EVALUATION OF THE STRATEGIES OF SOCIAL MOBILIZATION FOR THE NATIONAL IMMUNIZATION DAYS (NIDS) IN NIGER

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1. CONTEXT AND JUSTIFICATION

The Republic of Niger is one of the 160 member countries of the World Health Organisation that officially endorsed the WHO Declaration in 1995 to eradicate polio by the year 2000. The Expanded Programme of Immunisation (EPI) began in 1988 in 50 centres. Immunisation activities are presently carried out in more than 400 centres. However, full immunization coverage remains low at 42%. Since 1997, Niger has embarked on yearly polio eradication campaigns, with a limited number of rounds being conducted each year to increase polio immunization coverage at a more accelerated rate.

However, the country has been faced with a number of challenges. This includes a low coverage rate for routine immunization against polio among children aged 0-11 months (22 percent in 2000) and the persistence of wild polio virus. Four cases of wild polio virus were confirmed in October 2001 in the regions of Maradi and Tahoua. Despite polio eradication efforts launched since 1997 through the organization of National Immunization Days (NIDs), there are still camps and hamlets that have never been visited by vaccination teams. Upon the recommendation of WHO and the Inter-Agency Coordination Committee, a mop-up vaccination campaign was organized in January 2002 in 26 Districts out of 42 with the districts bordering Nigeria and Benin. Two mop-up sessions were also conducted in 12 selected districts in May and June, and NIDs were held in October and November of 2002.

While the exclusive strategy used during the NIDs is "door-to-door" vaccination and the distribution of micronutrient supplements, a social mobilization strategy has been implemented through awareness raising, information, and communication with the general public. Sub-strategies have been developed to reach and involve the following groups:

- Local opinion leaders (political, religious, and traditional authorities)
- Local animators among the nomadic populations
- Traditional communication networks such as public criers
- Associations and NGOs such as the national Red Cross and Niger Scouts
- Populations living in hamlets, camps, and tribes never touched by the NIDs, especially hard-to-reach populations such as nomadic groups
- Print media, radio and television, and public and private theater

In spite of these efforts, immunisation coverage remains low, and many challenges remain. These include:

- An alarming rate of circulation of the wild polio virus as reported during virological surveys carried out in 2001. The National Health Services reported a total of six confirmed cases of wild poliovirus in 2001.
- Reaching remote populations with polio eradication messages
- Some people do not consider polio eradication a health priority and a section of the educated elite continues to oppose the programme.
- Some religious leaders continue to hold misconceptions and spread false rumours about polio vaccine;
- The need to sustain the momentum among highly placed political authorities and key allies
- Inadequate communication and information strategies (top-down communication, untrained mobilizers etc.)
- Poorly designed messages
- Time-consuming educational activities for health workers

Therefore, additional or revised strategies are needed to address these challenges, particularly misconceptions against polio eradication, while striving to end polio transmission.

2. OBJECTIVES

The overall goal of the evaluation is to assess the effectiveness of the social mobilisation strategies and activities that have been conducted before and during National and Local Immunisation Days. The specific objectives are:

Specific Objectives

- To investigate each sub-strategy used in social mobilization since the onset of the 2000 NIDs and assess its impact on behavior change among the Nigerien population;
- To undertake a rapid assessment of sources of information on polio eradication according to sex, age, and area of residence;
- To examine educational material used by health workers for each social mobilisation strategy used during NIDs;
- To formulate innovative, replicable, sustainable strategies that could be used to improve social mobilization activities for upcoming NIDs and the national EPI Programme.

3. CONCEPTUAL FRAMEWORK FOR EVALUATION

The conceptual framework illustrated in Figure 1 was designed to guide the evaluation of social mobilization activities for NIDs. The framework is organized around the standard input-process-output-outcome schema and suggests a typical chain of program events. Inputs must be assembled to get the program underway; activities are then undertaken with available resources; program participants engage in program activities; as a result of what they experience, changes occur in knowledge, attitudes, and utilization of vaccination services.

Inputs refer to the human and financial resources, physical facilities, equipment, and operational policies that are the core ingredients of child health programs and enable health services to be delivered (Bertrand et al., 1995). The political and administrative system in which programs operate is also critical, as it influences the infrastructure available for service delivery, the type of service delivery strategies that are used. These may include clinic-based vaccination services, door-to-door strategies, or mobile vaccination teams), and the relative contribution of the public and private sectors to vaccination efforts. The framework also recognizes the contributions of donors to the provision of immunization services.

Processes: The inputs into child health programs are invested into processes. Processes refer to the multiple activities that are carried out to achieve the objectives of social mobilization and communication programs for NIDs, including both what is done and how well it is done. These activities are carried out at the planning and implementation phases of a program in order to achieve specific program objectives. At the program planning stage, processes may include partnership building (for example, initiatives to involve traditional leaders in NIDs planning and implementation and in community mobilization activities); information-based needs assessment; formulation of a strategy for reaching special populations during NIDs. Processes may also include the assessment of resource needs and availability; and the establishment of monitoring and evaluation procedures for social mobilization and communication activities.

At the program implementation stage, activities include community mobilization, advocacy, capacity building/training, behavior change communication, intra- and inter-sectoral partnerships, and supervision of NIDs vaccination teams and mobilizers. Although not included in the framework, many health system elements are required to maintain both facility and community level activities. These include improvements in clinical supervision and logistics, the strengthening or development of routine AFP surveillance and reporting systems, and improved capacity for planning and management of vaccination services.

Outputs refer to the results of these efforts at the **program level**. Two types of output measures may be distinguished:

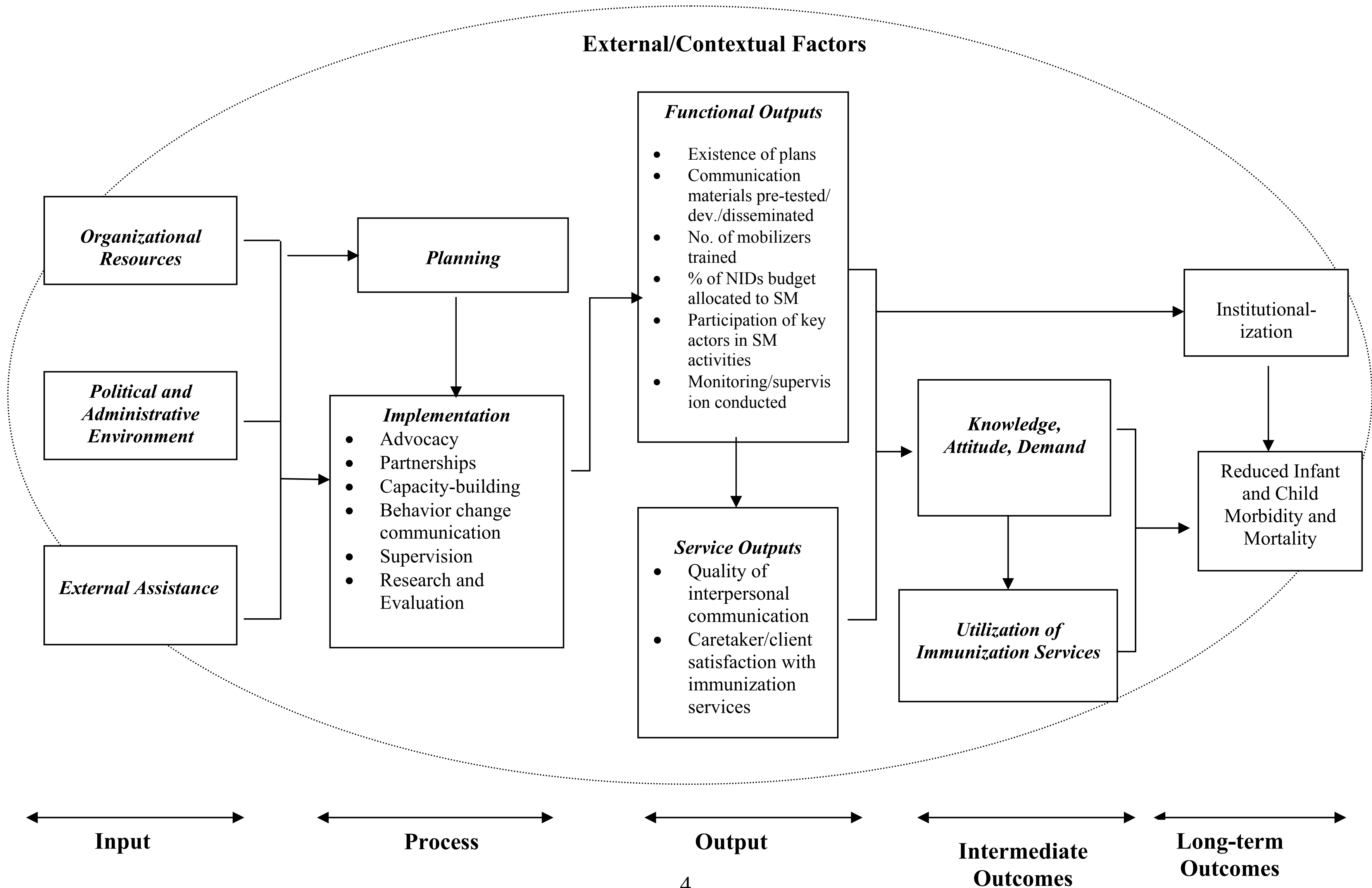
- **Functional outputs**, which measure the number/quantity of activities conducted in each area of communication and social mobilization. Functional area outputs include, for example, the number of vaccinators and mobilizers trained; the timeliness of NIDs training and social mobilization activities; the development, revision and dissemination of NIDs messages. It also includes the number of districts that include social mobilization activities in their micro plans, the existence of functioning social mobilization committees at the district level, and so forth.
- **Service outputs,** which measure the quantity of services provided to the program's target population during NIDs, as well as the adequacy of the service delivery system. Service outputs include the proportion of caretakers visited by a vaccinator during NIDs (access), the quality of interpersonal communication by vaccinators and mobilizers during NIDs (quality) and caretaker satisfaction with immunization services (program image).

Outcomes refer to changes measured at the **population level.** There are two types of outcomes: intermediate and long-term.

- **Intermediate outcomes** refer to specific knowledge, behaviors, or practices on the part of the intended audience – such as caretaker's understanding that NIDs do not replace routine immunization; caretaker knowledge of how to recognize AFP and where such cases should be reported; and participation at NIDs. Intermediate outcomes are those that can reasonably be expected to change over the short-to-intermediate term and they contribute to the program's desired long-term outcome(s).
- **Long-term outcomes** refer to the anticipated end results of a program. The long-term goal of child health programs, which is to improve infant and child health and nutrition and to reduce infant and child mortality. However, it often takes many years to produce this result, and it is not always easy to make a causal link between program activities and mortality decline as mortality decline is also influenced by many non-program factors (such as socioeconomic conditions and the status of women).

As indicated in the upper right corner of the conceptual framework institutionalization of social mobilization and communication activities for immunization is a long-term goal, but like other health outcomes, the effectiveness of social mobilization strategies and activities is influenced by many external factors, an important one being the broader socio-cultural context. This context includes social, cultural and individual factors, such as education, religious beliefs, and nomadic/sedentary lifestyles, many of which are outside the control of child health programs.

Figure 1. Conceptual Framework for Evaluating Social Mobilization Activities for National Immunization Days



4. METHODOLOGICAL APPROACH

The evaluation used a five-pronged approach to assess the effectiveness of social mobilization strategies and activities during NIDs. This approach consisted of the following elements:

(1) Review of available literature and on polio eradication and social mobilization activities for immunization in Niger.

(2) Process evaluation in order to measure how well social mobilization activities were conducted. This component of the evaluation examined the quality of program planning and implementation and entailed the use of key informant interviews and non-routine methods to collect information on the strengths and weaknesses of the following aspects of social mobilization for NIDs during 2000-2002:

- Advocacy and resource mobilization
- Partnership building
- Planning and implementation

It would have been preferable for the data to be collected on a continuous basis during the planning and implementation phases of the NIDs. However, time constraints did not permit a prospective evaluation of the social mobilization strategies implemented during the NIDs. Consequently, a retrospective evaluation was conducted using two types of questionnaire. The first questionnaire was administered to 4 members of the Maradi Region Social Mobilization Sub-Committee and assessed the degree of involvement of key actors in the planning of social mobilization activities for the 2002 NIDs and the level of functioning of the committee. The second questionnaire was adapted from the process monitoring checklists developed by the Communication Initiative for assessing social mobilization activities for polio eradication and routine immunization and was administered to 7 key informants at the central level and Maradi region. The key informants were drawn from the following institutions: the World Health Organization (WHO), UNICEF, the Direction Nationale des Immunisations/Niamey, and the Direction Regionale de la Sante Publique of Maradi Region. Key informants also included the Chief Medical Officer and the President of the Social Mobilisation Committee of Maradi Region. The questionnaires used for the process evaluation are included in the Appendix.

(3) Caretaker survey: A questionnaire was designed to capture caretakers' sources of information about NIDs in the past 12 months and recall of message topics disseminated during NIDs. The questions also tried to capture whether the caretaker knew why the polio drops were being given, when the next NID round would take place, the basic sign of a possible polio case, whom to inform if a child develops sudden floppy paralysis, and any children wo were newly paralyzed. Interviewers for the caretaker survey were recruited from L'Association Nigerienne pour le Bien-Être Familiale and Sahel Care. None of the interviewers had served as mobilizers or vaccinators during the 2002 NIDs. Ideally, such an assessment of caretaker knowledge should be conducted through exit interviews door-to-door during NIDs. However, it was difficult to time the evaluation to coincide with the October/November 2002 NIDs.

The caretaker questionnaire was administered during a household survey that was conducted in one rural site (Soumarana) and one urban site (the quartier of Soura Bildi). Soumarana Village was purposively selected at the suggestion of the Director of the Maradi Region Health Office because of refusal cases in past NIDs. Soura Bildi was randomly selected from the 17 "quartiers" of Maradi town. Convenience sampling methods were used to interview approximately 100 caretakers in each site. Thus the samples are not geographically representative of the two localities. All mothers (and in some cases, fathers) in the selected households were interviewed. One hundred and one (101) caretakers were completely interviewed in Soumarana and 117 in Soura Bildi. The survey had a high response rate, with only one case of refusal.

(4) Vaccinator and mobilizer survey: Two other questionnaires were developed to collect information on the training and experiences of vaccinators and mobilizers, the type of information that is communicated by vaccinators and mobilizers during the immunization activities, and the extent to which vaccinators and mobilizers were able to reach special groups with NIDs messages in the past 12 months. In addition, vaccinators were presented with various scenarios they could encounter during NIDs and their level of competence for dealing with these situations (sick child, refusal cases) assessed on the basis of the responses they provided. Direct observation of vaccinator performance during NIDs is the ideal approach for collecting this type of information; however, timing constraints did not allow this approach to be used. The instruments used for the vaccinator and mobilizer surveys are included in the Appendix. The mobilizer survey was conducted from 27-28 January 2003 in Maradi Town. The vaccinator survey was conducted on 28 January 2003 in Madarounfa Town. Both towns are located in the region of Maradi.

(5) Qualitative methods: Focus group discussions were conducted among male community members in the household survey sites. The focus group discussions were broken down by age (older versus younger) and site (rural versus urban). Four focus group discussions were held in on the same dates and locations as the caretaker survey, with each group having an average of 10 participants. In addition, 2 focus group discussions were held with religious leaders (Marabous) in Maradi Town. One group was composed of Marabous who were supportive of polio eradication efforts and NIDs and the other of Marabous who were opposed to such efforts. Each group of Marabous consisted of approximately 5 participants.

