



Vaccination communication in Nigeria – Policymakers' perspectives on scaling up strategies for parents and communities

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Introduction

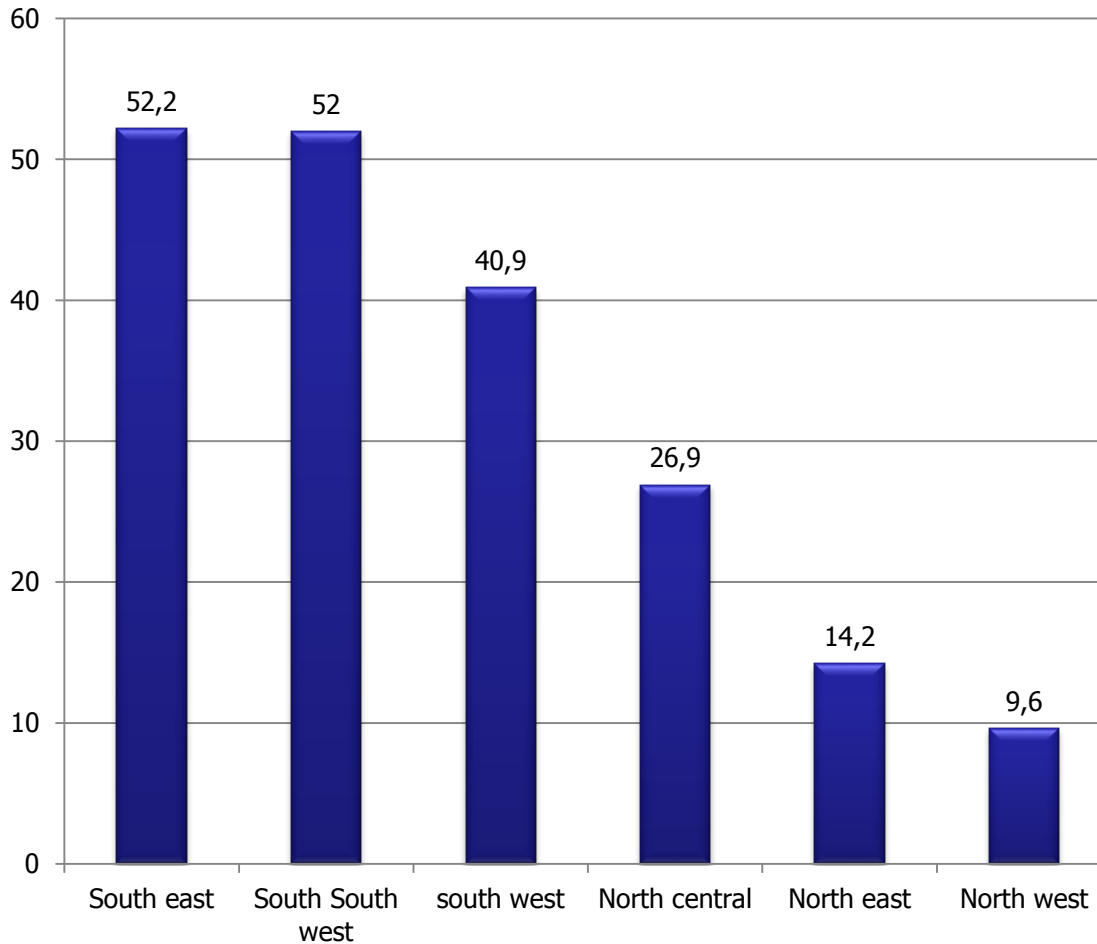


- In Nigeria, reports from the recent NDHS revealed that 25% of Nigerian children(12-23 months) had received all recommended vaccines.
- Vaccination coverage has gradually increased from 13% in 2003 to 25% in 2013.(NDHS, 2013)

National Demographic and Health survey 2013



Number of children (0-11) who received all required vaccinations in Nigeria(NDHS,2013)



■ Number of children (0-11) who received all required vaccinations in Nigeria (urban 43% vs rural 21%)

INTRODUCTION



The demand for immunization especially in Northern Nigeria(64% of the total population) is low and has been attributed to:

- Lack of knowledge of its potential benefits
- Cultural and religious inhibitions
- Fear of side effects
- Poor attitude of healthcare providers
- lack of motivation
- Poor interpersonal communications (IPC) skills. (Nigerian National Routine Immunization Strategic Plan(2013-2015))

Examples of communication strategies used in Nigeria



Example of communication strategy that has been scaled up



Engagement of volunteer community mobilizers in high risk communities



Objective



- Implementation of these childhood vaccination communication strategies are however not without their associated challenges.
- The study therefore aimed to highlight factors associated with effective implementation at scale of communication intervention for childhood vaccination in Nigeria

Methods



- Qualitative interviews with relevant stake holders at the three levels of Government. The National, State and Local Government. A total of 14 interviews was conducted.

