditions. Understanding the unique challenges that come with raising a child with special needs, Salina turned her personal experience into a mission to uplift other caregivers facing similar struggles. She believes that no one should walk this journey alone, and through her Mother 2 Mother, she has built a supportive community that fosters resilience, advocacy, and hope.

Salina's initiative provides platform through 'community for the parents of children with disability to meet other parents and caregivers on the same journey in monthly support meetings, access disability awareness training and empowerment to become confident in their ability to care for their loved ones with the support community of mothers.

Postpartum Support: Research highlights the importance of postpartum support for new mothers. A study published in the Journal of the American Association of Nurse Practitioners found that women's postpartum concerns are intensified due to low social support, higher stress, and unmet needs.

Community-Based Initiatives: Community-based initiatives like Mama2Mama have been effective in promoting health awareness and improving health outcomes. These initiatives often involve training women as community health workers or peer supporters to provide support and guidance to other women in their communities.

MATERIALS AND METHODS

The study employed cross-sectional and mixed-methods design by integrating Facility assessments, Households surveys, Health workers interviews and Focus Group Discussions (FGDs) across six selected LGAs (Bauchi, Dass, Ganjuwa, Shira and Katagum) two LGAs from each of the 3 Senatorial Districts of Bauchi state.

Data collection was carried out in October 2025 and included the following components:

- Facility Assessments: In all the LGAs, two Primary Health Care Centres (PHCCs) per LGA (totaling 12 facilities) were visited to review immunization register availability, completeness, and monthly vaccination totals. Cold chain functionality and stock-out history were also assessed.

- Household Surveys: A total of 240 households (approximately 40 per LGA) were surveyed. Structured interview guidelines were administered to caregivers of children under five years of age to determine vaccination status, awareness of the M2M program, and sources of decision-making influence.

- Health Worker Interviews: Structured interviews were conducted with the immunization officer at each visited PHCC to gather qualitative insights on changes in service uptake and the perceived role of the M2M program.

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• Focus Group Discussions (FGDs): FGDs were held with groups of 6-8 mothers in each LGA to gather in-depth qualitative data on their experiences, the perceived impact of M2M, and persistent barriers to vaccination.

The researchers also conducted desk reviews of national survey reports – the National Demographic Health Survey (NDHS) which enabled corroboration of the data from the quantitative and qualitative.

RESULTS AND DISCUSSION

Summary of Mama2Mama Impact Assessment Findings (6 LGAs, Oct., 2025)

Questions	Response Options	Aggregated Findings (%)	Qualitative Summary	Notable LGA Variation
1. Are any of your children under 5 years old?	Yes/No	98% Yes, 2% No	Nearly all households surveyed had at least on child under 5	Consistent across all LGAs
2. Are your children under 5 fully vaccinated for their age?	Yes/No/Don't know	88% Yes, 7% No, 5% Don't know	Majority of respondents confirmed full vaccination; few uncertainty cases due to missing cards	Slightly higher "don't know" in Shira and Ganjuwa.
3. Do you have your child's immunization card?	Yes & can show/Yes but can't find/No	73% Yes & can show, 20% Yes but can't find, 7% No	Most mothers could show cards; card retention is improving	Bauchi (95%) and Dass (85%) had best card retention.
4. Have you ever heard of the Mama2Mama program?	Yes/No	94% Yes, 6% No	Program awareness was very high, attributed to door-to-door sensitization.	Slightly lower awareness in remote parts of Ganjuwa
5. Did the Mama2Mama program encourage you to vaccinate your child?	Yes, a lot/ Yes, a little/ No	83% Yes, a lot; 10% Yes, a little; 7% No	Strong positive influence on vaccination decisions.	Dass and Katagun had near-total "Yes, a lot'.
6. Which single source has helped you the most	Mama2Mama/Health workers/Others	87% Mama2Mama, 10% Health workers, 3% Other	Mama2Mama is the leading motivator across all LGAs.	Consistent across all LGAs.
7. Apart from Mama2Mama, who else provided information or encouragement	Multiple sources	68% Health workers, 15% Religious Leaders, 10% Family/friends, 5% Media, 2% None	Health workers remain key secondary influencers; religious leaders play a growing role.	Religious leaders influence strongest in Dass and Shira