5. ADVOCACY AND RESOURCE MOBILIZATION: BEFORE NIDS (2002-2002)

The following criteria were established to assess the adequacy of advocacy and resource mobilization activities conducted before NIDs:

- Advocacy documents produced/revised and disseminated
- Meetings and advocacy briefings held with political leaders at the national and regional level
- Launching ceremonies at all levels prepared, including recruitment of celebrity or recognized leader to give a speech and administer OPV to a few children
- Media coverage for launch and announcing NIDs arranged and conducted
- Timely availability of funds at all levels

Advocacy documents produced/revised and disseminated

A Social Mobilization Sub-Committee (Sous-Comité de Mobilisation Sociale) was created by the Inter-agency Coordinating Committee (ICC) for immunization, which is composed of UNICEF, WHO, and all other partners, and presided by the Secretary General. During each of the years reviewed, the SMS developed an advocacy action plan for routine immunization, supplemental immunization, and disease surveillance. This plan was submitted to the ICC for review and was used as a tool for mobilizing donor resources in support of communication strategies for NIDs. Advocacy plans for NIDs also exist at the regional level. **However, it is not clear that the advocacy plans for NIDS are integrated into the advocacy plans for the support of routine immunization and disease surveillance.**

Meetings and advocacy briefings held with political leaders at the national and regional level

In 2000, letters were sent out by the ICC to all relevant institutions in order to mobilize financial resources for the NIDs that were held in that year. This was not done in 2001 and 2002. However, in each year reviewed, the core group created by the ICC was instrumental in gaining the involvement of decision-makers by meeting with various government sectors and non-governmental organizations (NGOs) to discuss how they can support polio eradication activities. Key informants in Maradi

indicated, however, that although advocacy meetings were held at the regional level in 2001 and 2002, they were not aimed at mobilizing financial resources from political leaders.

The assessment of the adequacy of advocacy activities revealed that advocacy and resource mobilization activities have not been targeted at private companies and commercial enterprises in the past three years. It is recommended that social mobilization activities should be extended to gain the support and involvement of the commercial sector. Communication planning for future NIDs should include producing special information packets for the commercial sector and organizing meetings with private companies and commercial enterprises to discuss how they can support polio eradication activities. Messages for the commercial sector could target local businesses and labor organizations as well as some multinationals such as the Coca Cola Company. Messages to the commercial sector should highlight the following issues:

- **Polio eradication and routine immunization are good and measurable social investments.**
- **The investment of the commercial sector in polio eradication efforts could offer good exposure in local markets. It can also help the local community.**
- **There is no such thing as a local health problem; the polio virus can be imported into a country in a matter of hours.**
- **The savings from eradicating polio can be used for other purposes**

Launching ceremonies at the national and regional levels

Launching ceremonies for NIDs are held at all levels and have typically included speeches by recognized political leaders and their administration of OPV to a few children. For example, in a radio and televised speech to the nation in Friday, May 18, 2000, His Excellency President Mamadou Tanja declared May 19 as a national holiday to ensure the full participation of everyone in the campaign to vaccinate all children 0-5 years of age against polio. The President also launched an urgent appeal to administrative and political authorities, opinion leaders, traditional chiefs, religious associations, non-governmental organizations and women's associations to involve themselves in actively mobilizing the population to ensure the total success of the campaign against polio. In 2001 and 2002, the Minister of Health launched the NIDs campaign.

Meetings with representatives of mass and traditional media arranged and conducted

Media coverage for the launch and announcing of NIDs is effectively arranged and conducted. On May 19, 2000, for example, the media covered the official launching of the NIDs campaign in the district of Kollo, about 30 kilometers from Niamey under the patronage of His Excellency the President. After the official ceremony, His Excellency the President administered the first polio vaccine to children in a nearby home. In the afternoon of the same day, a press conference was held with the Minister of Communication, the Minister of Social Development, the Acting Minister of Health and the Representatives of UNICEF and WHO. Individual television interviews were conducted on the evening of May 19 and 20, 2002 with the representatives of UNICEF and WHO. Over the past three years, radio and television spots have included not only public and private radio stations in Niger, but also international stations such as BBC and Voice of America. Messages are developed and diffused in the national languages.

While most meetings are organized with mass media representatives, communication activities also include the use of traditional communication channels. In 2000, a Plan of Action was prepared with the Association of Traditional Chiefs to enlist their collaboration in areas including, but not limited to, the mobilization of communities to vaccinate their children. Town criers are typically summoned by traditional leaders to pass on NIDs messages within villages and hamlet. As will be shown in subsequent sections of this report, traditional communication channels involving traditional chiefs and town criers are as effective as radio in terms of reaching both rural and urban populations.

There has also been formal recognition of the role of the media in disseminating NIDs messages. For example, after the press conference held in May 19, 2000, UNICEF awarded prizes to three radio stations honoring them for the quality of work undertaken during the NIDs in 1999. **There is a need to formally recognize the role of the town crier as this are one of the most important sources of information about NIDs for caretakers. Town criers also have enormous potential as a channel for disseminating messages about routine immunization. They can reach many people quickly without extensive planning and training and if adequately supervised, they can provide clear information or messages about routine immunization.**

Timely availability of funds at the regional and district level

There was widespread consensus that in 2000, 2001, and 2002 funds were not available early enough at the regional and district levels to permit the effective and timely launching of social mobilization activities. Two of the six key informants noted that the only exception to this general observation was the mop up campaign in May/June of 2001. **There is a need to ensure the timely disbursement of funds for social mobilization activities to permit sufficient time to be allocated to the organization of social mobilization activities before the launching of NIDs.**

6. INTER- AND INTRA-SECTORAL PARTNERSHIPS: BEFORE NIDS

The adequacy of inter-sectoral collaboration was assessed by first examining the extent to which social mobilization sub-committees exist and meet regularly to implement advocacy, social mobilization and communication activities for NIDs. Second, the assessment examined the existence of social mobilization plans, the human resources available for social mobilization activities at the community level, and the involvement of national and local institutions in social mobilization activities for NIDs. The results of this assessment are provided below.

Number of meetings organized by the Social Mobilization Sub-Committee

Over the past three years, regular meetings were held in preparation for NIDs. The Social Mobilization Sub-Committee met about 6-10 times in 2002 at the national level, and about 4 times in 2001 and 8 times in 2002 in the region of Maradi. In 2000, the National Social-Mobilization Sub-Committee met weekly throughout April and during the first two weeks of May to help plan, coordinate and monitor communication activities for the NIDs that took place in May 19-23 of that year. **However, the Social Mobilization Sub-Committees are not active year round, but function only to plan and monitor NIDs.**

Action plan developed by the Social Mobilization Sub-Committee

In each of the years reviewed, the National Social Mobilization Sub-Committee developed an action plan outlining social mobilization strategies for the NIDs scheduled in that year. A social mobilization action plan was not developed at the regional level in Maradi in 2001, but one was developed in 2002. In general, social mobilization strategies are adapted to regional realities but often there is a need for further adaptation to reach target audiences. **However, only 22 of the 42 districts of the country have integrated social mobilization into their immunization action plans and only these 22 districts have included strategies for reaching difficult and hard-to reach population, including zero-dose children.**

At the end of each phase of NIDs, the national and regional Social Mobilization Sub-Committees typically note the strengths and weaknesses of the activities that were conducted and make recommendations on aspects needing improvement. Consequently, in 2002, social mobilization activities were modified to respond to the needs identified in the previous NID rounds. These modifications included the adoption of new communications strategies in Maradi, including night animators and motor-taxis to diffuse NIDs messages. Social mobilization strategies were not modified at the national level in 2000 and 2001, but in the latter year, it was recognized that new strategies

needed to be identified and implemented. Thus in 2002, joint-country social mobilization teams were established to coordinate local activities on both sides of the Niger-Nigeria border, the establishment of committees for the management of rumors and workshops to sensitive religious and community leaders.

One of the objectives of the sensitization workshops was to promote the active engagement of religious and community leaders in interpersonal communication about NIDs (for example, explaining to families the importance, benefits, and safety of vaccination and mobilizing needed community support for vaccination activities). During the 2002 NIDs, *l'Association des Chefs Traditionnels* was actively engaged in social mobilization activities, which commenced about a week before the launching of NIDs. The traditional chiefs participated in micro-planning meetings, organized community meetings to sensitized their constituencies about immunization and NIDs, sent out town criers to diffuse NIDs messages in the community, and helped resolve refusal cases. Some religious leaders conducted sensitization activities through their sermons and also helped manage refusals. Chiefs of the nomadic groups such as the Peuhl and Touaregs contributed to the social mobilization activities geared toward the search for zero-dose children and provided guides to facilitate the work of social mobilization and vaccination teams. During each of the years reviewed, traditional leaders were also represented in the Social Mobilization Sub-Committees at the national and regional levels.

As will be shown later, messages disseminated by traditional leaders and their town criers had a wide reach in one village (Soumarana) located about 15 kilometers from Maradi town and one quartier (Soura Bildi) of the town of Maradi. About 70 percent of rural caretakers and 76 percent of urban caretakers reported hearing NIDs messages from traditional leaders (chef du quartier or chef traditionnel) in the past 12 months. The proportion of caretakers who reported hearing NIDS messages from town criers during that period was 78 percent in Soumarana village and 84 percent in the quartier of Soura Bildi. **By comparison, the reach of messages disseminated in these sites by religious leaders during the 2002 NIDs appears to have been limited. Only 10 percent of the rural caretakers and 24 percent of the urban caretakers reported hearing NIDs messages from religious leaders in the past 12 months. This implies that more efforts need to be made to motivate religious leaders to be actively engaged in the dissemination of NIDs messages at the community level.**

Number of persons recruited for social mobilization activities at the community level

In the region of Maradi, 362 mobilizers were recruited in 2001 and 427 in 2002. In addition, 110 town criers were recruited in 2001 and this number was increased to 121 in 2002. In the town of Maradi, 48 mobilizers, 17 town criers and 17 community chiefs were recruited to diffuse NIDS messages and help coordinate and monitor communication activities in 2002. At the national level, 2940 mobilizers were recruited for the 2002 NIDs.

The duration of social mobilization of training for vaccinators was one day while mobilizers received a briefing session. The training sessions for vaccinators covered the following topics: door-to-door strategy, administration of OPV, completion of relevant forms, the investigation of AFP and zero-dose cases, and interpersonal communication. The training on interpersonal communication is conducted in French and the national languages using both theory and practice, and role-play. Materials used for training vaccinators and mobilizers include the following:

- Training module for supervisors; training module for vaccinations; message cards for communication and social mobilization
- Recording forms for OPV immunization
- Vaccination materials for demonstration

However, only one training session was conducted for mobilizers in Maradi town in the period 2000-2003 and that training occurred in 2000. In subsequent years, mobilizers only received a briefing on interpersonal communication during NIDs preparatory meetings. As subsequent sections will show, the results of the vaccinator and mobilizer surveys demonstrate that there is an urgent need to improve personal communication skills among mobilizers and vaccinators and that the time allocated to interpersonal communication training is inadequate.

Existence of coordinating committee at the district level

Structures to plan and implement communication activities for NIDS exist at the national, regional and district levels. At both the national and regional levels, committees have been set up to plan and manage EPI communication activities during the NIDs. In the town of Maradi, for example, the following committees have been created to ensure the smooth running of social mobilization activities: a coordination committee, a committee for the management of rumors and 17 sub-committees for rumor management (corresponding to the 17 quartiers of the town). A *Commission Communale de Mobilization Sociale* also exists at the *Service Communal de la Santé Publique*.

Involvement of national and local institutions in social mobilization activities

Community-level actors and institutions are actively involved in the planning and implementation of NIDs. These organizations include NGOs, women's associations, youth clubs, traditional chiefs, and religious leaders. A questionnaire was administered to 4 members of the Maradi Region Social Mobilisation Sub-committee in order to facilitate a more in-depth examination of the composition and degree of involvement of members of the social mobilization committee in the planning and implementation of activities at the regional level. The results of the survey revealed that almost all key actors are involved and actively engaged in social mobilization activities for NIDS in that region. **One notable absence is the commercial sector. There is no representative from the commercial sector in the Maradi Regional Social Mobilization Sub-Committee and in the National Social Mobilization Sub-Committee.**

Members of other sectors are involved in the activities of the committee either as decision-makers, implementers of social mobilization activities, advisors or providers of information. The following is a summary of the assessment of the composition of the Maradi Region Social Mobilization Sub-committee and of whether the members were involved as participants in decision-making about social mobilization activities for NIDs, in the actual implementation of activities, as providers of information or advice, or as observers of meetings and activities.

Decision-making:	Religion; health (doctors, nurses, midwives, etc.); mass media; sports; national, regional and district-level administrative authorities; traditional chiefs and international organizations.
Implementation:	Religion; traditional chiefs; mass media; non-governmental organizations (such as Association Nigérienne pour le Bien Être Familiale (ANBEF), CONIPRAT, Lutte Contre Analphabétisme et la Pauvreté au Niger (LUCAP-Niger), Tattali, Red Cross, etc.); arts and culture (theatrical groups, etc.); community organizations (women's groups, youth clubs, etc.)
Advise/information:	Education sectors. It is also noted that a special social mobilization program exists at the level of primary and secondary schools. This program involves sensitizing students to serve as communication channels for NIDs messages at the family level.

An assessment of the level of functioning of the Maradi Social Mobilization sub-Committee by four of its members indicates that decisions are made through discussion and consensus. These key informants also reported that the agenda for meetings are clearly set and followed and that members

of the committee members participate regularly in the meetings. However, two of the four key informants felt that the overall functioning of the committee deteriorated somewhat between 2000 and 2001 and to have improved between 2001 and 2002. The reasons for the perceived deterioration were not clear. Overall, key informants felt that the Sub-committee accomplished its overall objectives in 2002.

However, the level of functioning of the sub-committee could be improved by training its members in communication and social mobilization. Key informants felt that all NIDs supporters including members of the social mobilization sub-committees should have training in the basics of interpersonal communication and key messages if they are to plan and carry out social mobilization activities effectively. Second, the role of the community in social mobilization for polio eradication and immunization needs to be extended beyond NIDs to encompass routine immunization. Current activities of the social mobilization subcommittees are focused on planning and monitoring NIDs. As one key informant notes:

> **"La mobilisation sociale doit être continuée même au cours des JNV et après pour le PEV de routine."**

This expanded role could contribute to the reinforcement and strengthening of routine immunization.

7. PLANNING FOR SOCIAL MOBILIZATION AND BEHAVIOR CHANGE COMMUNICATION: 2000-2002

The assessment of planning examined whether baseline studies were conducted to identify the problems and needs of special populations; whether social mobilization plans are developed at the district level; whether plans are developed to monitor and evaluate communication activities for NIDs; and the extent to which communication questions and indicators specific to the door-to-door strategy are included in supervisory checklists. The results of the assessment of communication planning for NIDs are discussed below for each specified criterion.

Baseline studies conducted to identify problems and needs of special populations

In each of the years reviewed (2000, 2001, 2002), the *Ministère de la Santé Publique et de la Lutte contre les Endémies* in collaboration with other donors and government agencies conducted baseline studies to identify the needs of special groups. For example, in 2002, a study was conducted in collaboration with the Ministry of Water Resources, the Ministry of Animal Resources and UNICEF to identify the dates and migration routes for nomadic populations, their health needs, and locations where large numbers of nomads come together. The ultimate goal of the study was to develop strategies to reach these groups with immunization, health and other social services (Ministère de la Santé Publique et de la Lutte contre les Endémies, 2002). Several recommendations emanated from this study including the need to create health centers that were integrated with veterinary services along migration routes so that the needs of both nomads and their livestock could be met during the same visit. The other strategy relevant to immunization outreach was to tie community outreach with events that brought large numbers of nomadic groups together, a case in point being la Cure Salée, a traditional gathering of nomads that takes place each year at Ingall. The study also identified markets that were frequented by nomads as potential sites for the launching of health, education and social services. These markets include:

- Rural markets of Kablewa de N'guingni and Toumour, N'Guel Kollo, Doutchi, Fourdi in the region of Diffa
- Rural markets of Sabon Machi, Abou Haya, Sakabal in the region of Maradi
- Rural markets of Gandou, Takoukou, Eliki gonda, Tanout, Gourbobo, Adjéri, Dounamari, Bikaro and Batté in the region of Zinder

- Rural markets of Abala, Abré and Ekerfane in the region of Tillabéri
- Rural markets of Akaddaney, Erass de Touffaminir and Ingal for nomads going to the "Cure Salée"

Future evaluations of NIDs communication strategies should assess the extent to which findings from the 2002 study are used to track and cover nomadic populations during NIDs or the extent to which Local Immunization Days are scheduled to take advantage of the annual gathering of nomads during the Cure Salée at Ingall.

Messages on polio and OPV, vitamin A, NIDs dates and location, AFP surveillance, and importance of routine immunization) are developed, adapted to regional realities, pre-tested and formulated to deal with rumors

For each round of NIDs, messages are produced, revised (as needed) and adapted for transmission through communication channels utilized at the regional and district levels. **However NIDs messages were not pre-tested among special groups such as religious leaders and nomadic populations in 2000, 2001, or 2002.** In 2002 specific messages were developed at the national level to deal with rumors and misinformation, such as the notion that OPV is a contraceptive and causes sterility. In Maradi region, which experienced notable cases of refusals to immunize children during NIDs, special messages were developed in both 2001 and 2002 to deal with misinformation.

