

# SUMMARY OF POST-PRESENTATION DISCUSSIONS

Communication for Immunization and Polio Eradication Meeting

NEW DELHI, JUNE 7-9, 2004

## NIGERIA PRESENTATION - Discussion

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QUESTION ASKED BY:	QUESTION/RESPONSE
Panel	Thank you Noble - establishing context & barrage of problems
	Clearly there are three epi zones - Northern (centered Kano), the Middle belt & Southern belt - The Mid/Southern were polio free - have done the job before
Presenters	Broader communication & social issues - different needs in each areas & some common
	In the North, have remained serious issues re service delivery , in addition to safety concerns; need a basic level of social mobilisation so implementation can move forward
	Challenge : teams have been struggling with a range of problems- firefighting mode - need to move to a planned/priorised strategy: presentation is still operating from a list - firefighting list. Would have been better to identify epi zones & plan & time frame for each.
Panel	Thank-you very much
	Tell us where the most helpful interventions would be.....
	Couple of overall interventions:
	1. Geographical issue
	Nigeria is so huge - felt like even though said looking at national/state/local government level - didn't feel like state & local levels were part of the planning - relates to everything: media, advocacy, community mobilisation. Felt like you need a much better ownership at these levels - need to speak to the people at those levels & ask them what would work. Felt all top down. Especially when said moving from a programme to a social movement - these don't happen at a national level - if you over emphasize your resource trying to impose a national movement, it will be very frustrating. Look at changing the emphasis & making community input more of a driver in the programme
Presenters	We fully agree - need to take to the social mobilisation committee? Look at where we've been focusing. Still need to have some national direction. How are we going to enable them - haven't figured that out - we need your input.
Panel	Nigeria is like 8 or 10 countries in one - very hard but rich. Almost like different programmes are required in each area. Part of my concern is that you don't become overfocused on the North & use that for the driver for the program. In the South, situ is very different & will need different approach - they thought they had the job done. Will need to motivate those people - different messages. Planning may be skewed around the north
Presenters	We know that the south is different, but they are all united on certain common issues.

	Fully agree with you - we need to have different epi strategies. We are currently focusing on the North - leaving flanks exposed in the south. Not only the over focus on the North, also local rage? Re lack of routine coverage??? We have enough autonomy in the state/province level - have decentralized. Not sufficient yet. - We want to meet with you bilaterally & share our advocacy & communication plan & get your inputs
	Yes we are stuck with firefighting now - need a plan, need to rebuild the capacity - how to do that by December. Unless we achieve something by July/Aug, we can't achieve the NID's in Sept/Oct/Nov
Presenters	Thank you for your observations.
	According to the pie chart - lots of passive rejections - saying children are gone to lessons or not home. In previous years this was not the case. We are trying to reposition the community dialogue - via cinemas, theatres - after the viewing there is discussion. How to position the village leaders/heads - daily feedback to them what neighborhoods children are not being found - so the pastor/imam will visit those to find out why????
	Cost challenge - looked at 3 key people: TBA's, Imams, teacher/village heads - these 3 people need to have some transportation or something to visit the homes & help us. Have really been looking at the gaps at this level
Participant	Recognise the fact that there is a huge social movement - but it was started by Kano state. So much media attention, globally etc. - a powerful social movement - the state has failed a bit, Kano has succeeded - don't fight it maybe, film was to capture the community & what it has to say - reinforce what Theo said - they have powerful networks, processes, constituencies - try to enlist them
	A social movement is in place, need to hook up to that, and we are looking at tying to football - trying to link with the key players - don't want to wait for the world cup
Participant	For those of us outside Nigeria - a voice of support for the hell you've been thru. Hopefully there is a pivot taking place - to a prioritisation and more thoughtful process - any help we can provide.
Presenters	Looking at underserved children, looking at 7 states - looking for high-risk LGA's & districts. Don't have so many people. Have 5000 people we are training. Using software??? Take advantage of health professional groups. 5 member social mobilization group. 4 people technical core group. Operational policies, we try to integrate (church on Saturdays????)
	Average Nigerian reference & level - could you elaborate more on the social working group - understand broadly the composition & broadly intention - more specifically, what is the operating nature of this group???
Participant	3 things: 1.Glad that you show that there are things happening in Nigeria - people don't seem to know
	2. Looking at the stats - programmes can address these - ie. Specific addressing % children not there
	3. Routine vaccines - the government has recently provided \$\$\$ - good sign. Previously there were no vaccines there., hope this can be followed thru so the routine does happen in fixed facilities
Participant	Thank you so much for presentation
	Have gone a long way establishing what are the problems & key issues & some data collected - a lot of work.

