SBCC Framework

Social and Behavioural Change Strategy to Improve Vaccine Uptake and Demand Generation

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Table of Contents

Section 1: Social Behavior Change Communication Framework

Section 2: Social Behavior Change Communication Campaign Design and Testing

Section 1: Social Behavior Change Communication Framework

1.1 Introduction

Background on this Document

Solina Health and the Busara Center for Behavioral Economics (Busara), in collaboration with the National Primary Health Care Development Agency (NPHCDA) conducted a study aimed at improving COVID-19 vaccine demand and uptake in Nigeria through four specific objectives. These objectives were to (1) develop targeted interventions, (2) optimize stakeholder engagement and participation, (3) reframe vaccine communications and (4) provide targeted support for infodemic management.

Our study aimed to build public confidence in the vaccines and increase demand, ultimately promoting widespread acceptance and uptake of COVID-19 vaccines in Nigeria.

The goal of our study was to comprehensively investigate how behavioral, contextual, cultural, and interpersonal factors influence vaccine demand in four states with low vaccination coverage: Bayelsa, Benue, Ebonyi, and Taraba. Through in-depth interviews with key stakeholders and individuals representing key target populations who have or have not received the vaccine, this research identified the barriers and facilitators to COVID-19 vaccine uptake.

Building upon these findings, this document acts as a crucial link between our research findings and practical application. It provides a tangible Social and Behavioral Change Communication (SBCC) framework to empower the NPHCDA and its partner organizations, and suggests critical areas for further investment by NPHCDA and its partners. The primary objective of this framework is to equip NPHCDA and its partners with evidence-based and behaviorally informed strategies that promote the uptake of immunizations in targeted states.

Focused on integrating behavioral science concepts and existing SBCC strategies, this document underscores the significance of robust research and specialized interventions, intended for use by policymakers, health practitioners, and stakeholders in the immunization landscape. Ultimately, its aim is to equip NPHCDA and its partners with tools to address the distinct needs of each community, thereby ensuring the effective and impactful implementation of vaccine uptake strategies across Nigeria.

Introduction to Our Organizations

Busara

Busara is a leading research, design and advisory firm applying behavioral science principles to alleviate poverty in the Global South. Headquartered in Kenya and with operations across Sub-Saharan Africa, Latin America and South Asia, we work with our partners to understand the drivers of decision making and to design rigorous solutions that scale their products, programs and policies.

Solina Health

Solina Health is a health systems advisory firm that collaborates extensively with governments, donors, and private sector entities to strategize and execute programs aimed at accelerating health outcomes of vulnerable populations across Africa. Solina

offers a suite of comprehensive services including health systems consulting, program design and implementation, capacity building, business advisory services, and implementation research. Their areas of expertise span innovative routine immunization, polio eradication, HIV, reproductive health, nutrition, and malaria initiatives.

1.2 Guiding Frameworks

Socio-Ecological Model

Introduction to SEM

To guide the diagnosis of the barriers and levers to the uptake of vaccination services (including routine immunization and COVID-19 vaccination), we used the Socio-Ecological Model (SEM) for behavior change. The SEM argues that behavior is influenced by the intricate interplay of individual, interpersonal, community, and societal factors. The SEM allows us to understand the range of factors that influence how people behave and how these different interactions either hinder or enhance behavior, as shown in the diagram below.

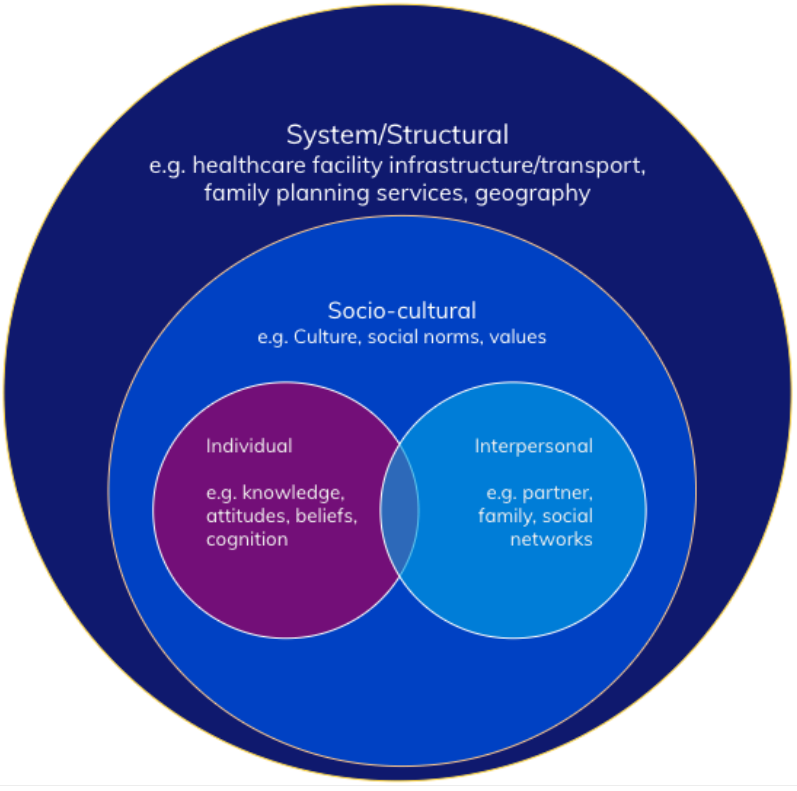


Figure 1: The Socio-Ecological Model

Diagram adapted from: McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education Quarterly 15:351–377, 1988. doi: 10.1177/109019818801500401

