In 2009, polio communication activities achieved the following results:

• UNICEF continued to chair the National Social Mobilization Working Group and provided technical support to improve its performance to achieve results. A 2009 work plan was developed, a terms of reference revised and shared with all members, regular meetings to ensure and timely implementation of activities were held and its membership expanded. Through advocacy with Rotary Nigeria, a full time Rotary staff was assigned to the NSMWG. The National Orientation Agency was also brought on board to support community-based mobilization and orientation.

• A strategic vision for communication and social mobilization was developed to guide the implementation of all immunization communication activities. The framework styled the Nigerian Community Engagement Model, (NiCE Model), identified four key players that are critical to the establishment of quality service delivery, demand creation and reaching every child under five years with immunization. These actors include caretakers, health workers, local influencers (such as religious and traditional leaders, medical professionals and community elders), and policy makers (such as Local Government Chairpersons, Ward heads and State Governors). The NiCE model also identified ideational variables for each of these actors which informs and guided communication activities that encourage their role in achieving the immunization of all children during IPDs and through routine immunization services.

• The strengthening of State, LGAs and Ward levels communication structures and networks was also major priority in 2009. UNICEF strengthened the capacity of its States Social Mobilization Consultants in the use of data for communication planning and monitoring and posted a total of 29 social mobilization consultants\(^1\) in high risk LGAs. These efforts were further buttressed with technical support from CDC STOP Teams members and six international communication consultants. Through the NSMWG, UNICEF provided specific guidelines to the local level structures to ensure their efficiency. These included guidelines on media mapping, advocacy strategies planning and implementation, strategies for media engagement and monitoring and evaluation.

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\(^1\) Those LGA consultants are concerned by the common ToR with WHO consultants. At State level, UNICEF has 17 social mobilization consultants (SM), 11 vaccine security & logistics consultants (VSL) and 24 general consultants (GC) in charge of SM and VSL. In addition, 6 zonal consultants are on board.
• The strategic re-engagement of Traditional and Religious Leaders (TLs) to support immunization service delivery was another key activity implemented in 2009. This engagement led to the formation of the Northern Traditional Leaders Forum on Primary Health care under the leadership of His Royal Highness, the Sultan of Sokoto. The TLs Forum held four meetings involving the Sultan and Emirs, monitored two IPDs and recorded and broadcasts appeal and motivational statements encouraging parents to immunize their children. The TLs are now actively involved in advocacy and resource mobilization activities with Governors and LGA Chairpersons, community mobilization and sensitization, campaigns monitoring and documentation. The NSMWG serves as the secretariat to the Traditional Leaders’ Forum.

• To ensure that communication interventions are informed by data on knowledge, behaviour, attitudes and practices of key target groups, a review of polio communication activities was conducted in March 2009 and identified the following areas of strategic focus: advocacy, media, training, materials development and social mobilization. UNICEF also supported a KAP study in 2008. The study was conducted in the northern States of Nigeria where the burden of polio eradication and other child diseases are greatest with focus on knowledge and information gaps, sources of information, perception, traditional beliefs and community influencers. A KBAP survey is planned for 2009 and will cover the six geo-political zones of the country.

• Programmatic engagement of the media was a key UNICEF supported communication activities in 2009. Specifically, UNICEF supported the mapping of media channels in all states, the development of key media messages targeting the key social variables in the NiCE Model using data from the KAP study, the training of 45 Senior Health Correspondents, 40 radio Programme Directors and all 36 State Health Educators to be able to feed targeted communication materials to state media channels. UNICEF also commissioned an international film producer who produced a video documentary on polio in Nigeria as well as a regional film on polio in West Africa. The films were broadcast on the UNICEF website and share with the international media channels. Finally, UNICEF supported the deployment of local Journalists as monitors during the various rounds IPD rounds in 2009. A total of 60 Journalists from 20 print and electronic media channels covered the IPDs in 2009.

• To promote community mobilization and enlightenment, UNICEF mobilized and facilitated the training of Zonal Polio Representatives in Abuja. The outcome of the training was the adoption of 92 high risk LGAs for sustained communication interventions. Additionally, UNICEF provided financial and technical support to the Forum of Muslim Women of Nigeria (FOMWON) and the Journalists Action Initiative against Polio (JAP) to conduct in between rounds Town Hall and Compound Meetings in high risk LGAs. UNICEF also supported the Nigerian Red
Cross to promote youth participation in immunization delivery through the Youth-to-youth strategy and “Mother’s Club”.

- UNICEF supported a materials development workshop in Kaduna for members of the NSMWG and SSMWG. The workshop was aimed at developing framework for the conceptualization design, pre-testing and production of IEC materials. A total of 45 participants attended. An outcome of the workshop at the national level was the production and distribution of 10,000 polio flexi banners and 25,000 Q&As. Several States including Kaduna, Kano and Kebbi States produced various localized IEC materials using the framework from the workshop.

Constraints:
- The NSMWG is yet to be fully constituted. No action has been taken on the MOU sent to NPHCDA to bring on board the Nigerian Television Authority and the Federal Radio Corporation of Nigeria. The secretariat of the NSMWG is inactive due to the redeployment of the secretary without replacement.

- The effective use of data for planning, implementation and monitoring communication activities is still weak at all levels; especially at local levels. The systematic engagement of community based networks and local communicators remains ineffective. Effective and timely reporting of results based achievements is lacking.

- Adequate technical skills for a systematic approach to communication planning and implementation for demand creation and behaviour change is still low. Supportive supervision needs improvement.

Recommendations:
- Advocacy with NPHCDA to strengthen is representatives to the NSMWG so that meetings are held timely and that agreed plans implemented speedily. Prepare 2010 NSMWG work plan in 2009 for endorsement by Core Group so that implementation of communication activities will begin during the first quarter of 2010.

- Develop a plan of action for taking to scale ongoing immunization communication activities at all levels. Additional, improve supportive supervision at local levels to ensure improvement in quality immunization communication planning, implementation and reporting.