Existence of a social mobilization plan at the district level

Social mobilization plans are elaborated at the district level with the involvement of opinion leaders, administrative authorities and health workers. In all 3 years, the plans included the following components: the identification and recruitment of individuals to participate in social mobilization activities at the community level; the establishment of a coordinating group to support social mobilization activities. **However, the 2002 social mobilization plans for the districts of Maradi did not specifically target community activities that bring together a large group of people (for example, festivals, the Cure Salée, Hontoungni), as fora for the diffusion of NIDs messages.** By comparison, in 2001, such activities were included in district social mobilization plans. For example, in 2001, NIDs-related social mobilization activities were programmed to coincide with Guérouel, the annual Peul festival, held in Akadaney.

Existence of a monitoring and evaluation plan for social mobilization and communication activities

It was only in 2002 that a monitoring and evaluation plan was developed for social mobilization and communication activities held in connection with NIDs at the national level and in the region of Maradi. In both situations, the plan included the following topics: estimation of resource needs for the evaluation of activities; specification of the objectives of the social mobilization program; indicator selection; work plan and budget; data collection and analysis; dissemination and utilization of evaluation results. Also, in both situations, the plan was a summary of the social mobilization activities that were presented in the NIDs action plan. It is expected that the monitoring and evaluation plan will enable the identification of approaches and measures for evaluating the impact of social mobilization activities from one year to the next. It is worth mentioning, however, that even though a specific monitoring and evaluation plans was not developed in 2000 and 2001, social mobilization activities were evaluated through other means after each round of NIDs. The tools that were used for that evaluation will be discussed in later sections.

Communication specialists and/or member of the social mobilization subcommittee involved in development of microplans and training of NIDs supervisors

In each of the years reviewed, a communication specialist was involved in the development of micro-plans and training of NIDs supervisors.

NIDs supervisory checklists include questions for evaluating the quality of interpersonal communication and the performance of mobilizers

The NIDs supervisory checklists include questions for evaluating the quality of interpersonal communication and performance of vaccinators and mobilizers (see Appendix for the supervisory checklist that was used in 2002). Each supervisor is expected to interview parents participating in NIDs and check a "yes" or "no" response corresponding to his/her overall impressions of the quality of the following aspects of interpersonal communication by vaccinators and mobilizers:

- Parents are informed that the vaccination teams will return in 30 days for the next round of NIDs
- Parents of children who were vaccinated during NIDS know that their children are vaccinated against polio
- Whether there are zero-dose children (and the reasons why these children have not received prior doses of polio vaccine)
- Parents are aware of the importance of routine immunization for children aged 0-11 months
- Parent's knowledge of AFP in the national/local languages
- Where parents seek assistance when faced with a child newly suffering from paralysis (this assessment requires the supervisor to indicate whether caretakers state that the child is taken to a traditional healer or to a health center)

8. CAPACITY BUILDING

Vaccinators trained for their communication roles on a timely basis using standard training modules at the district level

In 2001 and 2002, vaccinators were not trained in a timely manner at the district level due to a delay in the disbursement of funds for social mobilization at higher levels of the Ministry of Health.

Mobilizers trained on a timely manner using standard training modules at the district level

In 2001 and 2002, mobilizers were not trained in a timely manner at the regional level due to a delay in the disbursement of funds for social mobilization at higher levels of the Ministry of Health. In both years, mobilizers at the district level were briefed on social mobilization and communication during preparatory meetings held for NIDs, the purpose of such briefings being to harmonize messages diffused during NIDs.

9. IMPLEMENTATION OF SOCIAL MOBILIZATION ACTIVITIES DURING NIDS

Several criteria were established to evaluate the quality of social mobilization and communication activities during NIDs. Key informants rated these criteria according to the following scale:

1. Poor
2. Satisfactory
3. Good
4. Very good
5. Excellent

The average score for each criterion is also reported below.

Vaccinators and mobilizers are providing key messages on NIDs, polio, vitamin A, AFP surveillance and the importance of routine immunization during NIDs

It was generally felt that the performance of vaccinators and mobilizers in providing key messages on NIDs, polio, vitamin A, AFP surveillance and the importance of routine immunization was satisfactory in the past couple of years. **The average score for these criteria was 2.3 in 2001 and 2.2 in 2002 implying that there is much room for improvement. In Maradi region, one key informant described the quality of counseling during NIDs as poor in 2001 but noted some improvement in interpersonal communication between 2001 and 2002.**

Supervisors evaluate the implementation of social mobilization activities and take appropriate corrective action

Although supervisors do evaluate the implementation of social mobilization activities and take corrective actions, **it was noted that often, the level of interpersonal communication among vaccinators is poor and supervision of interpersonal communication is poor during NIDs.** This criterion received an average score of 3.3 in 2001 and 3.2 in 2002, implying little change during this period in the comprehensiveness of evaluations undertaken by supervisors.

Supervisory checklists are being completed (correctly)

Supervisors at the national and regional levels do complete supervisory checklists. At the end of NIDs the findings are synthesized and compiled in a report. It was noted, however, that some supervisors do not use the checklists provided by the Ministère de la Santé Publique et de la Lutte contre les Endémies, but rather note down their observations throughout the course of NIDs. **More efforts should be made to foster 100 percent completion rates, as the supervisory checklists are critical to any quantitative assessment of the quality of interpersonal communication by vaccinators and mobilizers during NIDs and to the aggregation of the results at higher administrative levels.**

Opinion leaders are working with mobile teams and health centers to advocate for NIDS

Opinion leaders continue to work with vaccination teams and health centers to sensitize parents to vaccinate their children throughout the NIDs. As was previously noted, traditional leaders are often members of the regional and local social mobilization committees and play an instrumental role in dealing with refusal cases. This criterion received an average score of 3.0 out of a maximum of 5, with a score of 5 representing "excellent" and a score of 1 representing "poor" performance.

Continuous dissemination of messages through the different communication channels (mass media and traditional) throughout the duration of NIDs

Messages are continuously diffused throughout NIDS. At the national level, the diffusion of messages through radio and television channels commences one week before NIDs and continues throughout the campaign. Among measures of the implementation of social mobilization activities during NIDs, this measure received the highest average rating—a score of 4.3 in 2001 and 4.0 in 2002.

Feedback provided by supervisors to vaccination teams to correct/improve messages

Supervisors follow vaccination teams and provide feedback during NIDs. Supervisors also submit a report at the end of each round of NIDs. This criterion received an average score of 3.3 in 2001 and 3.6 in 2002.

Feedback provided to the town criers and by whom

It is not clear that feedback is provided to town criers. One key informant noted that this aspect of feedback is a challenge and that the responsibility for providing such feedback falls with the

Communication Specialist in the *Équipe Cadre de District* (District Health Team) and with the Director of the *Centre de Santé Intégré*. It could be envisaged that health professionals hearing messages disseminated by town criers would take action to correct or modify these messages as needed. Key informants were, however, unanimous in their assessment that feedback is not provided to town criers on a systematic basis. It is important that next wave of NIDs provide feedback to this group as town criers have a tremendous reach in both the urban and rural settings surveyed, a reach that approaches quite closely that of radio**. Efforts could also be made in subsequent years to recognize town criers (through a certificate of appreciation for their efforts, while also stating that still more work is needed to ensure that children are fully immunized. Efforts should also be made to explore how town criers may be used to disseminate messages on routine immunization.**

10. IMPLEMENTATION OF SOCIAL MOBILIZATION ACTIVITIES BETWEEN NIDS ROUNDS

Key messages on the NIDs, AFP surveillance and routine immunization continue to be provided through mass and traditional media, vaccinators and mobilizers, and health workers.

There is rarely continuous dissemination of polio eradication messages between NIDS rounds. Dissemination through mass media channels typically commences about 10 days before the second round of NIDs. The extent to which mobilizers continue to disseminate messages about polio eradication between NIDs rounds is unknown. One key informant noted that during 2000-2002, messages were not evaluated to assess community understanding. This measure received an average score of 3.3 for 2002.

The Social Mobilization Sub-Committee and the Communication/Social Mobilization Unit of the Expanded Immunization Program meet to analyze observations and findings from the previous round of NIDs

The social mobilization committee conducted follow-up meetings, as needed, at the central and regional levels to analyze factors influencing participation in the last NIDs, identify challenges and develop specific messages for groups that were opposed to vaccination during the past round. Reports provided by supervisors and consultants are used for this purpose. **In Maradi region, one key informant felt that in 2001, messages were not developed between NIDs rounds for groups that resisted polio eradication efforts. Another key informant reported that the difficulty of mobilizing funds at the central level between NIDs rounds does not permit the development of new messages for groups opposed to immunization.** This measure received an average score of 3.6 for 2002.

Social mobilization activities or communication plans are revised based on findings from the previous round of NIDs

The social mobilization plan is revised at each round of NIDs taking into consideration recommendations from previous rounds. This is one indicator that has shown considerable improvement since 2000 and 2001 in Maradi region. At the central level, the difficulties in mobilizing resources between NIDs rounds do not permit major changes to be made in social mobilization strategies between rounds. This measure received an average score of 3.3 for 2002.

Disseminate lessons learned, strengths and weaknesses, success stories

The results of the first round of NIDs are disseminated by the *Ministère de la Santé Publique et de la Lutte contre les Endémies*, using radio and television. This dissemination also provides an opportunity to thank all those who have contributed to the success of polio eradication efforts. Eyewitness accounts of NIDs are sometimes used. A meeting is usually convened to evaluate and

disseminate the results of the first round, thereby ensuring that all constituent groups of the social mobilization committee are informed on the lessons learned, strengths, weaknesses and success stories. Key informants considered this dissemination effort to have been relatively weak in 2000 and 2001 but to have shown considerable improvement by 2002. This measure received an average score of 3.3 in 2002.

11. EFFECTS OF SOCIAL MOBILIZATION AND COMMUNICATION ACTIVITIES ON POLIO-RELATED IMMUNIZATION KNOWLEDGE, ATTITUDES, AND BEHAVIOR

Focus-Group Discussions

The focus group discussions revealed generally positive attitudes towards polio eradication and NIDs, although participants did acknowledge that in the past, there was greater opposition to these efforts. Changing attitudes were attributed to the intensive social mobilization and sensitization efforts, a recognition that polio immunization promoted children's health, and a perceived reduction in the number of new cases of AFP in the communities examined. The following are some of the observations from the focus group discussions:

- Radio, television, traditional leaders and town criers were the primary communication channels.

- There is insufficient knowledge about polio, the diseases against which children are immunized, and childhood vaccination in general

- Lack of understanding (bordering on suspicion) as to the rational behind the coexistence of routine EPI and NIDs. Suspicions regarding the rationale behind NIDs are accentuated by the fact that vaccines given during NIDs were free and that health workers actually come to the door to vaccinate children. By comparison, participants interpreted fees paid at the health center for sick and well-child consultations to be payment for vaccines even though EPI vaccines are actually free. The coexistence of free vaccines through NIDs and vaccines that were not perceived to be free of charge (at the health center) fueled suspicions and misinformation.

For example, in one of the rural focus groups, one participant mentioned that the door-to-door strategy was a means of extracting money from people. Health workers were perceived to come to households, administer vaccines that made the children sick, thereby forcing caretakers to take children to the health center where they would be required to pay for health care.

> ***Facilitator : «Quand les messages sont diffusés, il y a souvent des gens qui acceptent la vaccination; par contre, il en y a qui n'acceptent pas ? Selon vous pourquoi ? »***
>
> *Participant : « les vaccinateurs ne nous disent même pas pourquoi on vaccine nos enfants, c'est pourquoi nous n'acceptons pas »*
>
> *Participant : « selon les femmes, le vaccin polio diminue le sang des enfants, alors elles sont obligées de les amener au centre de santé pour la consultation et là on les fait payer. La vaccination VPO est une façon de soutirer l'argent. »*
>
> *[Soumarana, men aged 45-65 years]*

- Due to lack of understanding and knowledge regarding the diseases against which children were immunized young urban men stated that child hood immunization ("against unknown diseases") was not a priority. Their priorities were for protection against diseases such as

malaria and meningitis, which they perceived as having dire consequences. As one participant described: "*Nos priorités sont les autres maladies qui font évacuer les gens.*"

- Poor interpersonal communication between vaccinators and caretakers. Participants reported that vaccinators do not explain why children were immunized and against which disease children are protected, as the following excerpt shows:

  Facilitator : « Le vaccin administré aux enfants durant les JNV, protège contre quelle maladie ? »

  Participant: « les vaccinateurs ne nous disent pas c'est contre quelle maladie mais nous entendons à la radio que c'est contre SHA INNA » (Polio en langue locale)

  Participant : « la radio ne peut pas informer plus que celui qui vient jusque dans ta concession »

  [Soumarana, men aged 45-65 years]

- Lack of respect and courtesy displayed by health workers towards clients had repercussions on the rate of acceptance of the door-to-door strategy. Rural participants reported that health workers at fixed facilities demonstrate a lack of respect and courtesy, do not communicate in a way that made clients feel welcome at health centers, or address clients in a positive manner. Consequently, when health workers are at the door during NIDs, some rural residents are reluctant to welcome them into their homes.

  Facilitator : « Quand les messages sont diffusés, il y a souvent des gens qui acceptent la vaccination; par contre, il en y a qui n'acceptent pas ? Selon vous pourquoi ? »

  Participant : «Quand on va au centre de santé avec un malade grave, on vous demande 700 FCFA en plus tu attends pendant longtemps, personne ne te regarde, parfois on ne te regarde même pas »

  Participant : « Nous sommes grondés et mal accueillis au centre de santé, alors si les vaccinateurs viennent dans nos concessions on ne le reçoit pas surtout que c'est gratuit »

  [Soumarana, men aged 45-65 years]

- Participants in the focus group discussions were also asked what more could be done to foster favorable attitudes among people who were opposed to immunization. The responses overwhelmingly reflect the importance of improving the quality of interpersonal communication by health workers at fixed facilities and of continued sensitization by traditional leaders.

  Facilitator : «Ceux qui n 'acceptent pas, comment les a-t-on ammene a accepter ? Que peut-on faire de plus? »

  Participant : «Il faut améliorer la qualité au niveau des centres de santé. Je veux dire que si on nous acceptait mieux au centre de santé, on n'accepterait mieux aussi ceux qui viennent dans nos concessions vacciner nos enfants.»

  Participant : «Ceux qui ont accepté, sensibilisent les réticents, il y a aussi les chefs de quartiers qui font la sensibilisation.»

  Participant : «Améliorer l'accueil au niveau des centres de santé.»

Participant : «Revoir le recouvrement des coûts qui est pour nous très cher.»
[Soumarana, men aged 45-65 years]

Young men in Maradi Town noted further that if the Government continued to use force to resolve refusal cases during NIDs (for example, during the October/November 2002 NIDs, the military was sent to to Soumarana and surrounded the village while the vaccinators were there), this would lead even current supporters of polio eradication to refuse to have their children vaccinated. These young men also emphasized the importance of strengthening routine immunization and community outreach, which they preferred over the door-to-door immunization strategy :

Facilitator : «Ceux qui n 'acceptent pas, comment les a-t-on ammene a accepter ? Que peut-on faire de plus? »

Participant : « Il faut renforcer la vaccination systématique. Même si les parents refusent les JNVs, l'enfant va reçevoir les vaccins dans les centres de santé. Il faut envoyer plus les équipes mobiles pour vacciner les enfants au lieu de faire les JNVs ».

Participant : « Il faut envoyer les enfants au centre de santé et renforcer ça au lieu de faire les JNVs tous les trois mois. »
[Soura Bildi, men aged 20-44 years]

Caretaker Survey

As Table 1 shows, the caretakers of the household survey were predominantly female, although there were more male caretakers in the rural locality. About 30 percent of the total sample was literate. Eighty-five percent of caretakers lived in households that owned a radio and 19 percent lived in households that owned a television. As expected, literacy level, and radio and television ownership were higher in the urban than in the rural locality. Both rural and urban caretakers preferred listening to the radio in the morning (Table 2), about 45 percent preferred listening to religious preaching on radio or television, and about 23 percent to news in the national languages. Dandali Soyaya, a radio and television soap opera produced in Nigeria was the next most-watched/listened-to single program preferred by both rural and urban caretakers (see Table 3).