The SEM is divided into four key levels of factors:

Level One, the Individual: This level focuses on the biological and personal factors that influence the uptake of vaccine services. The SEM proposes that behavior change at the individual level is influenced by five factors:

a. The level of information or misinformation people have about the desired behavior. If people are not aware of the desired behavior, it is very difficult for them to change their current behavior.
b. Current habits, routines, and practices and the ease of adapting new habits.
c. Motivation, attitudes and beliefs (including religious beliefs). If a certain behavior is considered unimportant or wrong, it is very unlikely to happen.
d. The ability to act, including access, skills, and self-efficacy. The easier something is to do at a given time, the higher the likelihood of people adopting it.
e. Norms, including socio-cultural norms and gender norms. People have a tendency to be affected by other people's behavior and follow the norm.

Level Two, the Interpersonal: The second level looks at the influence of close relationships, such as peers, partners, and family members, on the uptake of vaccine services. These individuals can either increase or reduce the likelihood of someone accessing these services and can influence their decision-making.

Level Three, Socio-Cultural and Community: The third level examines social norms, cultural values, beliefs, and practices that may influence the uptake of vaccine services, as well as the settings where these services are likely to occur, such as workplaces, markets, clinics, and residential areas. Understanding these factors at the community level can help identify barriers and facilitators to the uptake of vaccines.

Level Four, the Structural and Systemic: The fourth level examines the macro-level societal factors that create a supportive or unsupportive environment for the utilization and provision of immunization services. It includes policies, organizational interventions, and the overall demand and supply ecosystem that can impact the uptake of immunizations.

The SEM guided the behavioral diagnosis approach to establish the barriers and levers to the uptake of vaccines as discussed in the next sections.

Advocacy, Communication and Social Mobilization (ACSM)

The adaptation of the Advocacy, Communication and Social Mobilization Strategic (ACSM) framework by the NPHCDA is an ongoing process and, as of the time of the writing of this document, is under review. However, our understanding of NPHCDA's adaptation of the ACSM provides a set of guidelines and pillars to guide partners in the implementation of vaccination and other health interventions. The goal of this is to ensure integration and harmonization of messages and communication interventions, ensuring that all messages are appropriate and are delivered to the right audience at the right time.

The ACSM framework is based on five key pillars:

- Media engagement
- Community engagement
- Stakeholder advocacy

- Supply-side enablers
- Governance and coordination

1.3 Behavioral Analysis

Overview of Our Research

In order to develop an effective SBCC strategy to improve the uptake of vaccines, Busara and Solina conducted a series of in-depth interviews with community members and healthcare workers/providers in four (4) states in Nigeria: Bayelsa, Benue, Ebonyi and Taraba.

Through the analysis of the data collected, we identified the main behavioral and structural barriers and levers for vaccination services. Finally, all findings were summarized and positioned across the four levels of the SEM. Additionally, these findings were critical in developing four (4) key audience segments to focus the SBCC strategy. Details about these segments are presented in this section of the document.

Following the research, we also conducted two rounds of co-design and idea sessions to identify and develop potential interventions based on the insights generated. We also facilitated state- and national-level engagement workshops to validate the key findings and the concept interventions. This was to ensure the practicality and potential effectiveness of the concepts. Full details of the final concepts are provided in the next section of this document.

Summary of Barriers and Levers

Summary of Demand and Supply Side Barriers and Levers According to SEM

The table below presents the key behavioral insights derived from the research conducted by Busara and Solina in the four target states. It summarizes the insights that were identified as the most important and critical demand and supply-side barriers and levers that influence decision making on vaccine services according to the different levels of the SEM.

Table 1: Summary of the barriers and levers to the uptake of vaccines

SEM Level		Description
Individual level	**Demand-side barriers**	At the individual level, the uptake of vaccines is influenced by factors such as: • Lack of trust in vaccinations, healthcare providers and government-supported health initiatives • Fear of needles and injections • Concerns about the potential side effects of vaccinations caused by prevailing vaccine myths and misinformation • Lack of knowledge of vaccines and the benefits

		of vaccine services ● Perceptions that vaccine-preventable diseases are not severe or that the risk of infection is low (low subjective risk)
	Supply-side barriers	● Poor access to healthcare and vaccine services in hard-to-reach communities and regions due to: ○ Long distances to healthcare facilities ○ Financial constraints associated with traveling to the healthcare facility ○ Poor access to information about the vaccine and where it is available
Interpersonal level	**Demand-side barriers**	At the interpersonal level, the uptake of vaccines is influenced by factors such as: ● Belief in prevailing misinformation by household decision makers (i.e., husbands, mothers-in-law) ● Lack of social proofing of vaccine uptake among family and friends
	Demand-side levers	The following factors may encourage vaccine uptake: ● Social proofing by friends, family members and people the community identifies with (i.e., people of similar SES or age) including positive testimonies and vaccine recommendations
	Supply-side levers	The following factors may encourage vaccine uptake: ● Providing vaccine information through trusted vaccinated individuals may limit the spread of misinformation and improve the dissemination of credible vaccine information
Socio-cultural and community level	**Demand-side barriers**	At the socio-cultural and community level, the uptake of vaccines is influenced by factors such as: ● The spread of misinformation through community groups and by key community stakeholders (i.e., religious and community leaders, healthcare providers) ● Suspicion around the misuse of COVID-19 related data by the government to exaggerate the severity of the pandemic and to divert public funds
	Demand-side levers	The following factors may encourage vaccine uptake: ● Leveraging community groups and associations to disseminate vaccine information and advocate for vaccine uptake ● Positive opinions and behaviors of key community leaders related to the uptake of vaccines may encourage similar behaviors among community members
Structural and	**Demand-side**	At the structural and systemic level, the uptake of