LEVEL OF GOVERNMENT	STAKEHOLDERS INTERVIEWED	TOTAL
NATIONAL	Chief of Communication for development UNICEF	1
	National Immunization officer for Communication WHO	1
	GAVI representative Nigeria	1
	Communication Analyst at National polio emergency operation centre,	1
STATE	Deputy Director Immunization services(Bauchi)	1
	State social mobilisation officer(Bauchi+ CRS)	3
	Deputy Director Community Health services(Bauchi)	1
	State Immunisation officer	1
Local	Local immunisation officer(Bauchi + Cross river)	2
	Local social mobilisation officer(Bauchi+ CRS)	2
Total		14

Methods

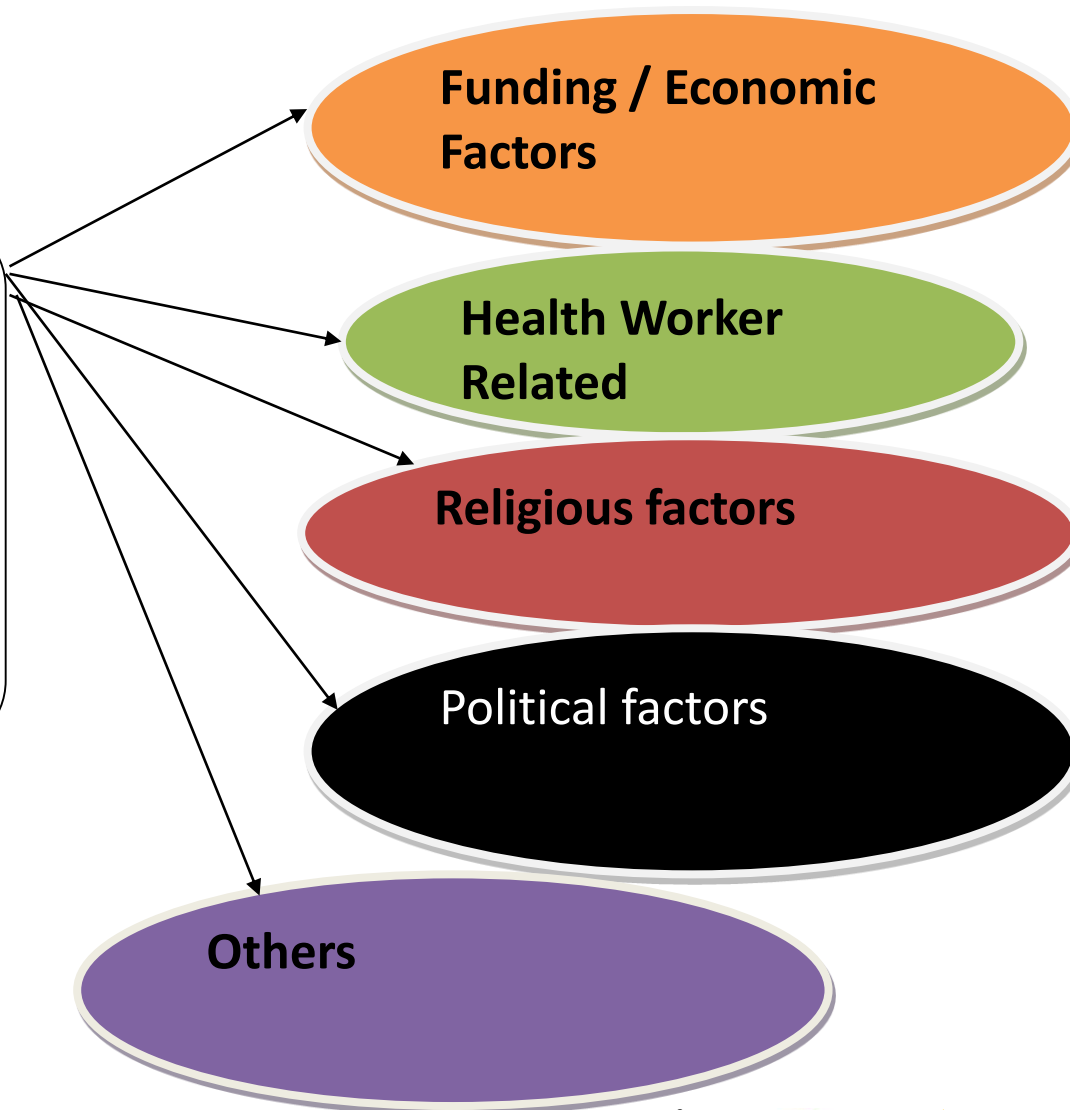


Interviews explored;

- Opinions of stake holders on factors affecting implementation at scale of communication interventions for vaccination.
- A framework of factors affecting the implementation of health systems interventions was used as guide for the interviews.