8. In the last 6 months, were you told vaccine NOT available (Stock-out)?	Yes/No	10% Yes, 90% No	Vaccine stock-outs were infrequent; most mothers did not experience unavailability	Some reports in Ganjuwa, Katagun, and Darazo (Aug-Sept)
9. What is the biggest thing that stops parents from vaccinating?	Distance/Side effect/Don't know/Negative stories/None	8% Distance, 54% side effects, 10% Don't know dates, 13%Negative stories, 15% None	Fear of side effects was the dominant barrier across all areas	Consistent across all LGAs.
10. Since Mama2Mama started, are more parents bringing children for RI? (Health worker interview)	Many more/ Few more/ No change	100 "Many more"	All Health officers reported sharp increases in turnout due to Mama2Mama efforts.	No variation; uniform improvement
11. How does Mama2Mama make your job easier? (Health worker interview)			Support in defaulter tracking, home mobilization, health talks, and reminders	Ganjuwa and Darazo noted improved community-facility trust.
12. Has Mama2Mama improved community health worker collaboration? (FGD)	Yes/No	98% Yes	Strengthen communication and trust; mothers now get timely information and follow-ups.	Dass and Bauchi reported highest synergy.
13. Why do some parents still not vaccinate? (FGD)			Main reasons: husbands' resistance, distance to facility, lingering myths about vaccines.	Strongest resistance noted in Ganjuwa and Shira.
14. Suggest improvements to Mama2Mama			Recruit more mothers, extend reach to distant settlements, and engage men through mosques and markets.	Common recommendation across all LGAs.
15. Overall influence of Mama2Mama (FGD show of hands)	Scale 1-5	100% scored 5	Mama2Mama consistently ranked as the most influential driver of vaccination behaviour.	Uniform results across LGAs.

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Verified High Coverage and Direct Attribution to Mama2Mama

Household surveys provided direct evidence of successful outcomes. The data revealed consistently high rates of full childhood vaccination across the LGAs, with results such as 100% of surveyed households in Wuntin Dada (Bauchi) and 90% in Galadima (Dass) reporting their children were fully vaccinated. This ground-level data firmly supports the reported state-level increase in coverage. Crucially, the surveys quantified Mama2Mama's direct influence on this success. When asked to identify the single most important factor in their decision to vaccinate, an overwhelming majority of caregivers credited the program. For instance:

- In Madara (Katagum), 18 out of 20 households named Mama2Mama as their primary influence.

- This pattern was consistent, with similar results of 90% attribution (18 out of 20 households) in Galadima (Ganjuwa) and Gabarin (Darazo).

Health System Validation and Corroborating Trends

The perspective from health facilities strongly corroborated the household data. In 100% of the 12 facilities visited, immunization officers ranked Mama2Mama as the number one contributor to increased uptake, above all other health system actors.

Facility records also indicated a positive trend in service volume, supporting the surge in community demand. For example:

- Dott PHCC (Ganjuwa) reported rising monthly vaccinations, from 1,247 in July to 1,400 in September 2025.

- Azare PHCC (Katagum) showed an increase from 1,120 to 1,305 children vaccinated per month over the same period.

The Mechanism of Success: Unpacking the 'How'

Qualitative data from Focus Group Discussions (FGDs) illuminated the mechanisms behind this quantifiable success. The program's effectiveness is rooted in a peer-to-peer model that builds trust and provides practical support.

- Trust Through Proximity: Caregivers consistently described volunteers as neighbours and sisters. A mother in Miri (Bauchi) explained, "Their warm, familiar approach made it feel like a conversation with a trusted auntie," highlighting how shared identity was fundamental to breaking down misinformation.

- Practical, Ongoing Support: Mothers highlighted the critical role of reminders and follow-up. A participant in Dass noted, "They are like my clock! Always available to remind us," while others described how volunteers would "drag us" to the clinic if appointments were missed, ensuring follow-through.