systemic level	**barriers**	vaccines is influenced by factors such as: ● Low trust in government-supported vaccine initiatives
	Supply-side barriers	● Low trust in the quality of health data related to vaccine-preventable diseases ● Challenges associated with resource constraints for developing tailored vaccine communications campaigns that utilize both English language and local dialects ● Broken continuity of care for hard-to-reach communities due to poor access to healthcare services ● Capacity challenges hindering effective communication between health care workers and community members
	Supply-side levers	The following factors may encourage vaccine uptake: ● Endorsement of messages by government officials or trusted organizations (i.e., Federal Ministry of Health, UNICEF, WHO) ● HCWs are seen as key influencers of healthcare services by some community members and this influence can be leveraged to endorse vaccination programs

Below are some of the myths and misconceptions identified that may negatively affect the uptake of the vaccination services:

Routine Immunization (RI) ● RI causes short-to-long term illness in children such as fevers, physical deformities, developmental issues, complete/partial paralysis or death. ● RI is part of a government or foreign initiative to cause infertility in certain populations. ● RI injection sites are the “marks of the beast”. ● RI is not free.	**Vaccinations** ● Not all vaccines are safe for use. ● Some brands (i.e., Moderna) are safer than others - this belief will cause people to resist taking up certain types of the vaccine if their preferred one is unavailable. ● Vaccine services are tied to a monetary reward for HCPs and community leaders that advocate for vaccine uptake. ● Vaccine injection sites are the “marks of the beast”. ● The COVID-19 vaccine causes people to be “magnetic”. ● There are hidden costs to access vaccinations.

Audience Segmentation

Based on the findings of the qualitative research and engagements in the four target states, we identified four key priority audiences for the SBCC framework. Segmentation is subjectively based on demographic traits, the informational needs and the communication goals of the target audiences. These key segments are presented below:

Vaccine hesitant adults	Parents of unvaccinated children (aged 12 months and older)	Local community influencers	Frontline healthcare workers

Segment 1: Vaccine hesitant adults

The first and primary audience segment of the SBC strategy is the "vaccine hesitant adults" residing in the target communities. Their key traits are:

- Aged 18 years and older
- Are either unvaccinated or have not completed the full course of vaccines (vaccine defaulters)
- May have access to a smartphone or own their own personal smartphones
- Hesitant to receive vaccines due to negative perceptions of side effects, religious/social beliefs, low subjective risk of vaccine-preventable diseases and prevailing misinformation about vaccines

Our research did not support any link between education level and vaccination status within this segment.

Segment 2: Parents of unvaccinated children (aged 12 months and older)

The second audience segment are the adult parents and guardians of young children who have not received RI or are RI-defaulters. Their key traits are:

- Aged 18 years and older
- Have primary or shared responsibility in making health decisions for their children
- May have access to or own a personal smartphone
- Hesitant to have their children immunized due to negative perceptions of side effects, religious/social beliefs, low subjective risk of vaccine-preventable diseases and prevailing misinformation about RI
- Directly motivated by their concerns for the well-being of their children

Relevant communication channels for Segments 1 and 2

Combining communication channels for Segments 1 (Vaccine hesitant adults) and 2 (Parents of unvaccinated children aged 12 months and older) is justified due to their shared concerns regarding negative perceptions of side effects, religious/social beliefs, low subjective risk of vaccine-preventable diseases, and prevailing misinformation. This combination allows for a cohesive strategy that addresses the interconnected health

decisions of adults and parents, optimizing resources and providing consistent messaging. Importantly, while the channels of the communication for segments 1 and 2 may be similar, the content should be distinguished so as to address segment specific barriers and levers.

Conversely, separating communication channels for Segments 3 (Local community influencers) and 4 (Frontline healthcare workers) is warranted by their diverse roles and responsibilities. Local community influencers and healthcare workers require specialized messaging tailored to their distinct influences and professional backgrounds. Recognizing these differences allows for targeted strategies that acknowledge the specific needs of each group, ensuring that messages are disseminated through channels that resonate most effectively with local influencers and healthcare professionals.

Key communication channels to reach Segments 1 and 2 are presented below:

Table 2: Summary of the key communication channels for vaccine hesitant adults

Channel	About the channel
Social media channels	Platforms such as Instagram, Twitter and Facebook. These channels should be used to specifically target vaccine-hesitant adults within the 18-25 years age range who display moderate to high technological literacy.
Conventional media channels	Community- and state-based radio and TV broadcasts. Priority should be given to local or community-level radio broadcasts as opposed to state-level radio stations as some communities either do not have access to these broadcasts or do not trust them as much.
Print media	Banners, flyers, billboards and posters within the community and at health centers.
Interpersonal communication	Peer-to-peer communication, communication with healthcare professionals during health visits/ household engagements and local community influencers.
Community institutional platforms	Local youth and sports associations, men's and women's local groups, trade associations.
Socio-traditional channels	Local town criers/announcers and town hall meetings.