	Put data together - why children missed etc. - later in presentation - panic, now we are doing everything - disconnect between the data & plan - propose - Warren & team & Nigeria group - get tog & put a strategy together - see a set of issues & reactions, but don't see them fitting together
Participant	Increasing public trust & operational quality were priorities - lots on first part, but very little on how to improve operational quality. Ie. Lack of quality service provided - what is strategy for that?
	In touch with CDC - have offered to give some support - try to link epi with social interventions. Find our tools of measurement & put in place.
Participant	Comparison between U.P. and Nigeria is inevitable. Two strategic UP phrases, in my opinion, are missing from the Nigeria presentation. "The underserved child" and the "high risk areas". These two are the key strategic concepts that have produced results in U.P. I wish the Nigeria strategy would incorporate them.
Presenters	May 27 - government passed an immunisation bill - immunisation for every child - once it comes into place, will be able to move.
	Leaders among mothers - have a good look at that too
Participant	Word with interpersonal nets - to get into to talk to families - this will need an army of people to manage & needs to be managed it well.... So, don't do the whole state - strategic choices re the high risk areas.
	In the UP model - have developed elaborate training programmes - 1day, 3 day etc - train the people before they go out, plus follow-up - there are some tools here we have developed, they are available for you -let's start talking bilaterally
Participant	Thank-you- on a global level - huge amt of energy going into Nigeria
	Reiterate: This is your vaccinators - they are a major problem - this is not a technical issue, it's a social mobilisation issue - these are young girls, don't know what to say
	Indicators : how to monitor & evaluate your programmes - lots of ways to collect info , consistent?? How do you prioritise info from families?? Zonal UNICEF, WHO officers - how do you collect & prioritize - tie into resources
	Concerned about routine immunisation. Only reaching 11% children - mass media required?
	Lack of trust via religious leaders 52% refusing - are religious leaders going with vaccination team?
Participant	There's a lot wrong - not just with immunisation, but other public health issues. Last year - there wasn't any vaccine, for example
	Unless there are 150 of you, you can't do it - trying to do too much. You need to layout very carefully specific things you are going to do & work in, clear objectives etc. ... and not try to do everything. Already working like crazy.... For yourself & for the programme - pick out the critical things you need to do
Panel	Plan on ongoing firefighting - make sure this team has the support - and that the ongoing planning is happening- the partners here need to help.
Participant	Congratulate for an in-depth programme.
	Observation: a difficult situation - after seeing your troubles, I think we, in Pakistan are in a much better situation - blessing of the God to Pakistan!
	Dennis? Social mobilisation - committees which you have at the LGA level, district level & ward level - how are they working?? Are they working?? What is follow-up mechanism

	2. Use of vicaras?? Two-wheelers??? Used for displaying posters?? For communicating messages?? Do you train these people to communicate the messages
	Huge task - now need to move on from a programme to a movement - Agree totally. But, looking at so many things happening, as a communicator - how to start that movement??? Movements need to be starting with something emotive, uniting the country. What unites Nigeria??? Looks like now, everything is fragmented?? Is polio the only thing? Something to affect everyone - service providers, fathers etc. What about soccer?? World cup soccer in 2006 -this unites people? start now & use it?? Nigeria will be getting ready to get in the World Cup - try to ride on it.
Presenters	We were constantly overtaken by events. Since the fire fighting seems to be over for now it is the first time we can really plan ahead for the upcoming rounds. Need to upscale quickly - it's a polio emergency, need to look at quick solutions, cut red tape.
Presenters	Re: tools for social mobility collection data - we have the tools, we use them. What we need is somebody supporting to analyze, collate, to link to children. Hoping to get someone from CDC by July
	Focusing on Sept/Oct/Nov NID's - intensive ongoing planning - WHO & UNICEF are working closely - if we do a very good round then, good chance of breaking thru. If Kano comes on board - great. Need to prioritise - some bilateral discussion would help us. Hard when coming from one state in the north - full Nigeria is intensive transmission going on now - not just the north - need advice on how to focus
	Our weakest link is community level - to hold accountable, on payroll whatever - to make sure what we need done is done. How to put these people in place. Need advice.
Panel	Community mobilisation - clearly, communities need to feel that communities need polio. Strong links need to be made between polio and routine. Need to link to things that are probably more important to the community -
Panel	Now - need a different strategy than what you outlined.
	Need to take some time - turn the phone/email/off, get core group & draw visually what the essence of our strategy is - on one side of paper. Understandable why you haven't done it - have been firefighting.
	Define core elements, who is responsible, how do they relate to each other & to the end goal - on 1 page, in an image form. Then the strategy is easy to communicate - you can't travel all the way around Nigeria to explain it - need something easily recognisable. If there's an opportunity to meet, great.
	Social movements: There is significant literature on the communication aspects of a social movement. Look at Treatment Action Campaign, MADD etc. - they require a very different form of communication in operation. No planning required - shouldn't do it. A waste of time - no-one follows anyway. Don't do activities. You spot the little spots & fires - you support their voice. Spotting, amplifying & linking - that's the way social movement grow. Don't use the word "use" - we will "use" the religious leaders. Need to have a different form of relationship.
	Evaluation: you're in a really good spot - about to embark on a new strategy - can get 6or7 core indicators together. Use them to look long term. Example: measuring the extent to which polio is discussed at the family mealtime. Then, what the core themes are in the discussion. What you want is that it's good. My guess is that this discussion is taking place, but the message & information are not the ones we want on the table.

**Happy to share the literature with you.**