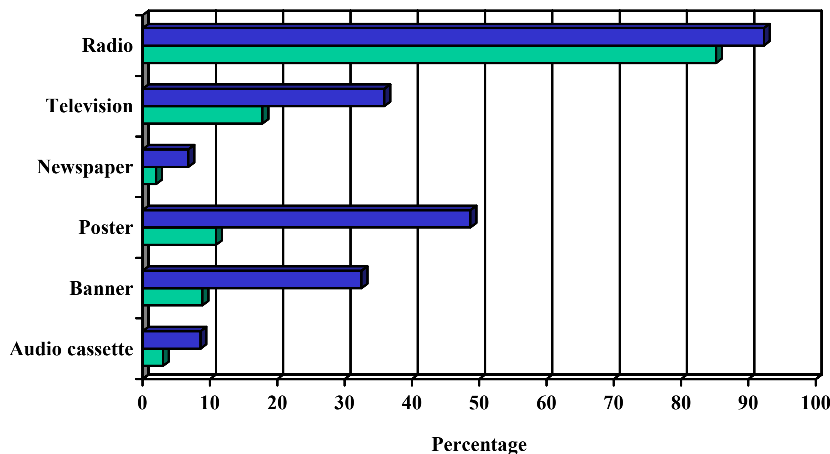
Communication Channels

The main findings are as follows (see Table 4):

- Levels of exposure to NIDs messages disseminated through radio are high. Eighty-five percent of rural residents and 98 percent of urban residents ere exposed to NIDs messages disseminated through radio in the past 12 months.

- Channels such as television, posters and banners had a significantly wider reach among urban than rural caretakers. Whereas 11 percent of rural caretakers were exposed to NIDs messages on posters, 49 percent of urban caretakers were reached through this channel. The proportion of caretakers exposed to NIDs messages disseminated through banners was 9 percent in the rural locality as compared to 33 percent in the urban locality (see Figure 1).

Figure 1. Channels of Communication for the 2002 NIDs: Mass Media



- The strategy of involving traditional leaders in social mobilization activities is a success. NIDs messages disseminated by traditional leaders in the past 12 months reached 70 percent of rural caretakers and 76 percent of urban caretakers. Town criers are equally effective channels of communication for NIDs in both the urban and rural survey site, with a reach that approximates that of radio.

- Other interpersonal communication channels such as neighbors, friends, health workers, animators/volunteers were also important for increasing levels of knowledge about NIDs in the past 12 months. At least 50 percent of caretakers were received NIDs messages through these channels, and significantly more so in the urban than rural locality (see Figure 2).

- Although efforts have been made to sensitize religious leaders and involve them in social mobilization activities, they remained a relatively insignificant source of information about NIDs in the past 12 months. Only 10 percent of rural caretakers and 24 percent of urban caretakers reported hearing NIDs messages from religious leaders in the past 12 months.

Recall of Specific NIDs Messages

This indicator also measures the reach and comprehension of messages communicated about NIDs through various channels. As Table 5 and Figure 3 show, most caretakers (73 percent) spontaneously recalled the door-to-door strategy. About half of caretakers recalled that messages mentioned the importance of and reasons for immunization and 42 percent, messages on vitamin A. Only 23 percent of caretakers could recall that the messages contained the dates of NIDs while only 18 percent could recall that symptoms of polio were included. A rather small proportion of caretakers recalled that the contents of NIDs messages included AFP surveillance (1 percent) and routine immunization (8 percent).

Figure 2. Channels of Communication for the 2002 NIDs: Traditional/Interpersonal

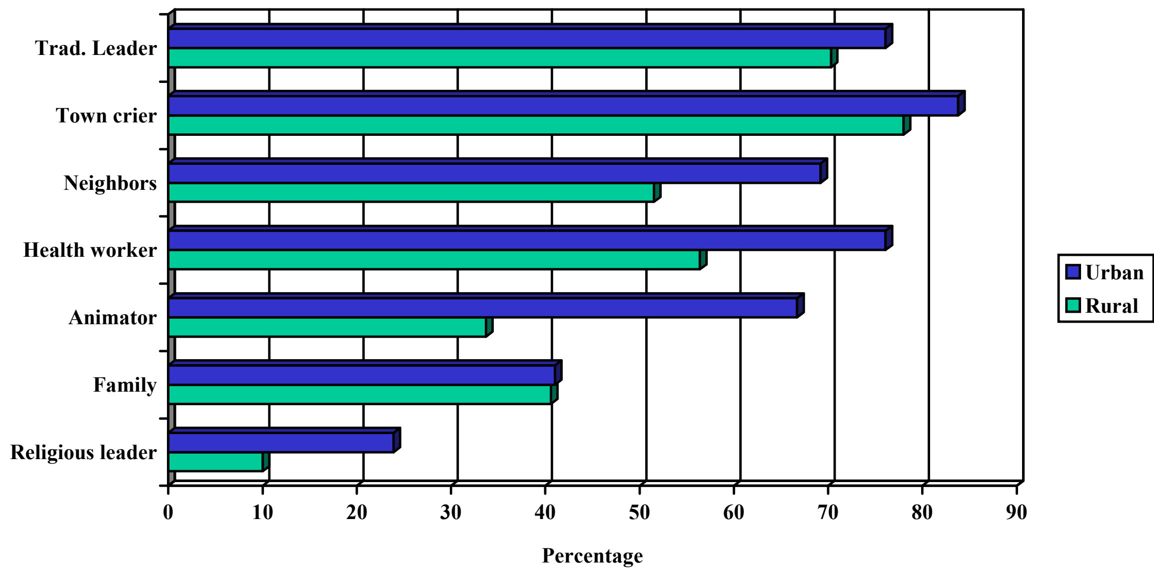
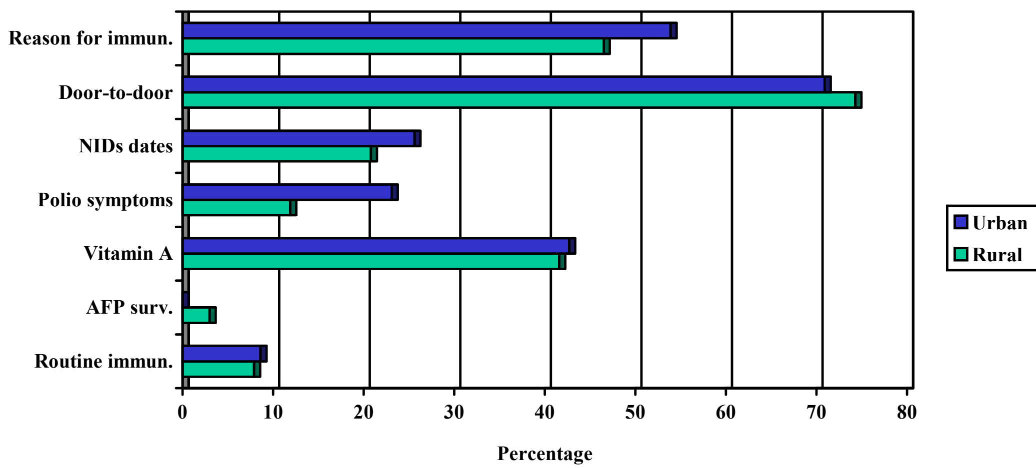


Figure 3: Recall of Specific Message Topics Disseminated during the 2002 NIDs



Attitudes, Polio-related knowledge and Participation in NIDs

The main findings are as follows:

- High perceived approval of NIDs. The majority (90 percent) of caretakers (both rural and urban) believed that most members of their community approved of NIDs.

- Poor knowledge of polio symptoms but high knowledge of where to report new cases of paralysis in children: While perceived approval of NIDs was high, knowledge about polio symptoms was low. The proportion of caretakers who knew how to recognize polio-like illness was 40 percent in the rural locality and 45 percent in the urban locality. However, 98 percent of caretakers knew that new cases of paralysis in children should be referred to a health center.

- Successful door-to door strategy: The door-to-door strategy was successful in the 2002 NIDs. A vaccinator visited the homes of 85 percent of rural caretakers and 96 percent of their urban counterparts in the past 12 months. Ninety-five percent of rural caretakers and 97 percent of urban caretakers reported that their children received OPV during the 2002 NIDs.

Interpersonal Communication by Vaccinators during 2002 NIDs

The quality of interpersonal communication during NIDs was poorer in rural than in urban areas and among illiterate than literate caretakers (Tables 7 and 8). The household survey revealed the following:

- While 80 percent of urban caretakers were informed about the reasons for immunization, only 60 percent of rural caretakers received the same information. This difference was statistically significant.

- Only 38 percent of caretakers received information about the dates of the next NIDs rounds – 32 percent in the rural locality and 44 in the urban locality.

- Fewer rural than urban caretakers were advised about routine immunization during NIDs (61 percent versus 76 percent).

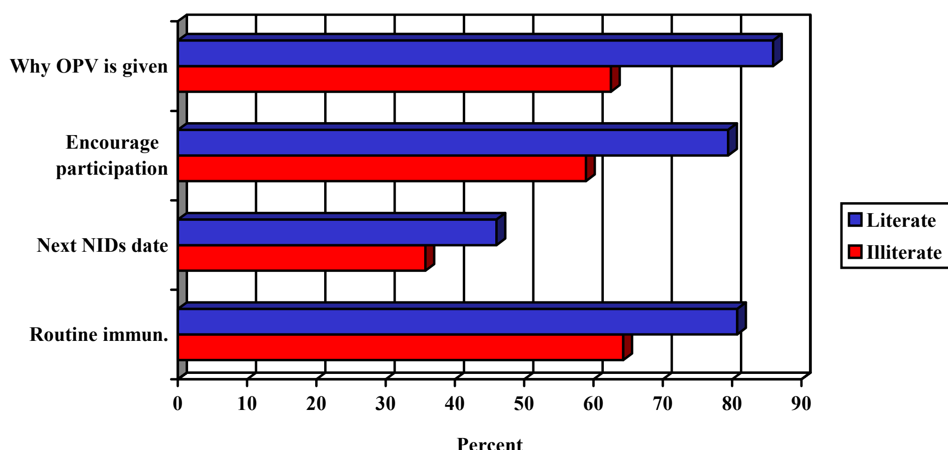
- The proportion of caretakers who were asked by vaccinators to encourage other community members to have their children immunized during NIDs is significantly lower in the rural than in the urban locality (55 percent versus 75 percent).

- Few vaccinators checked whether caretakers had any questions about childhood immunization during NIDs. In the rural locality, only 26 percent of caretakers reported that the vaccinator had asked them whether they had any questions regarding childhood immunization, as compared to 43 percent of urban caretakers.

- Caretaker satisfaction with vaccinators' responses was significantly lower in the rural than in the urban locality. Among rural caretakers who ever asked the vaccinator any questions about childhood immunization during the 2002 NIDs, only 59 percent were satisfied with the responses that they received, compared to 96 percent of their urban counterparts.

- Similarly, significantly fewer illiterate than literate caretakers reported that the vaccinator explained the reasons for OPV, asked them to encourage others to vaccinate their children during NIDs, counseled them on routine immunization, or checked whether the caretakers had any questions on childhood immunization (see Table 8 and Figure 4).

Figure 4. Percentage of Caretakers Counseled on Various Topics by Vaccinators during the 2002 NIDs



Vaccinator and Mobilizer Survey

The low quality of interpersonal communication during NIDs raised questions regarding whether the source of the problem lay in the way the messages were formulated and the extent to which they were understood by the population or in the level of competence of the vaccinators and mobilizers with regard to interpersonal communication. To shed light on this issue, a survey was conducted among mobilizers in Maradi Town and vaccinators in Madarounfa Town. EPI supervisors (the Équipe Cadre de District) interviewed the vaccinators, while the chiefs of the integrated health centers interviewed those mobilizers who were affiliated with their respective health centers. There are five integrated health centers in Maradi Town, each of which had a total of 8 mobilizers. Due to time and budget constraints, we interviewed only the first thirty-nine vaccinators who showed up at the Madarounfa Integrated Health Center in response to our request to meet with the vaccinators who had participated in the 20002 NIDs were interviewed. The goal was to interview all of the mobilizers in Maradi town but only 31 (of a total of 40) mobilizers could be reached during the period allocated to the survey. As Table 9 shows, the vaccinators were mostly male while the mobilizers were predominantly female. In general, vaccinators had higher levels of literacy (97 percent) than mobilizers (71%) did. This differential in literacy level was statistically significant at the one percent level. On average, vaccinators were about 17 years younger than mobilizers.

Social Mobilization and Communication Activities

Compared to mobilizers, vaccinators do not always conduct social mobilization and communication activities at their place of residence (Table 10). Only 28 eight percent of vaccinators (compared to 84 percent of mobilizers) always conduct social mobilization activities in their communities. Unlike mobilizers, vaccinators were more likely to work in rural areas during the 2002 NIDs. Sixty two percent of vaccinators conducted communication activities in rural areas in 2002 compared to 6 percent of mobilizers even though both groups resided in urban localities. This difference was statistically significant at the one percent level. However, in 92-94 percent of cases, both mobilizers and vaccinators always spoke the language of the population among whom social mobilization activities were conducted during NIDs.

Table 11 shows the extent to which the vaccinators and mobilizers interviewed reached special populations with NIDs messages in the past 12 months. More vaccinators (28 percent) than mobilizers (10 percent) conducted NIDs-associated social mobilization activities among nomadic families in the past 12 months, but compared to religious leaders, nomadic populations were less canvassed by mobilizers. This probably resulted from the fact that mobilizers conducted most of their activities in the urban communities in which they reside and in which nomadic populations were not likely to be found. Eighty one percent of mobilizers compared to 10 percent of vaccinators conducted social mobilization and communication activities among religious leaders. The communication strategies used to by mobilizers to reach special populations included sensitization visits to explain the importance of vaccination and NIDs (68 percent) and meeting with the leaders of the groups to encourage their support (37 percent). However, less than 5 percent of mobilizers conducted advocacy activities among special populations, suggesting that this aspect of their work needs to be strengthened and emphasized. Corresponding figures for vaccinators are not reported in the text due to small sample size.

Vaccinators and Mobilizers' Reports of the Content of Messages Given to Caretakers during the October/November 2002 NIDs

Vaccinators and mobilizers were asked whether they had counseled caretakers about NIDs during the October/November 2002 round and on what topics they had provided such advice. Over 97 percent responded had counseled caretakers, but as shown in Table 12, more mobilizers than vaccinators provided messages on immunization topics of interest. The proportion of vaccinators who reported that they counseled caretakers on vaccination was abysmally low for all topics except the reasons for and importance of vaccination. Only 17 percent of vaccinators reported that they counseled caretakers about the door-to-door strategy. An even lower proportion, 6 percent, of vaccinators reported that they advised caretakers about the dates of the next round of NIDs. The proportion of vaccinators who reported that they had advised caretakers on how to recognize polio-like illness or on where to report new cases of paralysis in children was 11 percent. While a higher proportion of vaccinators reported that they advise caretakers on routine EPI during NIDs (31 percent), this level of interpersonal communication during NIDs is unsatisfactory. It is also noted that only 19 percent of vaccinators stated that they ask caretakers to encourage other community members to have their children immunized during NIDs. With the exception of the reasons for and importance of vaccination, the level of interpersonal communication is significantly higher among mobilizers than among vaccinators (as indicated by chi-square statistics), but it is still below 70 percent for the following topics: polio symptoms, vitamin A, AFP surveillance and routine EPI.

Competence of Vaccinators

An assessment of the competence of vaccinators was undertaken by asking them to name the steps they should follow once permission is provided by the head of the family to vaccinate eligible children during NIDs. The interviewers (who were EPI supervisors) were asked to rate the competence of the vaccinator in terms of his/her ability to speak clearly, and to indicate whether the vaccinator was well informed about immunization issues. The results of this exercise are shown in Table 13. While the report only highlights elements of interpersonal communication about vaccination topics, the other measures are worthy of note. The proportion of vaccinators who included counseling caretakers on AFP surveillance as a critical step they must take during NIDs was 36 percent. The proportion of vaccinators who reported that they must inform caretakers about he dates of the next round of NIDs was 28 percent. The proportion of vaccinators who mentioned that they must counsel caretakers on routine EPI during NIDs was 20 percent and only two-thirds of vaccinators acknowledged that they must thank the caretakers for participating in NIDs. While EPI supervisors assessed 76 percent of vaccinators as speaking clearly, only 47 percent of vaccinators were assessed to be well informed about immunization issues.

