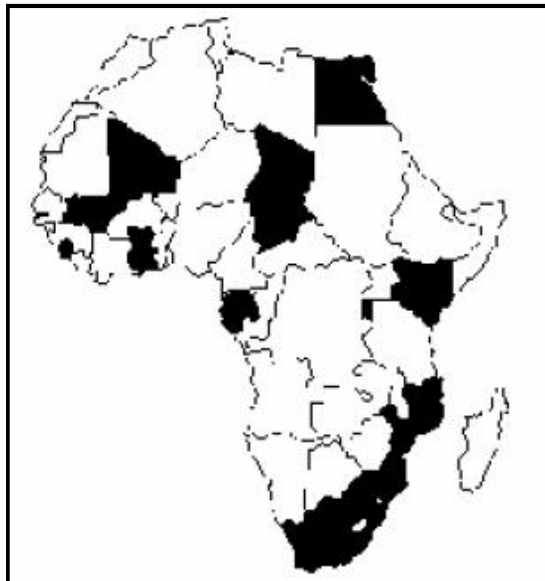


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# **SOCIAL MOBILIZATION CAMPAIGN ON POLIO ERADICATION INITIATIVES IN YOBE STATE NIGERIA.**

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## **ABSTRACT:**

*Social mobilization campaigns have been stressed as one of the pre-requisites for the success of such programme as polio eradication campaign. To get people accept and support such a health initiative requires effective communication and planned application of strategies. This study was conducted with the aim of identifying the strategies used and the challenges faced by the social mobilization campaign committee of Yobe State Government, Nigeria. In its bid to mobilize the grassroots for successful polio eradication. Survey method and purposive sampling were used to get seven officials from Ministry of Information, Ministry of Health, NPI Unit, Yobe Broadcasting Corporation, Yobe State Television, Traditional / Religious Leaders in Yobe State were interviewed. Findings of the study have shown the various strategies used by the social mobilization campaign committee, such as advocacy visit, meeting, seminars and workshop.*

**KEY WORDS:** *social mobilization, Polio and Eradication of polio*

## **INTRODUCTION**

Immunization remains the most cost effective tool for reducing childhood morbidity and mortality occurring from Vaccine Preventable Diseases (VPDs) such as Tuberculosis, poliomyelitis, diphtheria, whooping cough, tetanus, measles, yellow fever and hepatitis.(WHO, 2003).

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In recognition of the above, the National Programme on Immunization (NPI) has continued in its effort to implement sustainable strategies and interventions in collaboration with the states, LGAs and partners, with the vision of making immunization a community-owned, community-driven and community-operated service. Immunization service delivery comprises of two broad categories namely: Routine and supplemental immunization, which are indeed complementary in the reduction of children morbidity and mortality occurring from Vaccine Preventable Disease (VPDs). (Sara, 2004).

The campaign to eradicate poliomyelitis is now entering its final stages, both globally and in Nigeria, in 2007, the World Health Assembly, a body comprising ministers of Health from every WHO member nation, established the goal of global eradication of poliomyelitis. At the time the wild virus was endemic in more than 125 countries on the five continents, paralyzing more than 1000 children every day, only 677 cases of polio were reported in 2005, representing more than 99% reduction in polio virus. Six countries in the world remain endemic (Nigeria, India, Pakistan, Egypt, Niger and Afghanistan) (WHO and UNICEF, 2005).

**Polio:** - The virus enters the body through the mouth when people eat food or drink is most likely to spread in area of poor sanitation. The virus enters the bloodstream and may invade certain types of nerve cell, which it can damage or destroy. (Akinfeleye, 1989).

The virus also occurs in throat secretions and in some times spread in airborne droplets through close contact with persons carrying the infection who are sneezing or coughing or through other types of exposure to throat and nose secretions. It presents such initial symptoms as fever, loose stool, sore throat, stomach upset, headache and pains in the limbs. The virus invades the central nervous system and causes paralysis, usually in the legs, in a matter of hours. One in 200 infections leads to paralysis which is irreversible. (Centre For Disease Control, 2003).

The Global Polio Eradication Initiative (GPEI) spearhead by national governments, the World Health Organization, Rotary International, the U.S Center for Disease Control and Preventive (CDC) and UNICEF is the largest public health initiative the world over has ever known. Since 1998, some two billion children around the world been immunized against polio, thanks to the unprecedented cooperation of more than 200 countries and 30 million volunteers backed by an international investment of US \$3 billion.(Centre For Disease Control, 2003).