**It was reported during the study phase and subsequent workshops in Ebonyi, Taraba and Benue that not all audience members within this age range have access to smartphones or internet services, particularly in the rural areas. Therefore, this channel is best used for more urban and peri-urban settings and alongside the other proposed communication channels*

Key messengers for Segments 1 and 2

Trust is a critical consideration when determining key messengers of vaccine information for this audience segment. Through the research and engagement workshops, these key messengers include:

- **Local community leaders and recognized community figures**: This includes traditional leaders such as community elders and chiefs, heads of community platforms and associations such as men's and women;s associations, sports

groups and trade associations, as well as religious leaders and members of the local community/village ward development committees (CDC/WDC). Using these messengers leverages on the authority bias - the tendency to accept or believe the views or information shared by individuals with perceived formal or informal authority - ascribed to them by community members.
    - Due to the fact that misinformation is often disseminated by some of these figures, a portion of the recommended SBCC framework focuses on providing these individuals with tools and verified information about vaccine services.
    - The state engagement workshops also highlighted the issue of low confidence in Bayelsa state on community leadership which is a part of the political structure due to perceptions of political motivations driving vaccine uptake. For this reason, CDC/WDC members would serve as better messengers in this context.
- **Healthcare workers**: A similar authority bias is ascribed to healthcare providers and CHWs who are trusted sources of health information provided through interpersonal communication. Additionally, these individuals have direct access to support community mobilization and awareness campaigns, even on a household level.
- **Recognized healthcare organizations and agencies**: Information provided and endorsed by trusted healthcare organizations, such as NPHCDA, SPHCDA, NGOs, UNICEF and WHO, have the potential to improve trust in vaccine communications among the target populations and encourage vaccine uptake.
- **Vaccinated community members**: Our research also demonstrated the impact of vaccinated community members sharing their experiences of accessing vaccines on the uptake of vaccines among vaccine-hesitant community members.

Segment 3: Local Community Influencers

The third audience segment comprises key community influencers that directly influence the uptake of vaccination services. These include:

- Local leaders (such as chiefs, elders, Umu Ada members and heads of local associations/groups)*
- Religious leaders (such as imams, priests and pastors)
- WDC/CDC members
- Political leaders (such as LGA chairpersons and representatives)*

*Participants of the workshops in Bayelsa state noted that there is distrust of these leaders within the community regarding concerns of underlying political goals for public health campaigns that they support. These individuals are important for community mobilization but not for direct engagement. They recommended the use of CDC members for direct engagement instead.

These audience members have the following traits:

- May have low levels of formal education related to health and vaccine services
- Poor understanding of complex health issues
- May have some past experience supporting health advocacy and mobilization initiatives

- **Authority bias**: Their opinions are influential in determining the behaviors of community members and they have linkages to key community groups that may be leveraged to encourage vaccine uptake

Table 3: Summary of the key communication channels for local community influencers

Channel	About the channel
Conventional media channels	Jingles on community- and state-based radio and TV broadcasts
Print media	IEC materials such as flyers, conversation guides, pocket handbooks and posters. Reporting tools for collecting feedback
Interpersonal communication	Needs assessment training, peer-to-peer communication, and monthly meetings with HCPs and HCWs
Community Institutional platforms	Men's and women's local groups, trade associations, local groups, etc
Socio-traditional channels	Local town criers/announcers and town hall meetings

Segment 4: Frontline Healthcare Workers

The fourth and final audience segment encompasses the critical healthcare worker cadres (including HCWs, CHEWs and CHIPS agents) that directly or indirectly support the provision of vaccination services within the target communities. These workers may be based in healthcare centers and facilities or localized to specific LGAs, wards or regions.

Table 4: Summary of the key communication channels for frontline healthcare workers

Channel	About the channel
Print media	• SOPs, training material and FAQ materials for use in facilitating the training* • Talking cards, flip-charts, posters and flyers for engaging community members**
Interpersonal training	• Group classroom trainings, role-play and practical sessions, and on-the-job supervision

*Training materials should be developed and provided in simple English and local languages for ease of understanding.

**These tools should utilize clear and direct language and pictorial information for ease of communication with community members. HCWs should be trained on the proper use of these tools.

1.4 Developed Interventions

Our Process

Using the findings of our research, Busara and Solina conducted design workshops with stakeholders in each of the relevant states, and a national-level co-design/dissemination meeting. As an output of these design sessions, we developed low fidelity intervention designs and conducted some rapid stress testing with stakeholders in attendance to strengthen their variability for implementation.

We developed interventions according to two levels: First, demand side interventions, referring to those that influence the demand for immunizations. Second, supply side interventions, referring to those interventions that can strengthen the supply and provision of immunizations.

Demand Side Interventions

Summary Table/Overview

In this section, we present three (3) key interventions that seek to improve the demand for vaccination services.

Table 5: Summary of the proposed demand-side interventions

Intervention	SEM Level (s)	ACSM Level(s)	Relevant Audience Segment(s)
Intervention One: **General Vaccination Awareness Campaign**	Individual	• Media engagement • Community engagement • Stakeholder advocacy	Vaccine Hesitant Adults; Parents of Unvaccinated Children; Local Community Influencers
Intervention Two: **Vaccination Anti-Misinformation Campaign**	Individual	• Media engagement • Community engagement • Stakeholder advocacy	Vaccine Hesitant Adults; Parents of Unvaccinated Children; Local Community Influencers
Intervention Three: **Community Peer Support Groups (HealthConnect)**	Interpersonal	• Community engagement	Vaccine Hesitant Adults; Parents of Unvaccinated Children

Specific Intervention 1: General Vaccine Awareness Campaign

Description of intervention: The general vaccine awareness campaign intervention is a mixed-media awareness campaign that provides easy-to-understand, credible and relevant integrated messaging about vaccination services (RI and COVID-19). More specifically, this intervention will provide information about the following:

- Relevant vaccinations and where to access them in the community
- Schedule of vaccine administration (i.e., number of doses, importance of booster shots, negative implications of vaccine defaulting)
- Route of administration
- Vaccine safety profiles and information about possible side effects (including how to alleviate them)

ACSM Level: Media engagement, community engagement and stakeholder advocacy pillars

SEM Level: Individual level

Audience Segments: Segments 1, 2 and 3 (Unvaccinated adults, parents of unvaccinated children and local community influencers)

Material Required: IEC such as posters, flyers, banners and digital media infographics, scripts for audio messaging (radio and interpersonal jingles, edutainment dramas)

Considerations: Messages designed for impact should focus on the following key considerations:

- **Gain framing**: Phrasing a statement that describes a choice or outcome in terms of its positive (gain) features, i.e., protection from illness.
- **Loss framing**: Phrasing a statement that describes a choice or outcome in terms of its negative (loss) features, i.e., risk of death.
- **Focus on agency**: Phrasing a statement that describes a choice or outcome in terms of the target audience's ability to take ownership of their health.
- **Values**: Phrasing a statement to link the choice to the target audience's social/personal values, i.e., "wise mothers like you do...".
- **Social proofing**: Phrasing a statement that shows how similar or like minded people outside the audience have taken up the desired behavior (i.e., received vaccinations).
- **Emotional appeal**: Phrasing a statement to stimulate strong emotions related to a choice (i.e., fear of illness, pride).

Through the state engagement workshops, we determined that messages used for vaccine hesitant community members and key influencers should:

- Be contextualized in the **local language** (i.e., in the local Igbo dialects in Ebonyi state, in Pidgin English or the local languages in Bayelsa state) for ease of communication with community members who are not fluent in the English language.
- Focus on **individual and family benefits** of vaccine uptake (i.e., protection from diseases). This "gain-framing" can encourage more buy-in than messages addressing community-level benefits.
- Highlight the **number of required doses**, where necessary or relevant. Participants from the workshops **expressed ambiguity about the number of required vaccine doses**, i.e., the COVID-19 vaccine booster shots. Defaulters assume one dose of the vaccine is sufficient.

- Include **endorsement** of health or developmental organizations recognized by community members such as NAFDAC, WHO, and UNICEF. These organizations are trusted by members of the community and their endorsement of vaccine messages can further drive community buy-in and uptake of vaccines.
- Due to issues with trust in government-backed vaccine initiatives, messages should focus on communicating support for the above trusted developmental organizations, the national and state primary healthcare development agencies or the Ministry of Health.

Endorsements by trusted health organizations Vaccine services are owned by all partners implementing and supporting the implementation of vaccine services within the target communities. This may be reflected in the following ways:	
Print	Predominantly displaying the logos of partner organizations and agencies in all printed communication materials. Based on the findings from the state engagements, the focus should be on developmental health agencies or organizations such as UNICEF, WHO, NPHCDA, SPHCDA or active NGOs. Less emphasis should be placed on the logo of the Nigerian Government (i.e., the Coat of Arms) or the State Government due to the lack of trust in government initiatives.
Radio/audio messaging	Following the message, the voice over should say: "This message was brought to you by [Organization name 1] and [Organization name 2] with the support of the National or State Primary Healthcare Agency" or "This message is endorsed by…"

Sample Message Excerpts:

Participants in the state and LGA-level engagement workshops developed the following sample messages:

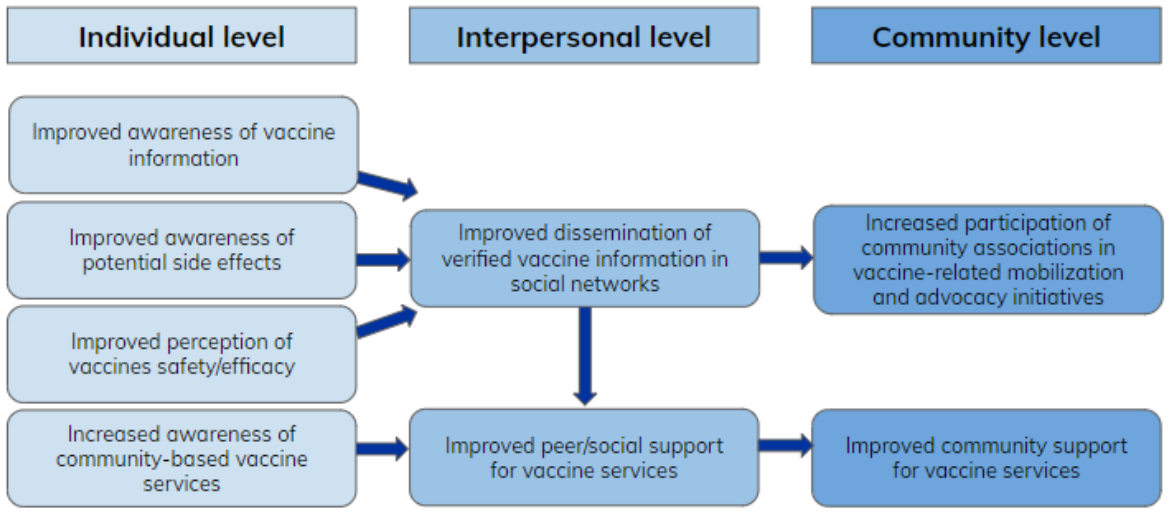
Table 6: Sample messages for the general vaccine awareness campaigns