Recall of Topics Covered during NIDs Training

Mobilizers and vaccinators were asked to recall the topics covered during NIDs training. As Figure 4 shows, not all mobilizers have been trained on NIDs-related social mobilization activities. More than 90 percent of vaccinators were trained in the past 12 months on NIDs-related issues compared to 30 percent of mobilizers. In fact, about a third of mobilizers have never received training on NIDs, a finding that supports the observation of key informants that mobilizers in Maradi region that mobilizers were not formally trained for the 2001 and 2002 NIDs, but only received a briefing on social mobilization activities which was geared towards harmonizing messages diffused during NIDs.

Figure 5. Percent Distribution of Mobilizers and Vaccinators by Number of Years Since Last NIDs Training

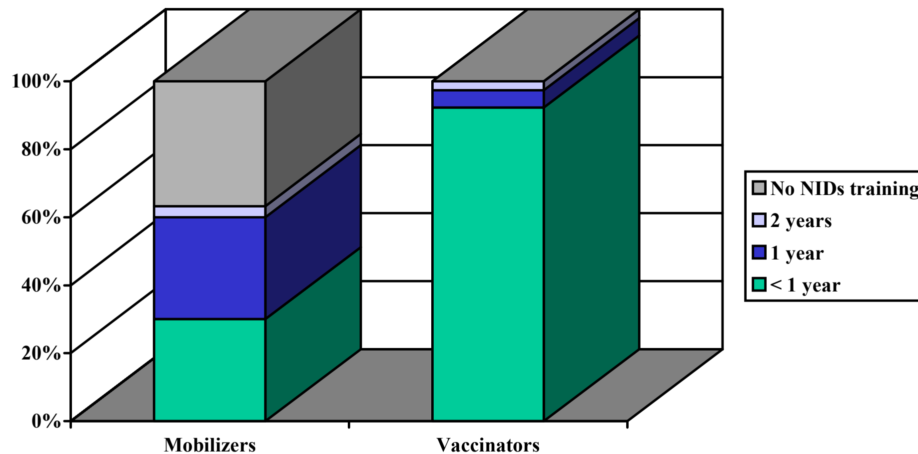


Table 13 presents the contents of NIDs training as recalled by mobilizers and vaccinators who had been trained. The data for mobilizers are presented in two columns. The first column reflects the responses of all mobilizers (N = 20) while the second column is restricted to the responses of mobilizers who had not served as vaccinators during the 2002 NIDs, although the sample size is too small for meaningful comparisons (N = 16). Not surprisingly, substantially more vaccinators than mobilizers had been trained on the administration of OPV (92 percent versus 55 percent) while more mobilizers than vaccinators had received training on social mobilization (90 percent and 8 percent, respectively). About three-quarters of vaccinators and mobilizers recalled that interpersonal communication was one of the topics covered during NIDs training. However, few vaccinators and moblizers recalled that NIDs training had included such topics as AFP surveillance, management of refusal cases or completion of vaccination forms. The consistency in vaccinators and mobilizers' recall of these subjects suggests that they may not have received much emphasis during NIDs training.

Vaccinators and Mobilizers' Suggestions for Improving Interpersonal Communication during NIDs

Suggestions for improving interpersonal communication during NIDs revolved around three main themes: training, work responsibilities, and sensitization. Suggestions pertaining to training emphasized increasing the duration of and strengthening the interpersonal communication component of NIDs training, promoting refresher training for mobilizers, organizing NIDs training in a timely manner, and having a single training session on interpersonal communication for all mobilizers and vaccinators.

Regarding their work responsibilities, mobilizers in Maradi town emphasized the need to increase the number of mobilizers in densely populated and geographically large quartiers to ensure that the constituent populations were equitably divided among mobilizers. They also expressed a desire to be supervised during the course of social mobilization activities, noting that they had not been allocated supervisors. Aside from workload and supervision, some mobilizers suggested that the responsibilities of mobilizers should be extended to include administration of OPV during NIDs in their quartiers of residence. Mobilizers noted that they have already won the trust and respect of the population in their individual quartiers of residence and that administration of OPV during NIDs would further strengthen their role in the community. There were a few suggestions that mobilizers could be given uniforms and transportation to facilitate the implementation of social mobilization activities.

Vaccinators' suggestions pertained less to the nature of their responsibilities than to the need for continued sensitization of the population before the launching of NIDs. At least half of the vaccinators interviewed stressed the importance of sensitizing the population on polio vaccine and routine immunization before vaccinators were sent out to immunize children during NIDs. These comments could suggest that the vaccinators interviewed did not perceive their role to include sensitizing the population. This is a serious concern. All vaccinators need to know via training, materials, and supervision that they are an important source of information on immunization and that they play a crucial role in sensitizing the population and providing polio messages during NIDs.

12. CONCLUSION AND RECOMMENDATIONS

This evaluation has highlighted the strengths and weaknesses of social mobilization strategies conducted in conjunction with NIDs during 2000-2002. The recommendations emanating from the evaluation are the following:

1. Target advocacy and social mobilization activities at the commercial sector

The assessment of the adequacy of advocacy activities revealed that advocacy and resource mobilization activities have not targeted private companies and commercial enterprises in the past three years. There is no representative from the commercial sector in the Maradi Regional Social Mobilization Sub-Committee and in the National Social Mobilization Sub-Committee. It is recommended that social mobilization activities should be extended to gain the support and involvement of the commercial sector. Communication planning for future NIDs should include producing special information packets for the commercial sector and organizing meetings with private companies and commercial enterprises to discuss how they can support polio eradication activities. Messages for the commercial sector could target local businesses and labor organizations as well as some multinationals such as the Coca Cola Company. Messages to the commercial sector should highlight the following issues:

- Polio eradication and routine immunization are good and measurable social investments.
- The investment of the commercial sector in polio eradication efforts could offer good exposure in local markets. It can also help the local community.
- There is no such thing as a local health problem; the polio virus can be imported into a country in a matter of hours.
- The savings from eradicating polio can be used for other purposes

2. Continued dissemination of NIDs messages through radio and traditional leaders; recognize and supervise town criers and extend their role to disseminating messages on routine immunization

Immunization messages should be disseminated through specific radio/television programs like Dandali Soyaya, which was the single most important preferred program watched on radio and television, thereby taking advantage of the existing viewer network (which consists largely of women). It is recommended that UNICEF and the EPI program continue to support of dissemination of NIDs messages via traditional leaders and town criers as these channels have the widest reach. Newspaper announcements are an ineffective use of communication resources as they have a limited audience.

There is a need to formally recognize the role of the town crier as this are one of the most important sources of information about NIDs for caretakers. Town criers also have enormous potential as a channel for disseminating messages about routine immunization. They can reach many people quickly without extensive planning and training and if adequately supervised, they can provide clear information or messages about routine immunization.

3. Expand role of the Social Mobilization Sub-Committee so that it is active throughout the year and not just at periodic intervals related to the launching of NIDs

The role of the community in social mobilization for polio eradication and immunization should extend beyond NIDs to encompass routine immunization. Current activities of the social mobilization subcommittees are focused on planning and monitoring NIDs. As one key informant notes: "La mobilisation sociale doit être continuée même au cours des JNV et après pour le PEV de routine."

This expanded role could contribute to the reinforcement and strengthening of routine immunization. In addition, the level of functioning of the sub-committee could be improved by training its members in communication and social mobilization. All NIDs supporters including members of the social mobilization sub-committees need training on the basics of advocacy, interpersonal communication and key messages if they are to plan and carry out social mobilization activities effectively.

4. Strengthen the planning process at the district level

Only 22 of the 42 districts of the country have integrated social mobilization into their immunization action plans and only these 22 districts have included strategies for reaching difficult and hard-to reach population, including zero-dose children. The planning process should be strengthened by providing technical assistance to the remaining 20 districts of the country to include social mobilization activities in their respective immunization action plans. In relevant districts, social mobilization activities for polio eradication and Local Immunization Days should be planned to coincide with the annual gathering of Nomads during the Cure Salée at Ingall. In addition, district social mobilization plans should target other community activities that bring together a large group of people (for example, festivals such as Hontoungni and Guérouel), as fora for the diffusion of NIDs messages.

5. Strengthen training on interpersonal communication for and supervision of communication activities of vaccinators and mobilizers

The results of the vaccinator and mobilizer surveys demonstrate that there is an urgent need to improve personal communication skills among mobilizers and vaccinators. The quality of counseling is poor and vaccinator knowledge on immunization issues was assessed to be low. Only 47 percent of vaccinators were assessed to be well informed about immunization issues and about a third of mobilizers had never received training on NIDs. One result of the poor quality of interpersonal communication was a general lack of caretaker understanding and knowledge regarding the diseases against which children were immunized and poor comprehension of the rational for the coexistence of routine immunization and NIDs. In addition, the lack of respect and courtesy displayed by health workers at fixed facilities towards clients had repercussions on the rate of acceptance of the door-to-door strategy. Specific recommendations pertaining to training and supervision are the following:

- Conduct separate/specific training sessions on social mobilization and interpersonal communication for vaccinators and mobilizers. The current training program is deficient in a number of ways. It is too short, and the inclusion of interpersonal communication as one of the many topics covered in the NIDs training program does not allow sufficient time to be spent on communication issues.

- Revise the content of the training program for vaccinators to include the dates of the next NIDs, AFP surveillance and extend the duration of training for vaccinators to allow more time for the transmission of health information. Most vaccinators do not have a health background and are not well informed about vaccination issues.

- Establish reasonable vaccination targets during NIDs and other indicators for measuring vaccinators' performance. Vaccinators are evaluated on the basis of the number of children vaccinated per day. The vaccinators interviewed administered OPV to an average of 149 children per day during the October/November 2002 NIDs. However, the number of children vaccinated per day varied from 3 to 300. In an effort to reach a large number of children, sufficient time may not be devoted to communication issues.

- Ensure the timely disbursement of funds for training and for social mobilization activities. Due to the delay in the receipt of funds, insufficient time is spent mobilizing the population and informing caretakers about vaccination issues before the start of NIDs.

- During NIDs-related and routine EPI training:

    - Emphasize that health workers are an important source of information and that their polite behavior, positive attitudes and words of encouragement will increase participation in NIDs, LIDs, as well as routine immunization
    - Provide accurate information about OPV, vitamin A administration, routine immunization and vitamin A supplementation schedule, AFP surveillance, dates of next NIDs

- Strengthen supervision of the interpersonal communication during NIDs to ensure that vaccinators are disseminating immunization messages to caretakers and to ensure that rural and illiterate caretakers as as likely as those who are urban and literate to be counseled by vaccinators and mobilizers during NIDs.

6. At the end of training, assess vaccinator and mobilizer knowledge of key immunization messages for caregivers; make accurate knowledge of immunization messages a criterion for recruitement for NIDs.

The messages below are provided as suggestions on the content of messages that could be given to caregivers and were adapted by the Communication Initiative from WHO (WHO, 1998). Note that all messages should first be adapted to local conditions and pre-tested among various target audiences before they are used. Once the messages have been adapted and pretested, they should be incorporated into training materials for the interpersonal communication training program and given much needed emphasis during mobilizer and vaccinator training. Vaccinators in particular need to be reminded that they have as important a role to play as mobilizers in sensitizing caretakers about immunization.

National Immunization Days (NIDs)

- Before and after NIDs, take your child to the nearest vaccination point for his/her regular vaccination, according to the schedule on the child's vaccination card (or ask your health worker).
- Doses given during NIDs are additional doses to protect your child more.
- Polio kills or cripples children – vaccinate and protect your child.
- Polio vaccine is safe, free and given as drops in the mouth. The vaccine is called oral polio vaccine.
- To eradicte polio from Niger, National Immunization Days (NIDs) will be conducted. Vaccinators will come to your house to vaccinate your children under 5 years of age. Please welcome the vaccinators warmly. Try to ensure that all children under 5 years are home to receive their polio doses.

In addition, during NIDs, vaccinators should also say:

- Thank you for letting us vaccinate your child/children.
- It is important to vaccinate your child. You are helping prevent your child and other children in the community from getting polio. If you vaccinate your child against DPT, tuberculsosis and measles, it will help prevent those diseases too.
- How old is your child? Has he/she ever received oral polio vaccine? Remember to get your child immunized on schedule. [If a health card is available] when the next routine immunization is due.
- The next NIDs (LIDs) are scheduled [when]. On that date, vaccinators will come to your house to vaccinate your children under five years of age.
- Are you aware of any new cases of paralysis in previously health children under 15 years of age?
- You should not be concerned about your children receiving too many doses of polio drops. There may still be cases of AFP, despite very successful NIDs, because many of these cases are caused by other viruses besides polio.

AFP Surveillance

- Take any child under 15 years of age who suddenly loses strength in one or both legs or arms (also any baby who suddenly stops crawling, standing, or sitting) to the nearest health facility. If this is not possible, inform the facility or a health worker immediately about the child's condition.
- Health workers must take stool samples from a child under 15 who develops sudden loss of strength in one or both legs or arms to determine if the child has polio. Parents, please allow the collection of stool samples from your child.
- If you take your child with sudden loss of strength in one or both legs or arms to a traditional healer, be sure that this does not delay your also taking him to a health facility so he can be tested for polio.
- It is very important to act immediately if you become aware of a child under age 15 with sudden loss of strength in one or both legs or arms (sudden floppy paralyis). Quick action can (1) allow the family to know sooners whether the child has polio or not, (2) help the family get advice on how to limit the disability caused by the disease, and (3) alert health workers to quickly give polio drops to other children so they will not come down with the disease.

Routine immunisation

- Immunization protects your infant from certain diseases like polio and measles. Ensure that your infant completes the basic series of immunizations by his/her first birthday.
- It is your responsibility as a parent to know when and where to take your child for his/her next immunization (check your baby's immunization card or ask your health worker)

- To get good protection against many diseases, people need to be vaccinated more than one time.
- All women of childbearing age should be sure they have received enough tetanus vaccinations to protect themselves and their babies. Ask your health worker to see if you need additional vaccination.
- It is normal for some injections/vaccines to cause mild side effects such as light fever, soreness, and redness. Consult with a health worker for advise if this happens.

7. Expand the evaluation of social mobilization strategies to the national level, using scientific and probabilistic methods of sampling.

It is important to use probabilistic methods of sample size determination and selection to ensure that the results are statistically representative at relevant administrative levels. Time and resource constraints did not permit this evaluation to use scientific methods of sample size determination or extended the assessment beyond a few locations in the region of Maradi. It is important for the evaluation be replicated in other regions of the Niger, as Soumarana village, Madarounfa town, and Maradi Town are not representative of the country.

Table 1. Background characteristics of caretakers

Percent distribution of caretakers by selected background variables and residence

Characteristic	Soumarana (Rural)	Soura Bildi (Urban)	Total
Age group			
15-24	29.7	38.5	34.4
25-34	37.6	40.2	39.0
35+	22.8	18.8	20.6
Don't know	9.9	2.5	6.0
Sex			
Male	16.2	1.7	8.4
Female	83.8	98.3	91.6
Literacy			
Literate	23.5	35.0	30.0
Illiterate	76.5	65.0	70.2
Radio in Household			
Radio	79.2	90.6	85.3
No radio	20.8	9.4	14.7
Television in Household			
Television	4.1	30.8	18.7
No television	95.9	69.2	81.3
Total	100.0	100.0	100.0
N	101	117	218

Table 2. Preferred Radio Listening Periods

Percent of caretakers who prefer listening to the radio at specific periods of the day by residence

Period of Day	Soumarana (Rural)	Soura Bildi (Urban)	Total
Morning	50.5	66.7	59.3
Late morning	12.1	13.7	13.0
Afternoon	31.3	23.1	26.9
Late afternoon	23.2	25.6	24.5
Night	19.2	15.4	17.1
N	101	117	218

Note: Some caretakers mentioned more than one preferred listening period, so column totals do not add up to 100.