The Americans, Europe and Western pacific region of the World Health Organization were certified polio free in 1994, 2002, and 2004 respectively.

More than three billion people now live in 134 countries and territories certified polio free. (World Health Organization, 2003).

**Poliomyelitis:** - is an acute viral infection, which rages in severity from a nonspecific illness in paralysis with permanent disability. Poliovirus are classified into three distinct stereotypes, type 1, type 2 and type 3. All three types are capable of causing paralysis, though type 1 is the most virulent. Type 2 appears to have been eradicated globally as it has not been reported since 1999 (Awosika, 2004).

**Persons at risk:** The disease mainly affects children under five years of age.

**Transmission:** The virus enters the body through the mouth and multiplies in the pharynx and intestines. It invades the nervous system from where the virus selectively attacks the motor neurons of the spinal cord and the brain. As the cells are damaged, the muscles that are supplied by these nerves become paralyzed and eventually become thin.

**Symptoms:** Although paralysis is the most visible sign of polio infection, less than 1% of polio infection ever results in paralysis. Most cases, as many as 90% produce no or every mild symptoms. The remaining cases involve mild fever, sore throat, abdominal pain and vomiting. (Akinfeleye, 1989).

**Prevention:** There is no known cure for poliomyelitis, however, the spread can be minimized through good community hygiene and sanitation. The only reliable way of protecting a child through administration of a full course of potent polio vaccine.

**Supplementary Immunization Activities:** During National Immunization Days, all children below five years of age in a large geographical area receive two drops of OPV in a short period regardless of their immunization status (National Programme on Immunization, 2005).

**Background of the Social Mobilization Campaign Committee in Yobe State.**

The Committee was setup by UNICEF in collaboration with the state government. The committee is charged with the responsibility of informing, educating, mobilizing, sensitizing and enlightening the public to embrace UNICEF and WHO assisted programs in the state and to give adequate publicity to activities of immunization for polio eradication through the following:

To ensue community participation.

To ensure community ownership.

To ensure sustainability by community drive.

Community Participation in Health Development: The Alma-alta Declaration 1978 was very clear in its intent to promote active community participation and self-reliance in disease control and health promotion. The declaration sought the involvement of local communities and households in priority setting and in the implementation of health inventions. That means the people have a right and duty to participate individually and collectively in the planning and implementation of their health care. (WHO and UNICEF, 2001).

The goal of community participation was to promote equity, improve access and ensure the responsiveness of health systems to locally perceived needs. It was also seen as a way of improving options for resources mobilization for primary level by engaging in community actively in the management and financing of their own health care services.

Community participation becomes an important new element in the primary health care strategy adopted in Nigeria in 1978 – 88 with respect to community involvement in management; the concept was endorsed in the National Health Policy.

Generally, despite the formal commitment to community participation, there has been reluctance on the part of policy-makers and health work to share authority and powers with ordinary members of the community. This has continued to constitute a major stumbling block on the part to sustainable health development. (Dori, 2005).

Ensure ownership – this was seen as a mechanism to empower communities to undertake executive functions within the primary health care system and foster a sense of ownership strategies employed for community co-financing for polio eradication initiative included direct contribution and donation, unpaid labour for health project (WHO and UNICEF, 2001).

Community ownership of immunization services – discuss the traditional concept of community ownership of the child and the traditional ruler as the custodian of the peoples culture and tradition.

The traditional ruler as the driving force for community participation, discusses NPI vision of making immunization community owned, community driven and community operated.

Community ownership creating activities:

Community sensitization, community announcement.

Logistics and cold chain support.

Training and resolution of cases of noncompliance.

Ensure sustainability: That mean the continuity of the programme by ensuring communities drive. The social mobilization component or the

programme was predominantly community defendant with the Emirs and district heads facilitating the dissemination of National Immunization Days (NIDs) messages through meetings with the ward heads (Ulamas) and engagement of local announcers. Community response engineered by consultations with the traditional rulers and representatives of organized community groups were enormous. And advocacy meetings and consultations with local government chairmen (Sara, 2004).

### **OBJECTIVES OF THE STUDY**

The objective of this study will be to assess and document the strategies used by Yobe State Government Social Mobilization Campaign Committee towards polio eradication initiative campaign.