Results



Factors influencing Communication Delivery at scale






**Funding /
Economic**

- 
- **Least budgetary allocation goes to communication.**
 - **Funds never available for Routine immunization.**
 - **Lack of sustainable programmes that can improve RI.**
 - **Communication strategies intermittent. (absent in between campaigns)**



**Disbursement of materials.
Delivery of intervention**

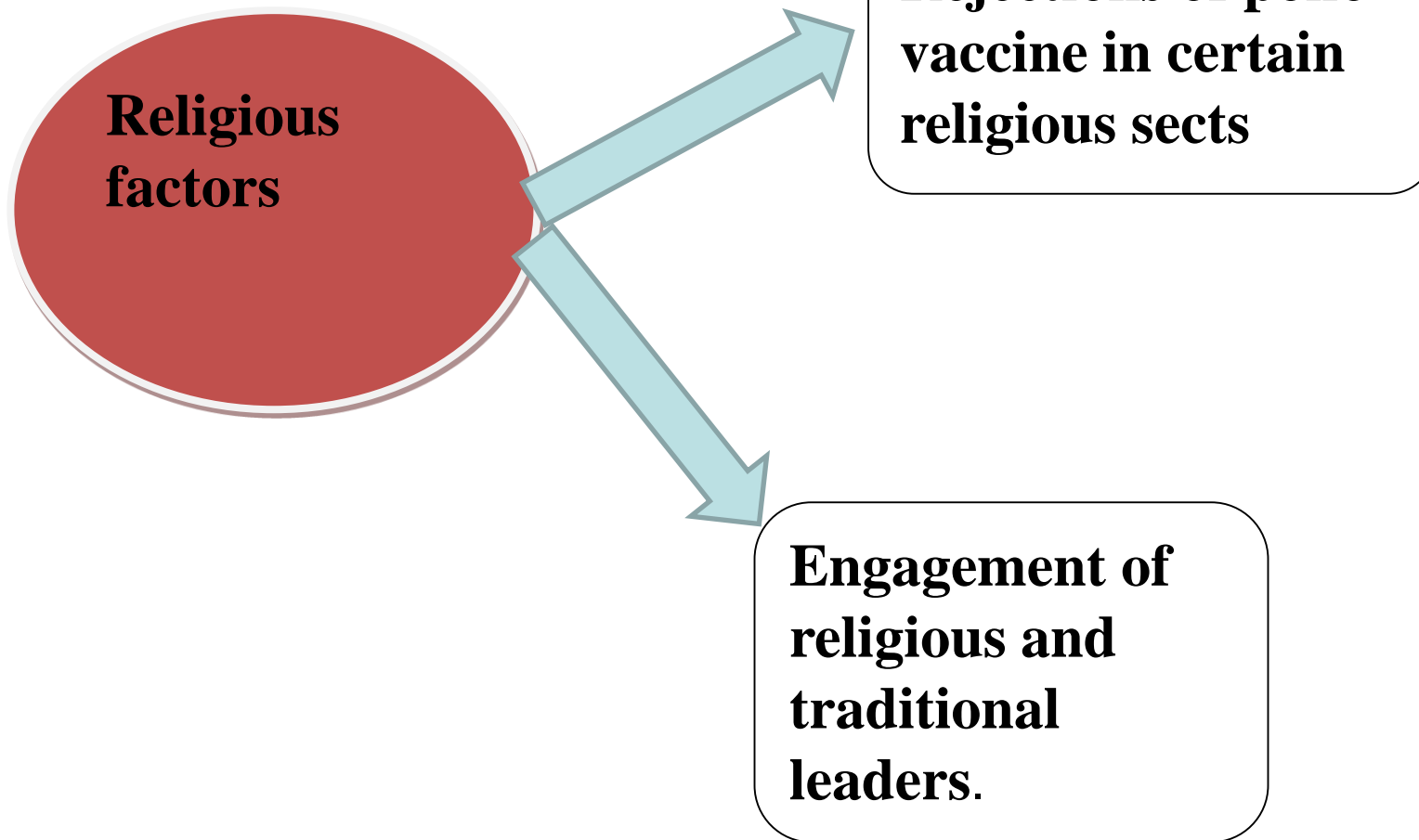
- *"Funding hinders how far you want to go. You have to tailor your scale up to the funds available. You cannot scale up beyond the budget. Ideally more than 1 VCM is needed per community, currently we have one VCM per community / settlement. But if funds were available, we should have more than one person per settlement." (Communication Analyst Polio Emergency Centre)*



**Health
Worker
Related**



- **Grossly inadequate**
- **Poorly trained
(Unskilled > Skilled)**
- **Poorly motivated**
- **Non committed attitude
of vaccination teams.**
- **Criteria for selection of
VCMs**



- **Weak political support..**
- **Health not a priority of some leaders.**
- **Failure to own the programme.**
- **Opposition parties not supporting programmes of present Government.**
- **Corruption issues**

Political factors

Strong political will in certain LGAS and at the National Level.

- Engagement of TAS, WDC not frequent mainly during campaigns.
- TV and radio slots not free.
- Team spirit lacking among stakeholders

- Presence of a social mobilization committee at all levels of government.
- Availability of expertise from partners
- Clearly defined work plans and assigned roles

Others

CONCLUSION



- Scaling up communication interventions for childhood vaccination can only be achieved if factors influencing implementation of these communication approaches is well understood by policy/decision makers.
- It is of utmost importance that they are knowledgeable about what works in their settings so as to prioritise and channel the required resources to these interventions .



Thank-you