- Navigating Social Barriers: The program successfully engaged key decision-makers. Multiple mothers across different LGAs reported that volunteers "help our husbands to understand better," thereby overcoming a critical social barrier to vaccination.

Identified Challenges for System Strengthening

Despite high community demand, the study identified systemic challenges. Stock-outs of specific antigens, such as Pentavalent and BCG, were reported in several LGAs, including Katagum and Darazo. Furthermore, infrastructure gaps were noted, such as the lack of a functional refrigerator at Katagum Central PHCC and Town PHCC in Dass, forcing them to rely on a central cold store. Addressing these supply-side issues is critical to sustaining the gains achieved by Mama2Mama's demand-side success.

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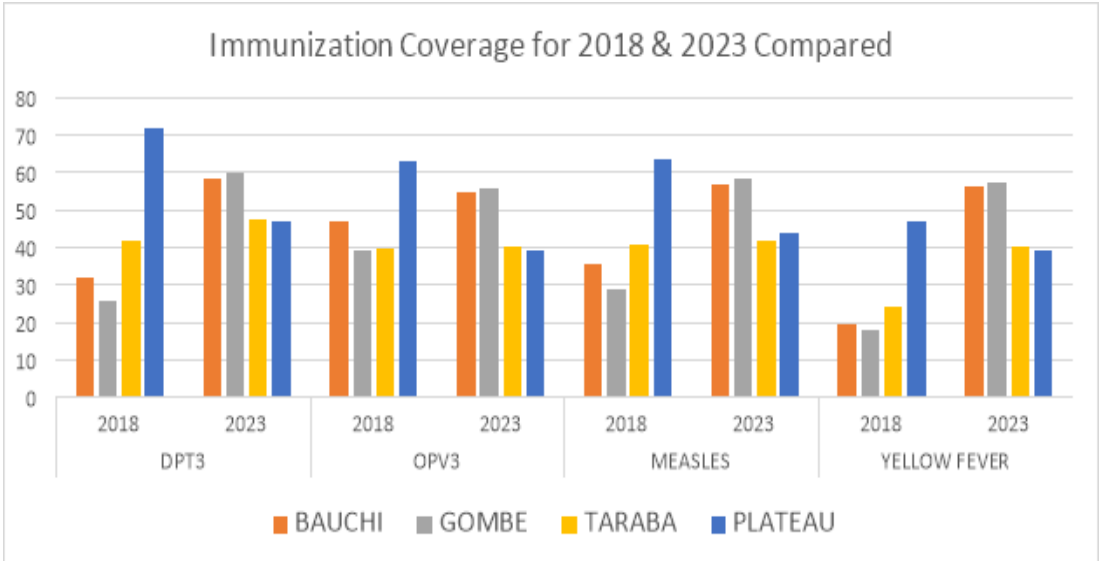
Below are data from National Demographic Health Survey (NDHS) 2018 and 2023 compared

From the table below, the data for Bauchi, Gombe and Taraba States (which are state where Mama2Mama strategy is being implemented) is been compared with Plateau state that has no such program.

Immunization Coverages For The 2018 And 2023 Ndhs Reports

STATES	DPT3		OPV3		MEASLES		YELLOW FEVER	
	2018	2023	2018	2023	2018	2023	2018	2023
BAUCHI	32.1	58.2	47.2	54.9	35.5	57.0	19.6	56.2
GOMBE	25.8	59.8	39.2	56.0	28.8	58.5	18.2	57.5
TARABA	41.7	47.3	39.7	40.4	40.8	41.9	24.1	40.3
PLATEAU	71.8	47.1	63.3	39.1	63.5	43.9	47.1	39.1

The data shows a significant increase in the percentage coverage for the immunization using DPT3, OPV3, Measle and Yellow Fever vaccinations as proxy in Bauchi, Gombe and Taraba State, while in Plateau state their significant decrease in the years 2018 and 2023



This above graph shows for Bauchi state, DPT3 coverage increased from 32.1% in 2018 to 58.2% in 2023, also Gombe state was 25.8% in 2018 but rose to 59.8% in 2023 as well as Taraba state whose data increased from 41.7 in 2018 to 47. 3 in 2023. While in Plateau state the DPT3 coverage decreased form 71.8% in 2018 to 47.1% in 2023. OPV3 also followed the same pattern with Bauchi state rose from 47.2% to 54.9% between 2018 and 2023, Gombe state also increased from 39.2% in 2018 to 56.0% in 2023, same with Taraba state which was having 39.7% in 2018 but moved up to 40.4% in 2023, contrary to what was observed in Plateau state that moved from downward 63.3% in 2018 to 39.1% in 2023.