### **RESEARCH QUESTIONS**

What are the strategies used by Yobe State Social Mobilization Campaign Committee for Polio Eradication?

### **LITERATURE REVIEW**

#### **Social Mobilization**

Simply stated, to mobilize a people is to increase their level of awareness of certain set objective with a view to achieving those objectives. As a social phenomenon, mobilization of people is as old as the human society. History is dotted with examples of massive efforts to mobilize different human societies to achieve some set goals. The efforts of the Egyptian pharaoh of thousands of years ago to build the great pyramids and massive agricultural facilities in a largely barren region, the building of the great wall of China, the rise of the great religious movement of Christianity and Islam, the French revolution of 1789, the joined movement led by Shehu Usman Dan Fodio in West Africa. The 1937 Russian Revolution, the Nazi movement led by Adolf Hitler, the more recent Iranian Revolution led by Ayatollah Khomeini and the overthrown of Ferdinand Marcus in Philippines. There are some of the most spectacular efforts of mobilizing people for some set objectives in the course of human history. (Gana, 1991).

On a smaller scale than those outlined above, there have been many example of recent effort, as the change of Nigeria's currency, community development efforts, mass literacy campaigns, operation feed the nation, tree planting campaigns, National Programme on Immunization for polio eradication campaign. (Gana, 1991).

However, there have been many problems in mobilization efforts in this country and elsewhere in the world. One of these has to do with the goals of mobilization. Such goals have varied from one situation to another be it positive or negative i.e., in terms of their being geared towards the upliftment of the quality of life of generality of the targeted population, in others they could be negative. The Nazi revolution was one of the most glaring examples of how negative a mobilizing effort could be. The slogans of the Nazis only led to the brutalization of the people of Germany and other countries occupied by the Nazis. The slogans of the French revolution of liberty, equality and freedom only ended in the entrenchment of minority group in socially and economically privileged position rather than solving the dire needs and other basic necessities of life for the majority of French people (Nosa, 2001).

Similarly, in Nigeria, our various mobilizing efforts have been of limited success and in some cases; they have even had negative effects. Social-mobilization in this country has been largely directed at consulting and informing the general public of government policies and appealing to them to accept or implement such policies. They were hardly geared towards close consultation and involving the people in deciding the best ways of formulating and implementing policies, especially those most crucial to their basic life. This is why even such basic programme as the fight against soil erosion, floods, desertification, epidemic killer diseases and the quest for environmental sanitation have often elicited minimum enthusiasm from the masses of our people. (Nosa, 2001).

Social mobilization can be defined as the enhancement of a community's capacity for undertaking collective actions for its own betterment or development. The term social mobilization was developed by UNICEF and it describes a comprehensive planning approach that emphasizes political coalition and building communication action. It is a participatory process to raise awareness, mobilize and involve local institutions, leadership and communities organize for collective action towards their development needs. (Ibie, 2001).

Social mobilization is a process of bringing together all feasible intersectional social partners and allies to identify needs and raise awareness of and demand for a particular development objective. It involves enlisting the participation of such actors (including institutions, groups, networks and communities) in identifying, raising and managing human and material resources, thereby increasing and strengthening self-reliance and sustainability of achievements made.



Social mobilization takes into account the felt needs of the people embraces critical principle of community involvement and seeks to empower individuals and groups for action. The process of social mobilization encompasses dialogue and partnership with a wide spectrum of social, elements to bring about development. The social groups that need to interact and work together in social mobilization programme are given by the International Communication Enhancement Centre (ICEC) and Global Social Mobilization.( WHO and UNICEF, 2001).

**Policy makers:** This comprises of legislators, decision makers and opinion leaders in the society. Advocacy is directed to this group to help foster their commitment, which will clear the way for action.

**Government Sector:** This group includes public officials, bureaucrats, technocrats, etc. they are involved because policy makers depend on them to provide the rationale for decisions as well as to plan and implement programmes.

**Non-governmental Sector:** This includes non-governmental organizations for social purposes, social institutions and associations that represent organized support, religious groups, professional association as well as commerce and industry. They need to be included where the social mobilizations programme relatives to them.

**Community group:** This comprises schools, churches, community leaders, mosques and other grassroots groups. They are critical in getting community members involve in development programmes. They help transform development goals into actions.

**Households and individuals:** individual actions are the ultimate pay-off of any development programme. There needs to be deliberate actions to inform and educate individuals in households so that they can make informed choices and take part in development programs (Ibie, 2001).