Table 3. Preferred Radio/TV Programs

Percent of caretakers who reported specific preferences regarding radio/television programs by residence and type of program

Radio/Television Program	Soumarana (Rural)	Soura Bildi (Urban)	Total
Waazou/Preche (a)	45.0	44.4	44.7
News (in local languages)	26.0	23.1	24.4
Dandali Soyaya (b)	10.0	10.3	10.1
No preference/variety	11.0	5.1	7.8
N	101	117	218

Note: Some caretakers mentioned more than one preferred radio/television program, so column totals do not add up to 100.
(a) Islamic (religious) programs
(b) "Soap Opera" produced in Nigeria

Table 4. Communication Channels

Percent of caretakers who heard or read messages on National Immunization Days in the past 12 months by source of information and residence

Communication Channel	Soumarana (Rural)	Soura Bildi (Urban)	Total
Mass Media			
Radio	85.2	92.3	89.0
Television	17.8	35.9	27.5
Newspaper	2.0	6.8	4.6
Poster	10.9	48.7	31.2
Banner	8.9	32.5	21.6
Cassette	3.0	8.6	6.0
Interpersonal Communication			
Traditional leader	70.3	76.1	73.4
Town crier	78.0	83.8	81.1
Neigbours/friends	51.5	69.2	61.0
Health worker	56.4	76.1	67.0
Volunteer/animator	33.7	66.7	51.4
Family members	40.6	41.0	40.8
Religious leaders	10.0	23.9	17.5
Other	8.5	8.6	8.5
N	101	117	218

Table 5. Recall of Message Topics on Polio Eradication and National Immunization Days

Percent of caretakers who recall specific topics diffused in NIDS messages in the past 12 months

Topic	Soumarana (Rural)	Soura Bildi (Urban)	Total
Reason for vaccination	46.5	53.9	50.5
Door-to-door strategy	74.3	70.9	72.5
Dates of NIDS	20.8	25.6	23.4
Symptoms of polio	11.9	23.1	17.9
Vitamin A	41.6	42.7	42.2
AFP surveillance	3.0	0.0	1.4
Routine immunization	7.9	8.6	8.3
Other	3.0	6.8	5.1
Don’t know/can’t remember	4.0	3.4	3.7
N	101	117	218

Table 6. Knowledge, Perception of Attitudes, Behavior

Selected indicators of caretakers’ knowledge about polio, perception of attitudes towards National Immunization Days and participation in NIDS in the past 12 months

Topic	Soumarana (Rural)	Soura Bildi (Urban)	Total
Percent of caretakers who cite paralysis as a sign that a child may be affected by polio	39.6	44.8	42.6
Percent of caretakers who know that a child newly suffering from paralysis should be taken to a health center	97.0	98.3	97.7
Percent of caretakers who know of a new case of paralysis in their community in the past 12 months	9.9	5.1	7.3
Percent of caretakers who think most members in their community approve of NIDS	90.0	90.5	90.3
Percent of caretakers visited at home by a vaccinator during NIDS in the past 12 months	84.0	95.7	90.3
Percent of caretakers whose children received oral polio vaccine during NIDS in the past 12 months	95.0	96.6	95.9
N	101	117	218

Table 7. Quality of Interpersonal Communication during NIDS

Percent of caretakers who report ever discussing specific topics with vaccinators during National Immunization Days held in the past 12 months by residence

Percent Reporting:	Soumarana (Rural)	Soura Bildi (Urban)	Total
Vaccinator explained why child received OPV	59.8	79.0	70.1
Vaccinator asked caretaker to encourage others to vaccinate children during NIDS	54.8	74.6	65.7
Vaccinator stated when next NIDS were scheduled	31.6	43.9	38.3
Vaccinator counseled caretaker on routine immunization	61.1	76.1	69.2
Vaccinator checked if caretaker had any questions	26.6	43.0	35.6
Vaccinator gave satisfactory answers to caretaker's questions	59.1	96.2	79.2
N	95	113	208

Notes: Based on caretakers whose children received OPV during the 2002 NIDS

Table 8. Quality of Interpersonal Communication by Caretaker's Literacy

Percent of caretakers who report ever discussing specific topics with vaccinators during National Immunization Days held in the past 12 months by literacy

Percent Reporting:	Literate	Illiterate	Total
Vaccinator explained why child received OPV	85.9	62.5	70.1
Vaccinator asked caretaker to encourage others to vaccinate children during NIDS	79.4	58.9	65.7
Vaccinator stated when next NIDS were scheduled	46.0	35.7	38.3
Vaccinator counseled caretaker on routine immunization	80.7	64.3	69.2
Vaccinator checked if caretaker had any questions	45.3	31.2	35.6
Vaccinator gave satisfactory answers to caretaker's questions	87.5	72.7	79.2
N	65	143	208

Notes: Based on caretakers whose children received OPV during the 2002 NIDS

Table 9. Background characteristics of mobilizers and vaccinators

Mean age, mean number of years of experience, and percent distribution of mobilizers and vaccinators by selected background variables

Characteristic	Mobilizers (Maradi Town)	Vaccinators (Madarounfa Town)
Mean age	43.9	26.5
Mean no. of years worked as mobilizer/vaccinator	2.3	3.0
Sex		
Male	36.7	56.4
Female	63.3	41.0
Literacy		
Literate	71.0	97.4
Illiterate	29.0	2.6
Conducts social mobilisation or communication activities in locality of residence		
Always	83.9	28.3
Sometimes	16.1	51.3
Never	0.0	20.5
Place where social mobilisation or communication activities are conducted		
Rural	6.4	61.5
Urban	93.6	12.8
Peri-urban	0.0	25.6
Speaks same language as population in place where activities are conducted		
Always	93.6	92.3
Sometimes	6.4	7.7
Never	0.0	0.0
Total	100.0	100.0
N	31	39

Table 10. Social mobilisation and communication activities among special groups during 2002 NIDs

Percent of mobilizers and vaccinators conducting social mobilisation and communication activities among special populations by group and type of activity

Characteristic	Mobilizers (Maradi Town)	Vaccinators (Madarounfa Town)
Percent conducting activities among special groups		
Nomadic families	9.7	28.2
Religious leaders	80.7	10.3
Hard-to-reach groups	48.4	7.7
Number of caretakers	31	39
Type of activity (a)		
Sensitization visit	66.7	(56.3)
Tournée de mobilisation sociale	77.8	(6.3)
Meeting with group leader	37.0	(31.3)
Advocacy meeting	3.7	(0.0)
Advice on routine immunization	70.4	(12.5)
Number of caretakers	27	16

(a) Restricted to those who conducted social mobilisation activities among special populations in the past 12 months
( ) Number of cases is too small for meaningful estimates

Table 11. Counseling by mobilizers and vaccinations during October/November 2002 NIDs

Percent of mobilizers and vaccinators who advised caretakers on specific topics during the October/November 2002 National Immunization Days

Topic	Mobilizers (Maradi Town)	Vaccinators (Madarounfa Town)
Reason for vaccination	86.7	83.3
Door-to-door strategy	80.0	16.7
Dates of NIDs	73.3	5.6
Symptoms of polio	56.7	11.1
Vitamin A	53.3	13.9
AFP surveillance	60.0	11.1
Routine immunization	60.0	30.6
Encouraging others to vaccinate children	83.3	19.4
N	31	39

Table 12. Assessment of vaccinator competence

Percent of vaccinators who mentioned various elements among the steps they should follow once permission is given by the household head to vaccinate eligible children during NIDs and before they leave the household

Topic	Percent	Number of caretakers
STEPS		
Greetings	87.2	39
Introduction of team members	33.3	39
Goals and objectives of visit	61.5	39
Identification of eligible children	64.1	39
Administration of vitamin A/OPV	87.2	39
Completion of vaccination forms	10.3	39
Counseling on:		
AFP surveillance	35.9	39
Date of next NIDs	28.2	39
Routine EPI	20.5	39
Thank caretakers for participation	66.7	39
ASSESSMENT OF COMMUNICATION ABILITY		
Vaccinator speaks clearly	76.3	38
Vaccinator knowledgeable about childhood immunization	47.4	38

Table 13. Subjects recalled being taught during NIDs training

Percent of mobilizers and vaccinators who recalled specific topics being taught during NIDs training

Topic	All Mobilizers (Maradi Town)	Mobilizers Who Had Not Served as Vaccinators (Maradi Town)	Vaccinators (Madarounfa Town)
Administration of OPV	55.0	(50.0)	92.3
Interpersonal communication	75.0	(87.5)	74.4
Social mobilization	90.0	(93.8)	7.7
AFP surveillance	35.0	(43.8)	38.5
Dealing with refusal cases	20.0	(25.0)	18.0
Completion of immunization forms	15.0	(6.3)	25.6
Other	50.0	(37.5)	30.8
N	20	(16)	39

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APPENDIX

Janvier 13, 2003

EVALUATION DE LA MOBILISATION SOCIALE POUR LES JNV, NIGER
PLANIFICATION ET MISE EN OEUVRE
NIVEAU NATIONAL (AVEC DES MODIFICATIONS POUR LE NIVEAU RÉGIONAL)

(Guide d'Interview pour les Informateurs Clés)

Organisation à laquelle vous appartenez : ________________________________

Date: ____________________

Le but de ce questionnaire est d'évaluer rétrospectivement la planification et la mise en oeuvre des activités de mobilisation sociale pours les JNV 2000-2002.

A. AVANT LES JNV

Pour chaque année des JNVs, écrivez votre réponse dans la colonne. Commencez par la dernière année des JNV. Nous ne parlerons que d'une année des JNV à la fois.

RÉPONSES:
1 = Oui
2 = Non,
NSP = Ne Sait Pas

Indicateur	Critère	2000	2001	2002	Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)
Plaidoyer et Mobilisation des Ressources Financières	A. Élaboration/revision/imprimerie, et diffusion d'un plan de plaidoyer				
	B. Organisation des réunions de plaidoyer et de mobilisation de ressources financières pour la mobilisation sociale à l'intention des leaders politiques au niveau national				
	C. Organisation des réunions de plaidoyer et de mobilisation de ressources financières pour la mobilisation sociale à l'intention des leaders politiques au niveau régional				
	D. Organisation d'une cérémonie de lancement officiel des JNVs (cérémonie inaugurale) au niveau national; recuitement d'un célèbre ou d'un leader respecté pour donner un discours/démonstrer l'administration du Vaccin Polio Oral (VPO) aux enfants, etc.				
	E. Organisation d'une cérémonie de lancement officiel des JNVs (cérémonie inaugurale) au niveau régional				
	F. Rencontre avec les médias de masse et les médias traditionnels				

A. AVANT LES JNV

		1 = Oui, 2 = Non, NSP = Ne Sait Pas			
Indicateur	**Critère**	**2000**	**2001**	**2002**	**Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)**
	G. Mise en place à temps des ressources financières au <u>niveau de la région</u>				
	H. Mise en place à temps des ressources financières au <u>niveau du district</u>				
Partenariat Inter- et Intra-sectoriel pour la Mobilisation Sociale	A. Nombre de réunions organisées par le Comité de Mobilisation Sociale chaque année *Écrivez le nombre de réunions dans le cellule correspondante à chaque année*				
	B. Plan d'action national élaboré et mise en oeuvre par le Comité de Mobilisation Sociale				
	• Est-ce que les stratégies nationales de mobilisation sociale ont été adaptées aux réalités régionales ?				
	• Est-ce que ce plan avait besoin d'être changé pour démarrer les JNVs chaque année ?				
	• Est-ce qu'on a modifié les stratégies de mobilisation sociale pour répondre aux besoins identifiés pendant les dernières JNVs?				
	• Est-ce qu'on a élaboré des nouvelles stratégies de mobilisation sociale ?				
	C. Nombre de responsables / d'intervenants locaux recrutés pour le programme de mobilisation sociale communautaire				
	D. Existence d'un Comité de coordination (par exemple, un comité de mobilisation communautaire, un comité de la gestion des cas de refus) au niveau du village pour soutenir les activités de communication et mobilisation sociale pour les JNVs				
	E. Nombre de mobilisateurs recrutés et formés deans le cadre des JNV				
	F. Est-ce-que d'autres structures locales (par exemple: équipe promotion de la nutrition, équipes d'autres projets, etc.) étaient impliquées dans la mobilisation sociale des JNV?				

A. AVANT LES JNV

		1 = Oui, 2 = Non, NSP = Ne Sait Pas			
Indicateur	**Critère**	**2000**	**2001**	**2002**	**Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)**
Planification pour la Mobilisation Sociale et la Communication	A. Evaluation de base menée pour identifier des problèmes, des besoins et des groupes speciaux (par exemple: les leaders traditionnels, les réligieux, les nomades, les populations d'accès difficile, etc.)				
	B. Production des messages au sujet du polio virus, VPO, vitamine A, dates et sites de vaccination, la surveillance PFA, l'importance de la vaccination systématique				
	• Adaptation des messages aux réalités régionales et aux différents canaux				
	• Pré – teste des messages au sein des groupes speciaux				
	• Elaboration des messages pour le traitement de la rumeur et de la désinformation				
	C. Existence d'un plan de mobilisation sociale au niveau du district				
	Le Plan de mobilisation sociale au niveau du district inclut les activités suivantes : • Identification et recrutement des acteurs locaux et des responsables communautaires pour participer aux activités de mobilisation sociale au niveau de la communauté.				
	• Etablissement d'un groupe de coordination (par exemple un comité) pour soutenir les activités de la mobilisation sociale				
	• Programmation des activités communautaires (par exemple, les rencontres, les foires, les festivals, la cure salée, hontoungni, etc.) qui diffusent des messages et des informations sur les JNV				
	D. Existence d'un plan de suivi et d'évaluation pours les activités de communication et mobilisation sociale				
	Le plan de suivi et d'évaluation inclut les activités suivantes: • Estimation des besoins du programme pour l'évaluation				
	• Spécification des objectifs du programme de mobilisation sociale				
	• Sélection des critères				

A. AVANT LES JNV

		1 = Oui, 2 = Non, NSP = Ne Sait Pas			
Indicateur	**Critère**	**2000**	**2001**	**2002**	**Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)**
Planification pour la Mobilisation Sociale et la Communication Cont.	Le plan de suivi et d'évaluation inclut les activités suivantes: • Choix d'une conception de recherché				
	• Développement d'un plan de travail et d'un budget				
	• Collecte et analyse des données				
	• Communication des résultats de l'évaluation				
	• Examen et utilisation des résultats de l'évaluation				
Planification pour la Mobilisation Sociale et Communication Cont.	E. Un spécialiste dans le domaine de la communication pour le santé et/ou un membre du Comité de Mobilisation Sociale donne un appui au:				
	• Développement des microplans				
	• Formation des superviseurs de site.				
	G. Fiche de supervision des sites/équipes de vaccination contient une evaluation de la qualité de la communication interpersonnelle et la performance des mobilisateurs				
Formation/renforcement de la capacité	A. Vaccinateurs formés à temps selon les modules standards disponibles au niveau du district				
	B. Mobilisateurs formés à temps selon les modules standards disponibles au niveau du district				

B. PENDANT LES JNV

***Pour les questions ci dessous, notez les éléments sur une échelle de 1 à 5* :**
1 = Mauvais
2 = Assez Bien
3 = Bon
4 = Très Bon
5 = Excellent

		2000	**2001**	**2002**	**Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)**
Mise en Oeuvre des Activités de Mobilisation Sociale	Les vaccinateurs et les mobilisateurs donnent des conseils sur l'importance de vacciner les enfants de moins d'un an à l'occasion des seances de vaccination organisées au centre de santé (PEV systématique/du routine				

B. PENDANT LES JNV

***Pour les questions ci dessous, notez les éléments sur une échelle de 1 à 5* :**

1 = Mauvais ; 2 = Assez Bien; 3 = Bon; 4 = Très Bon; 5 = Excellent

		2000	2001	2002	Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)
Mise en Oeuvre des Activités de Mobilisation Sociale Cont.	A. Les superviseurs évaluent le niveau de mise en oeuvre des activités de mobilisation sociale et prennent des actions correctrices appropríees lors des JNV				
	B. Les fiches de supervision des sites/equipes de vaccination sont correctement remplies				
	C. Les leaders d'opinion et les personnes influentes travaillent avec les vaccinateurs et les centres de santé pour sensibiliser les parents à vacciner les enfants lors des JNV				
	D. Diffusion continue des messages sur les JNV à travers les différents canaux de communication (radio, télévision, crieurs publics, etc.)				
	E. Les superviseurs font le feed-back aux équipes de vaccination pour corriger/améliorer les messages				
	F. Le feed-back est-il fait aux crieurs publics et par qui? *spécifiez* : ______________________				

C. ENTRE LES DEUX PASSAGES DES JNV

***Pour les questions ci dessous, notez les éléments sur une échelle de 1 à 5* :**

1 = Mauvais ; 2 = Assez Bien; 3 = Bon; 4 = Très Bon; 5 = Excellent

		2000	2001	2002	Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)
Mise en Oeuvre des Activités de Mobilisation Sociale Cont.	A. Diffusion continue des messages et des informations clés concernant les JNV à travers des médias de masse, chefs traditionnels, animateurs communatuaires, vaccinateurs, mobilisateurs, agents de santé, etc.				