The measles coverages also follow the same pattern with Bauchi sate having a coverage 57.0% in 2023 from 35.5% coverage in 2018, Gombe state coverage increased to 58.5% in 2023 from 28.8% in 2018, so also, Taraba state increased to 41.9% in 2023 from 40.8% in 2018. The Yellow Fever vaccination, which serve as proxy for complete immunization, Bauchi state coverage was 19.6% in 2018 but rose significantly to 56.2% in 2023, Gombe also rose from 18.2% 2018 to 57.5 in 2023, Taraba state made significant progress as well by risen to 40.3% in 2023 from 24.1% in 2018. On the other hand, Plateau state declined from 47.1in 2018 to 39.1 in 2023.

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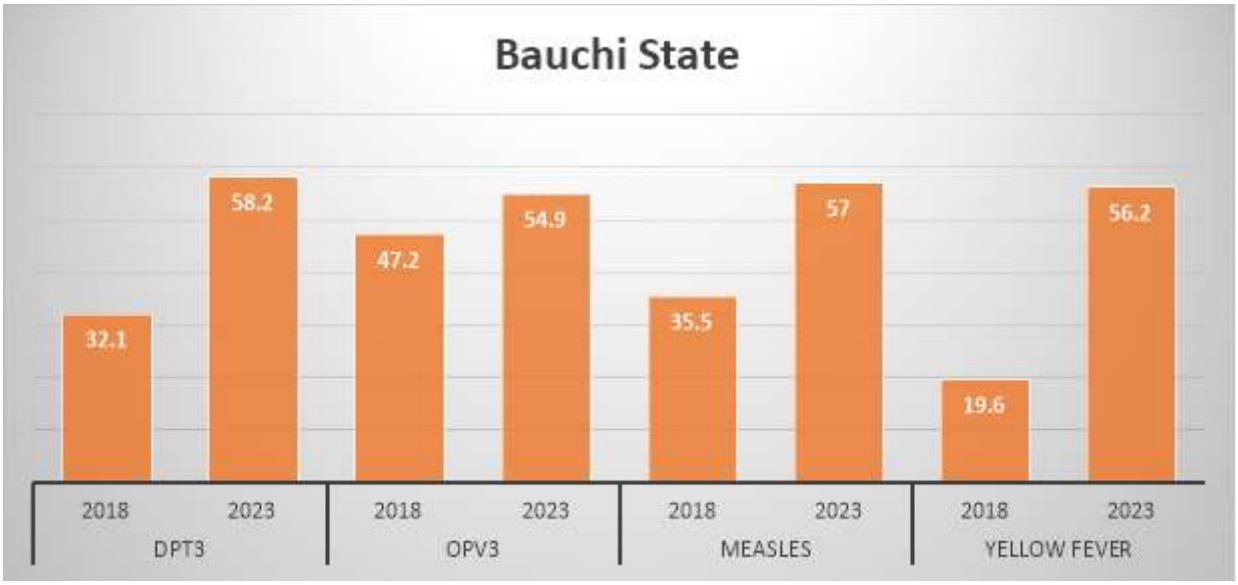
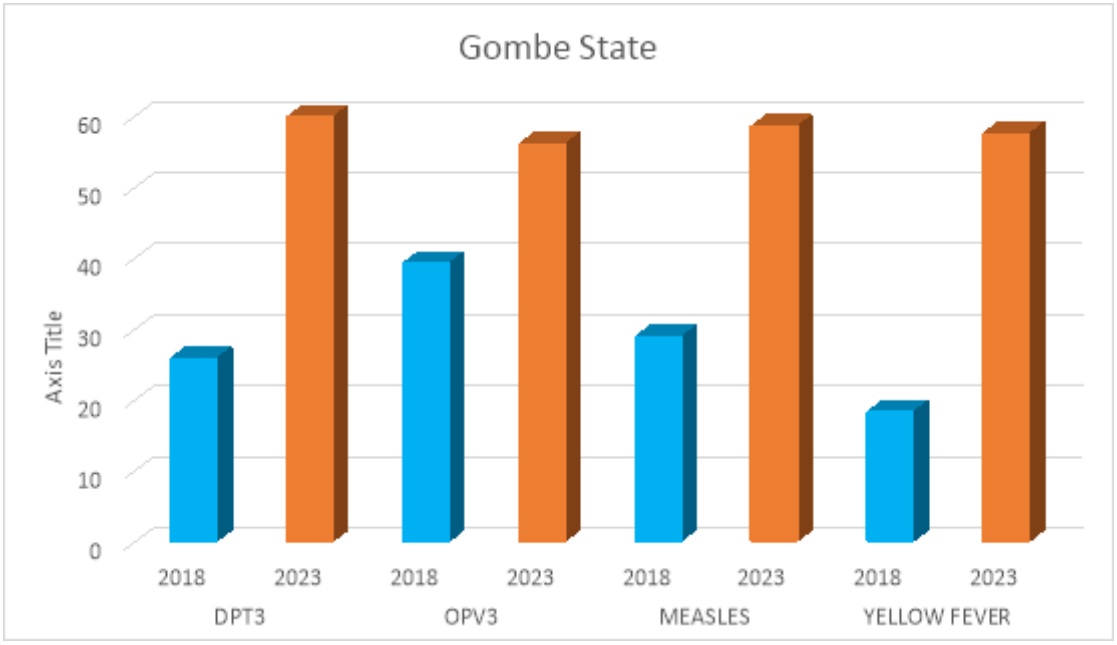
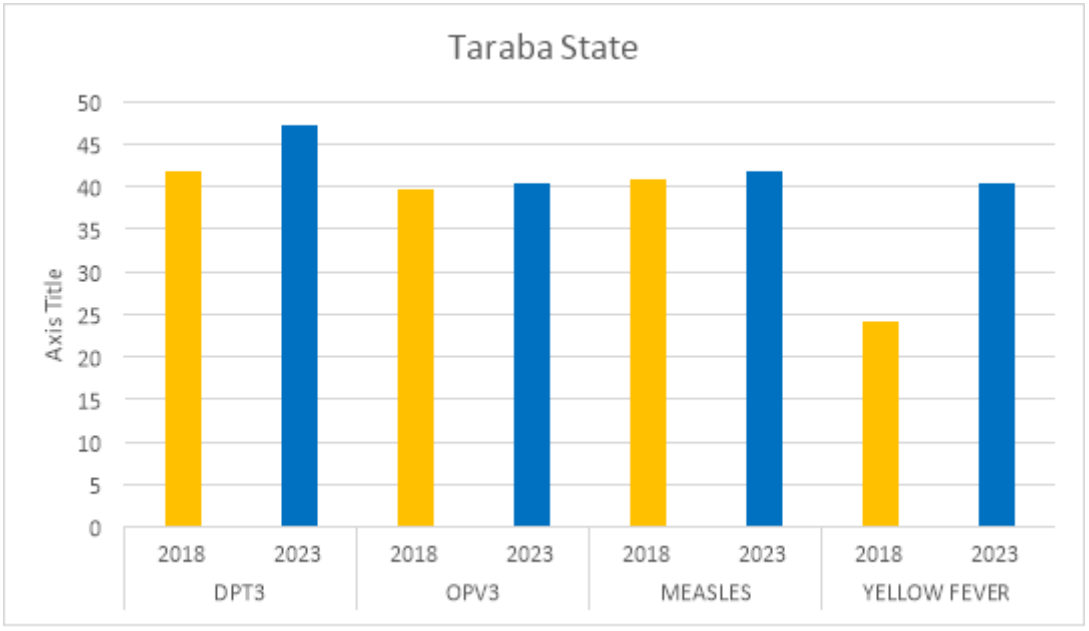
The Charts below also illustrate the explanations above