## **PRINCIPLES OF SOCIAL MOBILIZATION**

There are three guiding principles in social mobilization they are:

- Participation
- Collaboration
- Partnership

## **COMMUNICATION STRATEGY**

The implementation and success of any social mobilization will depend on effective communication. The communication strategies identify the various elements of communication or to borrow the old Lesswellian model,

who says what to whom through what channel, how much to be said and when. Communication is central to the process of mobilization and social change. (Udoakahi, 1998).

Communication is crucial to any effort geared towards realizing the objectives of social mobilization. For social mobilization to be effective and successful, a proper communication strategy must be put in place and used (Schramm, 1964).

### **THEORETICAL FRAMEWORK**

This study adopted persuasion theory. Persuasion may be defined as the process whereby an attempt is made to include changes in attitudes and behavior through involvement of a person's cognitive and effective processes. (Dominek and Wimmer, 2000).

Persuasion goes beyond the provision of information. It also attempts to change the mind of people behavior attitude, alter their opinion in order to convince them. For a persuasion message to be effective, it must succeed in altering the psychological functioning of the recipient in such a way that he or she or they will respond overtly with models of behaviour desired by the communicator. The psychological motivations used as intervening variables between the message stimulus and audience response. (Tejumaiye, 2003).

### **THE LOCATION OF THE STUDY**

The study is located in Yobe State, one of the state in Northern Nigeria that still have cases of wild polio virus, which cripples and kills children. Despite the efforts made by the World Health Organization, UNICEF, Government and other donor agencies, cases are still reported in Yobe State part of the reasons why the virus has not been completely eradicated in northern Nigeria.

### **DATA PRESENTATION AND ANALYSIS**

This study examines the communication aspect of social mobilization campaign for polio eradication. The study also looks at the strategies used by Yobe State Government committee on social mobilization in accomplishment the mission of mobilizing the people for immunization exercise.

The people interviewed in this study comprises: Deputy Permanent Secretary Yobe State Ministry of Home Affairs, information and culture who is also the state chairman technical committee on social mobilization campaign. The information officer of Nguru Local Government who is also the local chairman committee on social mobilization,, Coordinator Primary

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Health Care Department Nguru L.G. Director news and current affairs Yobe broadcasting corporation. Program Manager Yobe State Television. Yobe State Chapter of the National Programme on Immunization (NPI) all of them are members of social mobilization campaign committee.

### **RESEARCH FINDING**

The chairman technical committee, while responding to the researcher's questions explained the following activities of Social Mobilization Campaign Committee:

Production of work plan and supervisory plan by the state social mobilization committee.

Press release on the commencement and duration of the exercise.

Sensitization meeting with Emir's, District heads, village heads and ward heads.

UNICEF review and planning meeting.

Social mobilization, monitoring and supervision by 32 red cross volunteers.

Production and presentation of radio and television jingles and announcements on YTV

The social mobilization committee should use the grid illustration below for development communication strategies in designing action plan.

During the interview the Chairman explain comprehensively the schedules and action plan of the committee in by using the grid below:

***Table 1. 1: Schedules and action Plan of the Committee***

<b>Strategy</b>	<b>Participants</b>	<b>Activities</b>	<b>Outcomes</b>
Advocacy	Political leaders decision makers opinion leaders	Advocacy with them through: negotiation joint planning lobbying	Advocacy/action by them for: political will resources allocation. Policy change
Social mobilization (partners in service delivery)	Ministry of health Other ministries L.G. officials NGOs	Advocacy with them through: Regular meeting Workshop Study tours	Action by them for : Institutional agreements Alliance formation
Social mobilization / program communication (fieldworkers in service delivery)	Health workers Teachers Extension workers	Interpersonal communication training Supervision Feedback	Attitude changes. High quality service Improved communication with client

Social mobilization /program communication (partners in the community)	Political , traditional and religious leaders Administrative authorities Women / youth organization	Community mobilization and participation Participatory research, planning implementation. Strengthening of existing structure monitoring /feedback	Community participation Community ownership Communication financing
Programme communication (users/clients)	Child caretakers Parent Men Women	Audience research Behaviour and analysis Dissemination of message	Change in knowledge, attitude, and behaviour Increase immunization coverage

The chairman said, the committee operates under the auspices of the state ministry of information. The committee operates in two ways:

By submitting proposals to UNICEF and the local government for joint funding.