Sample Messages	Behavioral Considerations
"It is **your responsibility** to make sure that you and your family are **protected from preventable diseases.** Contact your nearest health center or consult your healthcare provider [doctor] for more information"	• Seeks to leverage **personal values** and is framed around **individual benefits and gains** related to protecting oneself and one's family. • Focuses on encouraging the audience to take ownership of their health decisions.
"COVID disease has put so many people in the hospital. Vaccination is the best way to protect against this. The vaccine is safe and effective. Go to	• **Appeals to the sense of fear** of possible severe illness.

the nearest health center for your COVID vaccine"	• Highlights **salient information** about vaccine safety.
"Oga! Madam! You don't collect your vaccine? Me, I **don't take am. Nothing do me.** Go take your own now because no cause for alarm! Remember prevention is better than cure. Go hospital make you ask about your own"	• Message written in Pidgin for those not fluent in English. • Seeks to leverage **shared values** and **social proofing** of the vaccine as the messenger draws attention to the fact that he/she has not experienced any side effects after receiving the vaccine.

Proposed Behavioral Change under SEM Model:

The Socio-Ecological Model examines behavioral change as a composite of several levels of influence: the individual level, interpersonal level, community level and policy level. Based on Busara's qualitative research, we hypothesize how behavioral change will occur within each audience segment as a result of the general vaccination awareness campaign:



Specific Intervention 2: Vaccine Anti-Misinformation Campaigns

Description of intervention: This intervention is a mixed-media (digital and non-digital) campaign that aims to identify and dispel or disrupt the spread of vaccine misinformation through integrated messaging. More specifically, this intervention has the following key steps:

- **Myth identification**: The campaign will use community engagement to identify the most common vaccine myths and engage with community members and leadership structures. The collected misinformation will be documented and IEC materials will be prepared to address them.
- **HCW-led sensitization**: Through health talks, outreach programs and house-to-house engagement, a part of the role of HCWs will be engaging the community directly to share verifiable and credible information about vaccines to counter the identified myths.
- **Information dissemination**: Communication materials and messages debunking the common myths will also be shared directly with community members.

ACSM Level: Media engagement, Community engagement and Stakeholder advocacy pillars

SEM Level: Individual level

Audience Segments: Segments 1, 2 and 3 (Unvaccinated adults, parents of unvaccinated children and local community influencers)

Material Required: IEC such as posters, flyers, banners and digital media infographics, scripts for audio messaging (radio and interpersonal jingles, edutainment dramas)

Considerations:

Research has shown that the best practices for debunking myths are:

1. Start with the truth
2. Mention the myth/misinformation (i.e., vaccines causing infertility)
3. Provide an alternative explanation for the belief/misinformation
4. Close the message by reiterating the truth (i.e., the vaccines are safe and do not cause infertility)

An example of a long-length* message for the anti-misinformation campaign using this structure is as follows:

Start with the truth	*"My country people, plenty story dey about the HPV vaccine. The vaccine dey safe and no dey cause infertility"*
Mention the myth/ misinformation	*"Some people way no understand am dey talk say it dey make person no dey born pikin"*
Provide an alternative explanation for the belief/ misinformation	*"This one no dey true. Na because say people no dey understand how vaccine take work. In fact, the vaccine dey work to support your own body to protect against the virus wey dey cause infertility"*
Close the message by reiterating the truth	*"No dey quick belief story about vaccines. The HPV vaccine dey safe and no dey cause infertility"*
Call to action	*"Go to your nearest health center and ask them about getting the vaccine for your young daughters. This message*

	is supported by [health agency]"

**Shorter anti-misinformation messages should present the myth and the truth in short, concise language*

Sample Messages Excerpts:

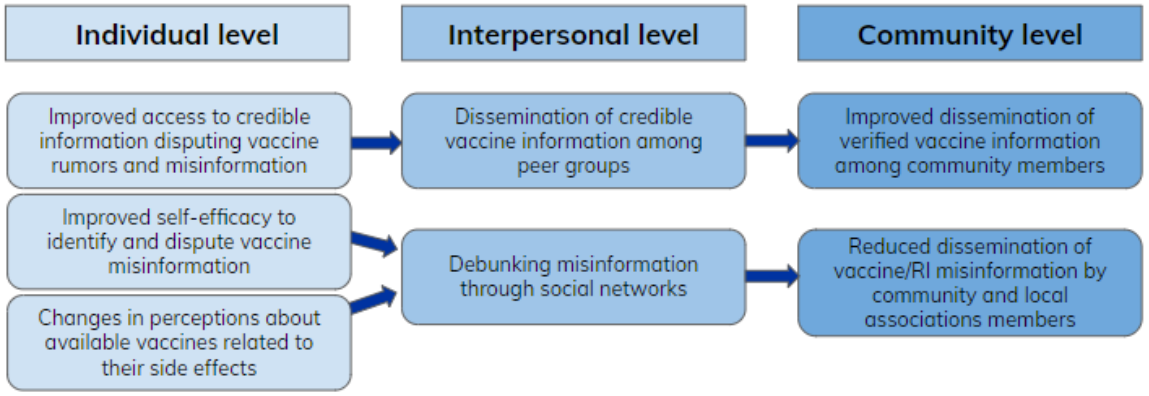
Sample messages are presented below:

Table 7: Sample messages for the vaccine anti-misinformation campaigns

Sample Messages	Behavioral Considerations
"Knowledge na your protection against fear. No quick believe vaccine tori. If you get question, ask the nurse wey dey your nearest health center."	• Seeks to leverage on personal values related to protecting oneself and one's family. • Focuses on encouraging the audience to take ownership of their health decisions.
"Vaccine no dey kill. It no dey prevent pregnancy but it go keep you and your family safe from sickness. Kampe! Go your nearest hospital and protect yourself."	• Dispels the rumor of vaccines causing death and infertility. • Frames the benefit of protecting individuals and their family.
"RI doesn't cause sickness or death. Vaccines are completely safe for young children and are the best way to protect them against a number of childhood diseases. Get your children immunized."	• Gain-framed messaging to highlight the benefits of vaccines • Includes vaccine safety information to dispel misinformation
"Don't believe everything you hear. The Polio vaccine protects your child from sickness and paralysis. The vaccine doesn't kill. Take your children to get their vaccines"	• Targets misinformation about a specific disease and its side effects • Loss-framed to raise awareness of the risks of Polio

Proposed Behavioral Change under SEM Model:

We hypothesize the following behavioral changes as a result of the vaccine anti-misinformation campaign:



Specific Intervention 3: Community Peer Support Groups (HealthConnect)

Description of intervention: This is a community-based intervention that aims to provide community members with a forum to learn from and interact with vaccinated peers and trusted healthcare workers to improve their access to credible vaccine information and "socially proof" vaccine uptake. Groups will be engaged through in-person/physical meetings and digital/social media channels i.e., WhatsApp. This intervention is comprised of the following steps:

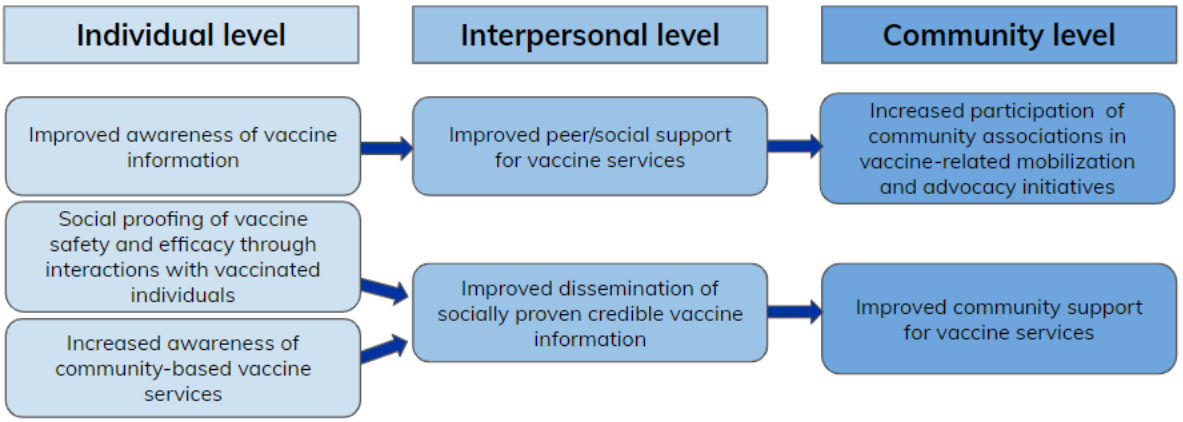
- **Community mobilization and sensitization** through physical and conventional media (banners, flyers, wearable branded apparel and radio broadcasts)
- **Group formation** by mobilizing existing community groups (ideally HealthConnect groups should be homogenous). Additionally, local ambassadors (community influencers or healthcare workers) will be selected and given the opportunity to volunteer to support these groups.
- **Group engagement** through weekly meetings of peer groups. Additionally, group by-laws will be determined by members of the groups (i.e., frequency of meetings, no spam messages through digital channels, no sharing of unverified vaccine information)

ACSM Level: Community engagement pillar

SEM Level: Interpersonal level

Audience Segments: Segments 1 and 2 (Vaccine hesitant adults and Parents of unvaccinated children)

Proposed Behavioral Change under SEM Model:
We hypothesize the following behavioral changes as a result of the Community Peer Support Groups:



Supply Side Interventions

To affect supply-side dynamics of immunization, we present four (4) key interventions that seek to improve the provision of vaccination services in the target communities.

Table 8: Summary of the proposed supply-side interventions

Intervention	SEM Level(s)	ACSM Level(s)	Responsible	Beneficiary
Community-Based Vaccine Monitoring	Community	• Community engagement • Stakeholder advocacy • Supply enablers	Local community influencers; Frontline healthcare workers	Vaccine hesitant adults; Parents of unvaccinated children
Community Vaccine Mobilizers	Community	• Community engagement • Stakeholder advocacy	Local community influencers; Frontline healthcare workers	Vaccine hesitant adults; Parents of unvaccinated children
HCP/HCW Vaccine Provision Training	Structural, Community	• Supply enablers	NPHCDA; SPHCDA; FMoH	Frontline healthcare workers
Vaccine Health Posts	Structural, Community, Individual	• Community engagement • Supply enablers	Frontline Healthcare Workers	Vaccine hesitant adults; Parents of unvaccinated children

Specific Intervention 1: Community-Based Vaccine Monitoring

Description of intervention: This intervention aims to monitor the quality of vaccine services and enhance the programmatic delivery of these services by engaging

community voices. This intervention is a multi-pronged approach and has the following three (3) components:

- **Community feedback mechanism**: Establish a dedicated feedback platform accessible to patients and their families. The platform can include online or offline surveys, suggestion boxes in healthcare facilities, and a toll-free helpline for anonymous feedback. Conduct regular town-hall meetings and community forums where patients, community leaders, and providers can openly discuss their concerns and suggestions.
- **Provider performance assessment**: Implement regular, standardized assessments of healthcare providers based on objective criteria and community feedback. Develop a rewards and recognition system for local providers who consistently receive positive feedback and demonstrate a commitment to quality care.
- **Patient advocates**: Appoint patient advocates in healthcare facilities who can assist patients in voicing their concerns, navigating the healthcare system, and understanding their rights. These advocates can also mediate between patients and providers to resolve issues amicably.