C. ENTRE LES DEUX PASSAGES DES JNV

***Pour les questions ci dessous, notez les éléments sur une échelle de 1 à 5* :**

1 = Mauvais ; 2 = Assez Bien; 3 = Bon; 4 = Très Bon; 5 = Excellent

		2000	2001	2002	Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)
Mise en Oeuvre des Activités de Mobilisation Sociale Cont.	B. Le Comité de Mobilisation Sociale et le ervice de Communication et Mobilisation Sociale/PEV:				
	• Tenue une réunion de suivi des activités de mobilisation sociale et identification des contraintes rencontrées au cours du dernier passage				
	• Analyse des facteurs influençant la participation au dernier passage				
	• Développement des messages spécifiques pour des différents groupes opposés à la vaccination lors du dernier passage				
	C. Des changements ont été apportés aux activités de mobilisation sociale/plan de communication suite aux recommandations lors du dernier passage?				
	D. Faire connaître les résultats positifs/les réussites des JNV (anecdotes; rapport de la couverture vaccinale; félicitations et remerciements aux leaders traditionnels leaders d'opinion, aux mères, equipes des sites/vaccinateurs/ mobilisateurs) à travers les médias de masse et les canaux traditionels de communication				
	E. Communiquer les résultats des activités de mobilisation sociale aux intervenants				

D. APRÈS LA DERNIÈRE ÉDITION DES JNV

***Pour les questions ci dessous, notez les éléments sur une échelle de 1 à 5* :**

1 = Mauvais ; 2 = Assez Bien; 3 = Bon; 4 = Très Bon; 5 = Excellent

		2000	2001	2002	Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)
Evaluation des Activités de Mobilisation Sociale et Communication	A. Tenue d'une réunion d'evaluation des activités de mobilisation sociale avec des coordinateurs régionaux en faisant ressortir les points forts et faibles de JNV en vue de proposer des mesures correctrices pour les prochaines éditions				

D. APRÈS LA DERNIÈRE ÉDITION DES JNV					
***Pour les questions ci dessous, notez les éléments sur une échelle de 1 à 5* :** **1 = Mauvais ; 2 = Assez Bien; 3 = Bon; 4 = Très Bon; 5 = Excellent**					
		2000	**2001**	**2002**	**Commentaires (Réussites, Obstacles, Défis, Actions à Entreprendre)**
Evaluation des Activités de Mobilisation Sociale et de Communication	B. Élaboration d'un rapport d'evaluation des activités de mobilisation sociale afin de documenter les stratégies, les résultats et les recommandations de l'évaluation				
	C. Evaluation du composant communication interpersonnelle des cours de formation des vaccinateurs et des mobilisateurs				
	D. Estimation des besoins de personnel et des exigences liées à la formation en communication pour les prochaines éditions des JNV				
	E. Soumission d'un rapport d'évaluation des activités de mobilisation sociale aux autorités locaux et leaders traditionnels				
	F. Inclusion des recommandations du Comité de Mobilisation Sociale dans les recommandations destinées aux Comité Inter-Agence de Coordination				
	G. Les stratégies de communication de masse et de communication interpersonnelle sont maintenues et mises en oevre concomitemment pour diffuser des messages du PEV systématique (de routine) et la surveillance				
	H. Le Comité de Mobilisation Sociale se réunit au moins une fois par mois pour planifier des activités de plaidoyer, mobilisation sociale, et communication pour le PEV systématique et la surveillance				
	I. Le Comité de Mobilisation Sociale se réunit au moins une fois par mois pour planifier des activités de plaidoyer, mobilisation sociale, et communication pour la prochaine édition des JNV				
	Merci beaucoup pour votre temps et de votre assistance.				

EVALUATION DE LA MOBILISATION SOCIALE POUR LES JNV, NIGER
QUESTIONNAIRE SUR LE SOUS-COMITÉ DE MOBILISATION SOCIALE 2002

(Guide d'Interview pour les membres du Sous-Comité de Mobilisation Sociale)

Les buts de ce questionnaire est de voir comment les organisations et les différents intervenants sont représentés au niveau des prises de décisions relatives aux activités de mobilisation sociale des JNVs et d'évaluer leur capacité de travailler en collaboration avec les programmes de vaccination.

1	Localité :	
2	Organisation à laquelle vous appartenez :	
3	Poste :	

4 Utilisez la liste de contrôle ci-dessous pour décrire le degré d'implication des membres/secteurs suivants dans les prises de décision relatives aux programmes de mobilisation sociale pour les JNV.

(Les catégories de codage de 2 à 5 se chevauchent ; choisissez seulement une réponse pour chaque groupe. Si vous ne savez pas, encerclez SR.)

Codes de Réponses :

1 Pas engagé

2 Engagés comme observateurs dans les réunions et les activités ou bénéficiaires des informations ou des conseils

3 Engagés comme fournisseur d'information ou de conseil

4 Engagés dans l'exécution des activités

5 Engagés comme participants à la prise de décision dans le programme

SR Sans réponse/Je ne sais pas

Individus travaillant dans les secteurs suivants :						
A. Religieux (Eglises, mosquées, etc.)	1	2	3	4	5	SR
B. Opérateurs economiques (hommes d'affaires)	1	2	3	4	5	SR
C. Education (enseignants, directeurs, etc.)	1	2	3	4	5	SR
D. Santé (infirmiers, médecins, sage-femmes, agents sociaux etc.)	1	2	3	4	5	SR
E. Associations artistiques et culturelles	1	2	3	4	5	SR
F. Médias (Radio nationale, radio publique, radio privée, journaux, etc.)	1	2	3	4	5	SR
G. Loisirs/sports (entraîneurs d'équipe, ligues de sports, etc.)	1	2	3	4	5	SR
H. Organisations non-gouvernementales (ONGs) *(Spécifiez : ____________________________)* Nom	1	2	3	4	5	SR
I. Autres responsables communautaires (Associations des Femmes, Associations des Jeunes, etc.)	1	2	3	4	5	SR
J. Autorités administratives au niveau national	1	2	3	4	5	SR
K. Autorités administratives au niveau régional	1	2	3	4	5	SR
L. Autorités administratives au niveau district	1	2	3	4	5	SR
M. Chefs traditionnels	1	2	3	4	5	SR
N. Organisations internationales	1	2	3	4	5	SR
O. Autres *(spécifiez : ____________________________)*	1	2	3	4	5	SR

	Y -a- t- il autre chose que vous voulez noter concernant le degré d'implication des divers groupes ou personnes dans le programme de mobilisation sociale pour les JNV? (*Si oui, veuillez décrire*)	
5	À combien de réunions de préparation et d'évaluation des JNVs avez-vous participé en 2002? (E*ncerclez une réponse*)	1 2 3 4 ou plus
6	Comment les décisions principales sont généralement prises au sujet des activités de mobilisation sociale ? (*Encerclez la manière la plus courante*.)	1 Vote avec la règle de la majorité 2 Discussion et consensus entre les membres du Sous-Comité 3 Le Président écoute les discussions et prend des décisions finales pour les membres 4 Le personnel du la Direction Régionale de Santé Publique (DRSP) prend indépendamment les décisions 5 Autre méthode (*décrivez)* :
7	Etes-vous d'accord avec les déclarations ci-dessous concernant le Sous-Comité de Mobilisation Sociale ? *(encerclez une réponse pour chaque catégorie*.)	

	Tout à fait d'accord	Quelque peu d'accord	Pas tout à fait d'accord	Pas d'accord du tout
A. L'ordre du jour est clairement établi pour les réunions.	1	2	3	4
B. Le Sous-Comité suit l'ordre du jour.	1	2	3	4
C. Les membres du Sous-Comité assistent régulièrement aux réunions.	1	2	3	4

8	Selon vous, le fonctionnement du Sous-Comité, c'est amélioré, resté le même ou regressé entre **2001 et 2002**? *(encerclez seulement une réponse*)	1 Amélioré 2 Resté le même 3 Regressé 4 Ne sait pas
9	Selon vous, est-ce que le fonctionnement du Sous-Comité a amélioré, resté le même ou déterioré entre **2000 et 2001**? *(encerclez seulement une réponse*)	1 Amélioré 2 Resté le même 3 Regressé 4 Ne sait pas
10	Le Sous-Comité a-t-il bien rempli son rôle pour l'atteinte de ses objectifs?	1 Oui 2 Non
11	Que peut-on faire pour améliorer le fonctionnement du Sous-Comité?	

	Donnez un score à chaque question ci-dessous en utilisant l'échelle suivante :					
		Pas du tout	Dans une mesure limitée	Dans une grande mesure	Dans une très grande mesure	Dans une mesure excellente
12	Existe-t-il un plan de travail formel ?	1	2	3	4	5
13	Ce plan du travail, est il évalué ?	1	2	3	4	5
14	Le financement des activités de mobilisation sociale inclut-il des contributions des membres du Sous-Comité ?	1	2	3	4	5

Autres commentaires:

Merci beaucoup pour votre compréhension et collaboration.

ENQUÊTE D'ÉVALUATION DES ACTIVITÉS DE MOBILISATION SOCIALE DESJOURNÉES NATIONALES DE VACCINATION/POLIO 2002 AU NIGER (DRAFT)

Questionnaire pour les Mères des Enfants de 0-59 Mois

DIRECTION NATIONALE DES IMMUNISATIONS/UNICEF

	NOM DE LA LOCALITÉ : **RÉGION :**	**MILIEU DE RÉSIDENCE:** **URBAIN ....1** **RURAL...2**
	SEXE DU RÉPONDANT: *MASCULIN /___/* *FEMININ /___/*	**DATE DE L'INTERVIEW: ____/____/___**

INTRODUCTION

Bonjour/bonsoir, je m'appelle _____________________ et je représente Le Ministère de la Santé Publique et de la Lutte Contre les Endémies), Direction Nationale des Immunisations.

Nous menons une enquête dans la Région de Maradi. L'objectif de cette enquête est de savoir si les activités de mobilisation sociale et de communication lors des JNV 2002 étaient bien fait ou si ces activités ont besoin d'être améliorer.

En vue de cela, j'aurais donc besoin de vous poser quelques questions. Nous sommes spécialement intéressés par vos réponses parce que si toutes les personnes sélectionnées acceptent de participer, nos informations n'en seront que plus utiles.

Est-ce que je peux continuer ? (*encerclez une des options*)

1= oui 2 = Non (terminez l'interview)

(L'interviewer s'arrange pour trouver un endroit privé pour mener l'interview)

Début______________________

Fin ______________________

1	Quel âge avez-vous?	Age: _____________________ Années Ne sait pas... NSP
2	Pouvez-vous lire et écrire dans une langue quelconque?	Oui ....1 Non 2
3	Dans votre ménage, avez-vous une télévision?	Oui ....1 Non 2
4	Dans votre ménage, avez-vous une radio?	Oui ....1 Non 2
5	Avez-vous l'habitude d'écouter la radio au moins une fois par jour?	Oui ....1 Non 2
6	Quelle émission écoutez-vous le plus?	Émission ______________________________ (Préciser)
7	Quelle est votre heure d'écoute préférée?	Matinée ....1 Fin de matinée ....2 Après midi ....3 Fin de l'après midi..4 La nuit...5

8	Durant les douze derniers mois, avez-vous entendu ou lu des messages sur les Journées Nationales de Vaccination (JNV): À la radio? À la télévision? Dans un journal? Sur une affiche? Sur une banderole? Dans une cassette ? Chef traditionnel ? Chef de quartier ? Crieur public ? Vos voisins/ami(e)s? Un agent de sante? Volontaire/animateur Votre famille Un leader réligieux? Quelqu'un d'autre?	Oui Non Radio .... 1 2 Télévision .... 1 2 Journal .... 1 2 Affiche .... 1 2 Banderole .... 1 2 Cassette .... 1 2 Chef traditionnel .... 1 2 Chef de quartier .... 1 2 Crieur public .... 1 2 Voisins/ami(e)s .... 1 2 Agent de santé .... 1 2 Volontaire/animateur .... 1 2 Famille .... 1 2 Leader réligieux .... 1 2 Autre ____________ 1 2 (Préciser)
9	Quels sujets étaient traités dans ces messages? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	Raisons de vaccination .... A Vaccination porte à porte .... B Dates des JNV .... C Symptômes de polio .... D Vitamine A .... E Surveillance PFA....... FA PEV systématique .... F Autre ____________ G (Préciser) Pas entendu/lu aucun message .... H Ne sait pas....... NSP
10	Pensez-vous que la plupart des membres de votre village/quartier approuve ou désapprouve des JNV?	Approuve .... 1 Désapprouve .... 2 Ne sait pas....... NSP
11	Quels sont les signes ou symptômes qui montrent qu'un enfant a atteint la polio ? *UTILISEZ LE NOM LOCAL POUR LA POLIO*	Paralysie/faiblesse brutale de membre....... 1 Autre ____________ 2 (Préciser) Ne sait pas....... NSP
12	Y-a-t-il un enfant dans ce village/quartier qui a eu une faiblesse brutale d'un ou des deux membres (NOM LOCAL POUR LA POLIO) dans les 12 derniers mois ?	Oui .... 1 Non .... 2 Ne sait pas....... NSP
13	En cas de survenue de la faiblesse brutale d'un ou deux membres, à qui les parents doivent-ils adresser l'enfant?	Guérisseur....... 1 Centre de santé .... 2 Voisins/ami(e)s....... 3 Marabout....... 4 Personne/gardé à la maision....... 5 Autre ____________ 6 (Préciser) Ne sait pas....... NSP
14	Pendant les douze derniers mois, avez-vous reçu une visite d'un vaccinateur/mobilisateur dans le cadre des JNV ?	Oui .... 1 Non 2
15	Au cours des douze derniers mois, vos enfants agés de 0-59 mois, ont-ils reçu le VPO lors des JNV, à un moment quelconque?	Oui .... 1 Non .... 2 ***SI NON, PASSEZ À 22***

16	Le vaccinateur vous a-t-il expliqué pourqoi l'enfant reçoit le VPO?	Oui ....1 Non 2
17	Le vaccinateur vous a-t- il demandé d'encourager d'autres membres de la communauté/quartier à faire vacciner leurs enfants lors des JNV?	Oui ....1 Non 2
18	Le vaccinateur vous a-t-il dit quand il reviendra pour le prochain passage des JNV?	Oui ....1 Non 2
19	Le vaccinateur vous a-t- il conseillé de continuer d'aller aux centres de santé pour achever la série de vaccination des enfants de moins de 12 mois?	Oui ....1 Non 2
20	Le vaccinateur vous a-t-il demandé s'il y avait des questions conçernant la vaccination d'enfant que vous voudriez discuter avec lui?	Oui ....1 Non 2
21	Le vaccinateur a-t-il répondu à vos questions de façon satisfaisante?	Oui ....1 Non ....2 Pas eu des questions ....3 ***TERMINEZ SI ON A PARTICIPÉ AUX JNV***
22	Quelle est la principale raison pour laquelle votre (vos) enfant(s) n'a (ont) pas reçu le VPO lors des JNV 2002 ? *À POSER À CEUX QUI ONT REFUSÉ LA VACCINATION AU COURS DES JNV 2002*	VPO déjá reçu ....1 Amène l'enfant au centre de santé pour la vaccination. ....2 Enquêtée/conjoint/famille opposé(e) ....3 Interdit réligieux ....4 A peur de la vaccination....5 Ne connaissait pas date de vaccination....6 Ne savait pas que c'était nécessaire....7 Enfant n'était pas avec les parents....8 Enfant trop jeune ....9 Autre ________________ 10 (Préciser) Ne sait pas.... NSP

Merci beaucoup pour votre temps et de votre aide!

MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LES ENDEMIES/UNICEF/OMS

GUIDE D'INTERVIEW POUR LES MOBILISATEURS

INSTRUCTIONS: Les vaccinateurs et les mobilisateurs devrait être interviewés individuellement. Il faudra leur préciser que vous avez besoin de leur assistance pour trouver les moyens d'améliorer les activités de mobilisation sociale et de communication lors des JNV. Pour chaque article/question, clochez la bonne réponse ou décrivez de façon appropriée.