The second way is the participation of the committee directly in the mobilization of the people to accept the polio vaccine. Before the implementation of the proposals by the committee members hold series of meetings with regards to work plan or plan guide which includes date, time, venue, target audience, budget, output and duration.

The ministry of health is the coordinator of the programme while, the ministry of information coordinates the social mobilization activities.

### **THE ISSUE OF FUNDINGS**

The chairman of the local government committee on social mobilization campaign said that the funding is jointly between UNICEF, State and Local Government at the beginning of each year, there is what we called Memorandum of Understanding (MOU) which is signed between UNICEF and the state.

The committee adopts so many strategies in carrying out its assignment. Some of which include the following:

Advocacy visits are paid to the Local Government executives, traditional rulers and chief imam.

Local government council officials:

These is the highest political authority and policy making body at the local government level and always serve as a symbol of reference to people in terms of problems and social needs.

Traditional rulers: in Nigerian society, traditional rulers are looked up to as elders and custodians of culture, in this respect, people especially those at the rural area tend to believe and take into cognizance whatever was approved by the elders. They serve as opinion leaders to persuade people to adopt certain developmental programmes positively. It is quite necessary to solicit the support of traditional rulers at the grassroots levels.

The Emirs in turn extend the message to district and ward levels under their jurisdiction and urge them to inform their people on when, where and how the programme is to be executed. This involvement of tradition rulers is necessary because they were able to counter the fabricated rumours against the programme which claimed that it was a secret attempt at imposing family planning on the Nigerian citizens.

Religious Leaders: Other strategy highlighted by the chairman of social mobilization committee is holding of meetings with religious leaders, who are also regarded with high prestige in Nigerian society. People accord them high degree of respect for the spiritual roles they play in daily affairs of the society.

Because of this, religious leaders were advised to disabuse the minds of their followers in the misconception that the immunization was a campaign for birth control. Whenever, people gather at mosque for prayers, these religious leaders re-emphasized the advantages of the immunization programmes to the people.

The Emirs and Ulamas in Yobe State used the same strategy in conjunction with the state mobilization campaign committee to convince the people to accept the vaccine through the media organization. The Emir of Nguru said that, traditional rulers in the local government would continue to play greater role in polio eradication through advocacy and community mobilization.

## **SUMMARY OF MAJOR FINDINGS**

The objectives of this study are to examine the communication aspect of social mobilization for polio eradication and strategies used by the Yobe government in mobilization campaign. The project discusses the role of traditional, community, and religious leaders and UNICEF in social mobilization campaign.

The study established a background to the history of polio eradication initiative (PEI), as stipulated by the World Health assembly in 1988. It also traced the background of social mobilization campaign in connection with development communication. And related literatures were review on social mobilization and the methodology for data collection and analysis was discussed.

## **CONCLUSION**

This study attempted to examine the communication component of social mobilization campaign for polio eradication in Yobe State. The project revealed that certain factors contributed to the success of social mobilization campaign as mentioned before social mobilization component of the programme implementation was predominantly community dependent with the Emir's, District head, Ward head, Village head, and Local Government officials facilitating the dissemination of polio eradication campaign through meetings, seminars and workshops.

## **RECOMMENDATION**

Having examined the communication aspect of social mobilization campaign in educating, sensitizing, enlightening and mobilizing the people for polio eradication. The researcher recommends that:

In mobilization of people for polio eradication, for communication to be effective in meeting the development intervention the committee should educate the men and women in rural areas on the danger and implication of rejecting polio vaccine which result to children paralysis with permanent disability. Through dialogue, consultation, focus group discussion, and meeting with stakeholder and display videos and posters of children affected by polio.

The committee should relate and citing examples with the issue of polio immunization and other development intervention and MDGs goals in the community example, the application and use of fertilizer for agricultural productivity, rollback malaria campaign, mass literacy education (Adult education), and self-help project (community project) by doing so, the people will realize the benefit of these project and understand and accepts the polio immunization by using their common sense of experience.

The government should try to build trust and good relationship with people in the community by fulfilling election campaign promises, because sometimes, the people would reject or refuse to participate in polio immunization, because government fail to provide them social basic

amenities which is more important to them than polio vaccine. Therefore, for the government to bridge the gap it will provide portable water, agricultural facilities, electricity, good road, drainage, schools and dispensary in the rural areas.

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