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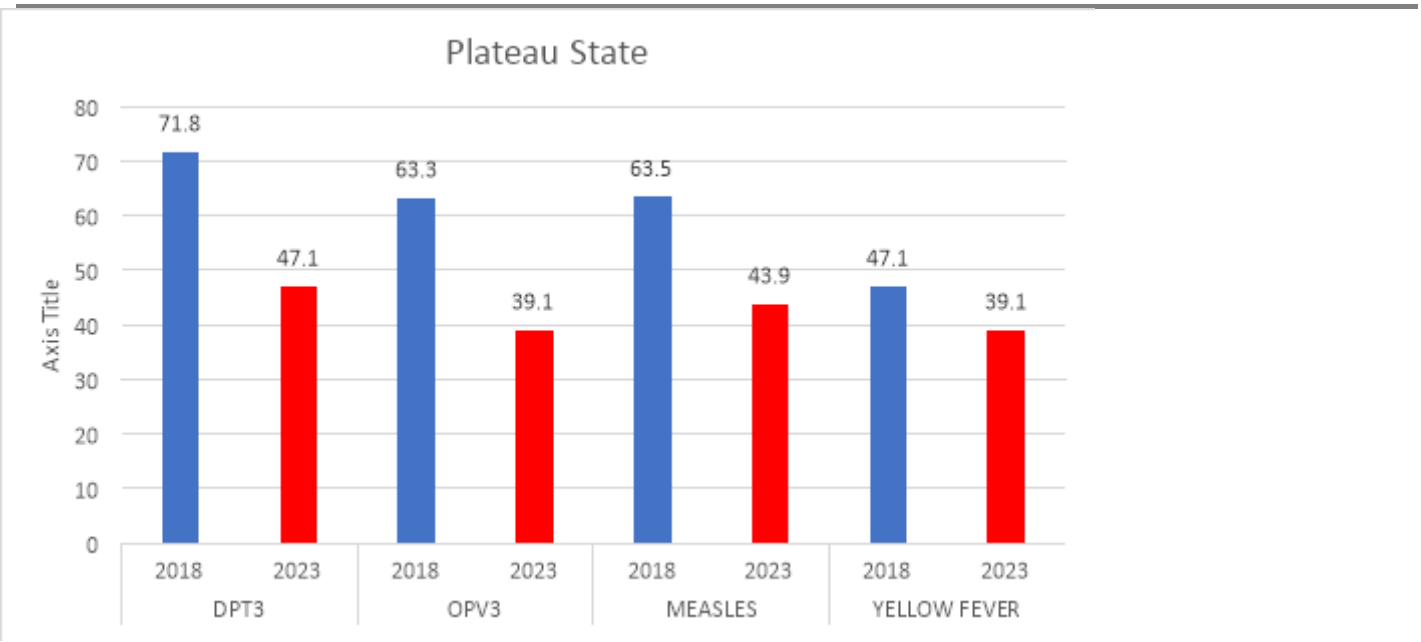

CONCLUSION AND RECOMMENDATION

Conclusion

This field verification study provides irrefutable, multi-source evidence that the Mama2Mama program has been the pivotal agent in significantly improving immunization coverage in Bauchi State. The convergence of high coverage rates from household surveys, direct attribution from beneficiaries, and unequivocal validation from health workers presents an undeniable case for the program's impact. M2M has successfully built a sustainable, community-owned model for health promotion.

Recommendations

Based on the findings, the following actions are recommended:

1. Strategic Scale-Up: Expand the Mama2Mama program to additional LGAs and communities as well as other states, prioritizing areas with low coverage, as the model has proven effective and is in high demand. Scaling up New-born, Maternal health and Initiation services
2. Providing Economic empowerment to the Mama2mama members for sustainability
3. Strengthen Health Systems: Address identified systemic weaknesses by reinforcing the vaccine supply chain to prevent stock-outs and ensuring all facilities have functional cold chain equipment.
4. Institutionalize the Model: Integrate the Mama2Mama peer-educator structure into the formal primary health care framework to ensure long-term sustainability and resource allocation.

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