Informations Générales		
1.	Localité :	
2.	Région :	
3.	Date de l'interview :	___/___/___
4.	Sexe :	1. Femme 2. Homme
5.	Heure du début de l'interview :	____ _____ : ____ ____
6.	Quel âge avez-vous?	Age : _____________________ Ne sait pas .... NSP
7.	Pouvez-vous lire et écrire dans une langue quelconque?	Oui ....1 Non 2
8.	Qualification de la personne interviewée :	1. Médecin 2. Infirmier (e) / sage femme 3. Infirmier (e) auxiliaire 4. Matrone 5. Animateur relais 6. Autres : __________________________ (Préciser)
9.	Durant les douze derniers mois, quelles activités avez-vous mené dans le cadre des JNV? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	1. Mobilisation sociale/communication 2. Vaccination 3. Gestion des cas de refus 4. Non impliqué durant les JNV les 12 derniers mois 5. Autre : __________________________ (Préciser)
10.	Durant les douze derniers mois, avez-vous mené des activités de mobilisation sociale/communication dans votre localité de résidence?	1. Tout le temps 2. Quelquefois 3. Jamais **SI LA RÉPONSE EST "JAMAIS", PASSEZ A Q.24**
11.	Lieu ou le mobilisateur a travaillé lors des JNV pendant les douze derniers mois: (*lisez toutes les options et encerclez les réponses qui conviennent)*	A. Rural B. Urbain C. Péri-urbain
12.	Parlez-vous la même langue que la population des localités où vous avez mené des activités de mobilisation sociale ou vaccination au cours des JNV de 2002 ?	1. Tout le temps 2. Quelquefois 3. Jamais
13.	Durant les douze derniers mois, avez-vous mené des activités de communication et de mobilisation sociale auprès des groupe suivants dans le cadre des JNV?	Oui Non Familles nomades.. 1 2 Réligieux .... 1 2 Groupes à l'access difficile .... 1 2 Autre __________________________________ 1 2 (Préciser) **SI AUCUNE ACTIVITÉ N'A ETE MENÉE, PASSEZ A LA Q.15**
14.	Quelles activités avez-vous mené auprès de ces groupes? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	A. Visite de sensibilisation B. Tourné de mobilisation sociale C. Entretien avec le leader du groupe D. Réunion de plaidoyer E. Conseil d'aller au centre de santé pour la vaccination F. Autre : __________________________________

		(Préciser)

15.	Durant la derniére édition des JNV d'octobre/novembre 2002, avez-vous fourni des conseils aux mères/pères ?	1. Oui 2. Non SI LA REPONSE EST "NON", PASSEZ AUX INSTRUCTIONS 1
16.	Quels renseignements avez-vous fourni aux méres/pères en matière de la vaccination contre la polio? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	A. Raisons de vaccination B. Vaccination porte à porte C. Dates des JNVs D. Symptômes de la polio E. Vitamine A F. Surveillance des cas de paralysie flasque aigue G. Vaccination de routine (au centre de santé) pour les enfants de mois de 12 mois H. Encouragement aux autres à faire vacciner leurs enfants lors des JNV I. Autre ____ (Préciser)
17.	Y a-t- il un âge minimum au-dessous duquel les enfant ne doivent pas recevoir le vaccin polio orale?	1. Oui 2. Non 8. Ne sait pas
18.	Si oui, quel est l'âge minimum ?	_______ semaines _______ mois
Formation en Communication et Mobilisation Sociale lors des JNV		
19.	Depuis combien d'années travaillez-vous comme vaccinateur/mobilisateur dans le cadre des JNV?	_______ nombre d'années 00 Moins d'une année 98 Ne sait pas
20.	Votre dernière formation des JNV remonte à quelle date?	_______ nombre d'années 00 Moins de six mois 97 Pas de formation SI PAS DE FORMATION PASSEZ A LA QUESTION 24
21.	Quelles sont les domaines couverts par cette formation? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	A. Administration de VPO B. Communication interpersonnelle C. Mobilisation sociale D. Recherche de PFA E. Gestion des cas de refus F. Tenue des supports de collecte des données G. Autre : ___________________________________ (Préciser
22.	La formation en communication /mobilisation sociale vous-a t-elle satisfait ?	1. Oui 2. Non
23.	Pourquoi ?	

24.	Quelles suggestions, recommandations avez-vous pour améliorer l'activité de communication et de mobilisation sociale ?	
25.	Heure à la fin de l'interview :	____ _____ : ____ ____

Merci beaucoup pour avoir consacré tout ce temps à cette interview.

MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LES ENDEMIES/UNICEF/OMS

GUIDE D`INTERVIEW POUR LES VACCINATEURS

INSTRUCTIONS: Les vaccinateurs et les mobilisateurs devrait être interviewé individuellement. Il faudra leur préciser que vous avez besoin de leur assistance pour trouver les moyens d'améliorer les activités de mobilisation sociale et de communication lors des JNV. Pour chaque article/question, clochez la bonne réponse ou décrivez de façon appropriée.

	Informations Générales	
26.	Localité :	
27.	Région :	
28.	Date de l'interview :	___/___/___
29.	Sexe :	3. Femme 4. Homme
30.	Heure du début de l'interview :	____ _____ : ____ ____
31.	Quel âge avez-vous?	Age : ____________________ Ne sait pas .... NSP
32.	Pouvez-vous lire et écrire dans une langue quelconque?	Oui .... 1 Non 2
33.	Qualification de la personne interviewée :	7. Médecin 8. Infirmier (e) / sage femme 9. Infirmier (e) auxiliaire 10. Matronne 11. Animateur relais 12. Autre : __________________________ (Préciser)
34.	Durant les douze derniers mois, quelles activités avez-vous mené dans le cadre des JNV? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	6. Mobilisation sociale/communication 7. Vaccination 8. Gestion des cas de refus 9. Non impliquée durant les JNV les 12 derniers mois 10. Autre : __________________________ (Préciser)
	Expérience dans les Services de Vaccination lors des JNV	
35.	Durant les douze derniers mois, avez-vous menée des activités de vaccination dans votre localité de résidence?	4. Tout le temps 5. Quelquefois 6. Jamais **SI LA RÉPONSE EST "JAMAIS", PASSEZ A Q.29**
36.	Lieu ou le vaccinateur a travaillé lors des JNV pendant les douze derniers mois: (*lisez toutes les options et encerclez les réponses qui conviennent)*	D. Rural E. Urbain F. Péri-urbain
37.	Parlez-vous la même langue que la population des localités où vous avez mené des activités de vaccination au cours des JNV de 2002?	4. Tout le temps 5. Quelquefois 6. Jamais
38.	Durant les douze derniers mois, avez-vous mené des activités de communication et de mobilisation sociale auprès des groupe suivants dans le cadre des JNV?	Oui Non Familles nomades .... 1 2 Réligieux .... 1 2 Groupes à l'access difficile .... 1 2 Autre ________________________________ 1 2 (Préciser) **SI AUCUNE ACTIVITÉ N'A ETE MENÉE, PASSEZ A LA Q.15**
39.	Quelles activités avez-vous mené auprès de ces groupes? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	G. Visite de sensibilisation H. Tournée de mobilisation sociale I. Entretrien avec le leader du groupe J. Réunion de plaidoyer K. Conseil d'aller au centre de santé pour la vaccination L. Autre : ________________________________ (Préciser)

40.	Durant la derniére édition des JNV d'octobre/novembre 2002, avez-vous fourni des conseils aux mères/pères ?	3. Oui 4. Non SI LA REPONSE EST "NON", PASSEZ AUX INSTRUCTIONS 1
41.	Quels renseignements avez-vous fourni aux méres/pères en matière de la vaccination contre la polio? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	J. Raisons de vaccination K. Vaccination porte à porte L. Dates des JNVs M. Symptômes de la polio N. Vitamine A O. Surveillance des cas de paralysie flasque aigue P. Vaccination de routine (au centre de santé) pour les enfants de mois de 12 mois Q. Encouragement aux autres à faire vacciner leurs enfants lors des JNV R. Autre ____ (Préciser)
	INSTRUCTIONS 1: Les études de cas présentées ci-dessous concernent l'administration du VPO au cours des JNV et ce au moment ou vous entrez dans une concession jusqu'à la fin du service.	
42.	Considérez le cas suivant : Ce sont les JNV et vous travaillez comme vaccinateur. Vous arrivez dans une concession. Le chef de famille refuse de faire vacciner les enfants cibles. Que feriez vous? *SONDEZ LA REPONSE. ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	A. Expliquer les raisons de la vaccination contre la polio B. Notifier et informer le chef de village/quartier C. Notifier et informer le superviseur D. Conseil d'aller au centre de santé pour la vaccination E. Continuer au prochain ménage F. Autre : ___________________________________ (Préciser)
43.	Considérez le cas suivant : Ce sont les JNVs et vous travaillez comme vaccinateur. Vous arrivez dans une concession. Le chef de famille vous invite à vacciner les enfants cibles. Que devez-vous faire? *INSCRIZEZ UN CHIFFRE SUIVANT L'ORDRE DE REPONSE*	Ordre Salutation d'usage: ____________________________ Présentation de l'equipe: _______________________ But et objectif de la visite: ______________________ Identification des enfants cibles: _________________ Administration du VPO/Vitamin A: ______________ Remplissage des supports: _____________________ Sensibilisation sur Recherche des cas de PFA: ______________ Date des prochains passages: _______________ Importance du PEV systématique: _________ Réponse à d'autres questions: ____________ Remerciements: ________________________________ Autre: ________________________________ (Préciser et indiquez l'ordre)
44.	**INSTRUCTIONS 2*:*** ***INDIQUEZ SI LE VACCINATEUR PARLE DE FACON CLAIRE ET SI LE VACCINATEUR EST BIEN INFORMÉ DE LA VACCINATION D'ENFANTS***	Oui Non Le vaccinateur parle de facon claire .... 1 2 Le vaccinateur est bien informé sur la vacc. ..... 1 2 Autre observation _______________________ 1 2 (Préciser)

45.	Considérez le cas suivant : Ce sont les JNVs et vous travaillez comme vaccinateur. Vous arrivez dans une concession. Un enfant cible est très malade. Il a de la fièvre. Que feriez vous? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	A. Envoyer l'enfant au centre de santé B. Revenir prochainement C. Vacciner l'enfant D. Ne pas vacciner l'enfant E. Autre : ________________________________ (Préciser
46.	Y a-t- il un âge minimum au-dessous duquel les enfant ne doivent pas recevoir le vaccin polio orale?	3. Oui 4. Non 9. Ne sait pas
47.	Si oui, quel est l'âge minimum ?	_______ semaines _______ mois
48.	Durant les JNV, combien d'enfants avez-vous l'habitude de vacciner par jour?	Nombre d'enfants : ____________________
Formation dans les Services de Vaccination lors des JNV		
49.	Depuis combien d'années travaillez-vous comme vaccinateur/mobilisateur dans le cadre des JNV?	_______ nombre d'années 00 Moins d'une année 98 Ne sait pas
50.	Votre dernière formation des JNV remonte à quelle date?	_______ nombre d'années 00 Moins de six mois 97 Pas de formation
51.	Quelles sont les domaines couvert par cette formation? *ENCERCLEZ TOUT CE QUI EST MENTIONNÉ*	H. Administration de VPO I. Communication interpersonnelle J. Mobilisation sociale K. Recherche de PFA L. Gestion des cas de refus M. Tenue des supports de collecte des données N. Autre : ________________________________ (Préciser
52.	La formation en communication interpersonnelle vous-at-elle satisfait?	3. Oui 4. Non
53.	Pourquoi?	
54.	Quels suggestions et recommandations avez-vous pour améliorer les activités de communication interpersonnelle lors des JNV ?	
55.	Heure à la fin de l'interview :	____ _____ : ____ ____

Merci beaucoup pour avoir consacré tout ce temps à cette interview.

MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LES ENDEMIES

DIRECTION GENERALE DES ENDEMO-EPIDEMIES

DIRECTION NATIONALE DES IMMUNISATIONS

SOUS COMITE DE MOBILISATION SOCIALE

GRILLE DE SUPERVISION DES ACTIVITES DE COMMUNICATION ET DE MOBILISATION SOCIALE

A Questions adressées aux Agents de Santé (DRSP, DDSP, Chefs CSI)

1 Existe-t-il un sous comité de mobilisation sociale au niveau de votre département ?

Oui /___ /   Non /___/

1.1 Si oui quelle est sa composition ?

____
____
____
____
____

1.2 Qui en est l'animateur ?

Agent de Santé /____/Enseignant /___/   Communicateur de Santé /___/

Autres à préciser____

1.3 Existe-t-il des procès verbaux de réunion ?

Oui /__ /   Non /___/

2. Existe-t-il des supports d'information (banderoles, affiches, cassettes) ?

Oui /___ /   Non /____/

2.1 Les banderoles sont-elles visibles aux endroits les plus fréquentés par le public ?

Oui /___ /   Non /____/

2.2 Les affiches sont-elles visibles aux endroits les plus fréquentés par le public ?

Oui /___ /   Non /____/

2.3 Les cassettes sont-elles disponibles ?

Oui /___ /   Non /____/

2.4 Existe-t-il des stations de radio ?

Oui /___ /   Non /____/

Nationale /____/   Communautaire /____/   Privées /____/

2.5 Ces stations de radio diffusent-elles des messages relatifs aux JNV ?

Oui /___ /   Non /____/

3. Existe-t-il des individus ou des communautés difficiles à convaincre ?

Oui /___ /   Non /____/

3.1 Si oui, quelles sont leurs convictions ?

____
____
____

3.2 Si oui, comment comptez-vous les motiver ?

____
____
____

4. Existe-t-il des communautés difficiles à atteindre ?

Oui /___ /   Non /____/

4.1 Si oui, comment comptez-vous résoudre ce problème d'accessibilité afin de les toucher par les messages ?

4.2 Si oui, comment comptez-vous les atteindre pour les vacciner ?

5. Existe-t-il des rumeurs vis à vis de la vaccination ?

Oui /___ /   Non /____/

5.1 Si oui, quelle en est la teneur (les arguments) ?

____
____
____

5.2 Quels en sont les acteurs ?

____
____
____

5.3 Comment comptez-vous neutraliser ces rumeurs ?

____
____
____
____

B Questions adressées aux parents des enfants âgés de 0-59 mois

6. Les parents des enfants âgés de 0-59 mois sont-ils informés du déroulement des JNV ?

Oui /___ /   Non /____/

7. Par quels moyens les parents des enfants de 0-59 mois sont-ils informés ?

modernes /____/ traditionnels /____/   interpersonnels /____/

7.1 Si modernes Radio /____/   Télé /____/   Radio de proximité /____/   Affiches /__/

7.2 Si traditionnels, Chefs traditionnels /___/Chefs de quartiers /___/   Crieurs /___/

Si Interpersonnels, Agents de santé /____/   Voisins /___/ Autres à préciser ________

8 Les parents ayant fait vacciner leurs enfants sont-ils informés que l'équipe de vaccination reviendra dans un délai de 30 jours (1 mois) ?

Oui /___ /   Non /___/

9. Les parents ayant fait vacciner leurs enfants savent-ils que leurs enfants sont vaccinés contre la poliomyélite ?

Oui /___ /   Non /___/

10 Pour les enfants vaccinés pour la 1ère fois (zéro dose), quelles raisons évoquent les parents pour expliquer le statut vaccinal de leurs enfants ?

mauvais accueil /___/ peur des réactions post vaccinales /___/   mauvaise organisation des séances de vaccination /____/non informés /___/ éloignement du centre de santé /__/
Autres raisons à préciser ____
____
____
____

11. Les parents savent-ils qu'ils doivent continuer de se rendre dans les centres de santé pour achever la série de vaccination de leurs enfants âgés de moins de 1 an ?

Oui /___ /   Non /___/

12.1 Si non, quelles raisons évoquent-ils ?

____
____
____
____

13. Les parents connaissent-ils la Paralysie Flasque Aiguë en langues locales ?

Oui /___ /   Non /___/
(écrire le nom donné par l'interviewé (e)
14 En cas de survenue de la faiblesse brutale d'un ou des deux membres, à qui les parents adressent-ils l'enfant ?

Guérisseur /___/   Centre de santé /___/

Autres à préciser ____
____
____
____

<u>Suggestions</u>

En qualité de superviseur et sur la base de vos observations, quelles suggestions peut-on apporter à la stratégie de communication et de mobilisation sociale durant cette opération de JNV
____
____
____
____
____