ACSM Level: Community engagement, stakeholder advocacy and supply enablers pillars

SEM Level: Community level

Responsible Agency: Local community influencers (CDC members, religious/community leaders) and Frontline healthcare workers (CHEWs, HEWs, CHIPs agents)

Beneficiary/ies: Segments 1 and 2 (Vaccine hesitant adults and Parents of unvaccinated children)

Specific Intervention 2: Community Vaccine Mobilizers

Description of intervention: This intervention aims to leverage “community champions” or mobilizers to support linking community members to vaccine services by promoting the dissemination of information about available services, documentation and issues in the provision of services within their communities. This will cultivate a communal sense of ownership of vaccine services and community participation/buy-in on vaccine initiatives. This intervention will involve:

- Stakeholder mapping to understand and identify key stakeholders across all levels. These individuals should be in good standing with and representative of the key community social and ethnic groups (i.e., associations and minority ethnicities respectively).
- Monthly meetings with different groups, including local leadership, HCPs/HCWs and CDCs to discuss positive and negative feedback and dissemination strategies.
- Community mobilization exercises, local advocacy efforts and vaccination outreaches.

ACSM Level: Stakeholder advocacy pillar

SEM Level: Community level

Responsible Agency: Local community influencers (CDC members, religious/community leaders) and Frontline healthcare workers (CHEWs, HEWs, CHIPs agents)

Beneficiary/ies: Segments 1 and 2 (Vaccine hesitant adults and Parents of unvaccinated children)

Material Required: Needs assessment training and tools, pocket handbooks for reference, reporting tools, and community volunteers by-laws.

Specific Intervention 3: HCP/HCW Vaccine Capacity Training

Description of intervention: A capacity-building intervention that aims to train frontline vaccine service providers (HCPs, HCWs and community volunteers) on various aspects of vaccine provision, service delivery and patient management.

Key topics for inclusion in the training curriculum: The following key topic areas were identified to serve as the focus areas of the proposed capacity building training sessions:

- Types of vaccines available and who the target recipients are
- Possible post-vaccination side effects and how to manage them
- Interpersonal communication skills for healthcare provision and patient sensitivity training
- Identifying and debunking vaccine misinformation and rumors
- Developing health messaging incorporating elements of behavioral science
- Proper reporting and utilization of health data for vaccine service optimization

The training will provide HCWs with a comprehensive **vaccine frequently-asked-questions (FAQ) manual** with answers to common questions and concerns about vaccine services. Additionally, the performance of providers post-training should be **monitored** to ensure quality control and proper messaging delivery. **Non-monetary incentives** (i.e., local recognition) for high performing workers in the community should be provided.

ACSM Level: Community engagement and Supply enablers pillars

SEM Level: Community and Structural levels

Responsible Agency: NPHCDA, SPHCDA and the Federal Ministry of Health

Beneficiary/ies: Segment 4 (Frontline healthcare workers)

Delivery Modes: In-person training, group classroom training, on-the-job training (SS visits), site-level one-on-one training and role-plays and on-the-job vaccine delivery SOPs.

Messengers: Trainers, supervisors, and mentors.

Material Required: Training workshops, vaccine FAQ manuals, and SOPs.

Specific Intervention 4: Vaccine Health Posts

Description of intervention: This intervention aims to improve access to and uptake of vaccine services in hard-to-reach communities through the establishment of vaccine health posts using the hub-and spoke model. This intervention has the following components:

- Establish **low-cost health posts** in hard-to-reach communities that can provide vaccine services and other primary healthcare needs. These health posts will implement a **hub-and-spoke model**, which entails: :
    - A **central hub** that receives and stores vaccine supplies for delivery to mobile/roving health worker teams. A health worker will manage the hub and be responsible for the day-to-day maintenance of the facility.
    - **Mobile health care workers** who will be assigned to nearby communities and villages (clustered to the hub) to engage the population for vaccine delivery and other primary healthcare needs.
- Provide informational material about the vaccines, nearby locations to access other health services, and myth-busting information to the **mobile vaccine teams** and the **central hub manager**. Communities will also be engaged in Vaccine Days to limit the loss of vaccines due to cold-storage issues. Other responsibilities of the health workers include:
    - Mobilizing community members through advocacy within existing social structures (community groups and leadership).
    - Providing integrated PHC services in the health posts (ANC/FP, deworming, preventive services, health talks), first aid/life-saving skills training, child health warning signs and managing basic health conditions.
- Leverage existing infrastructure and services for the supply of vaccines and engage local health workers and transportation services, i.e., ferry owners or fishermen, to access hard to reach riverine communities.

ACSM Level: Community engagement and Supply enablers pillars

SEM Level: Community and Structural levels

Responsible Agency: Local community influencers (CDC members, religious/community leaders) and Frontline healthcare workers (CHEWs, HEWs, CHIPs agents)

Beneficiary/ies: Segments 1 and 2 (Vaccine hesitant Adults and Parents of unvaccinated children)

Material Required: Health posts, IECs like posters and flyers (largely pictorial), session plans and micro-plans

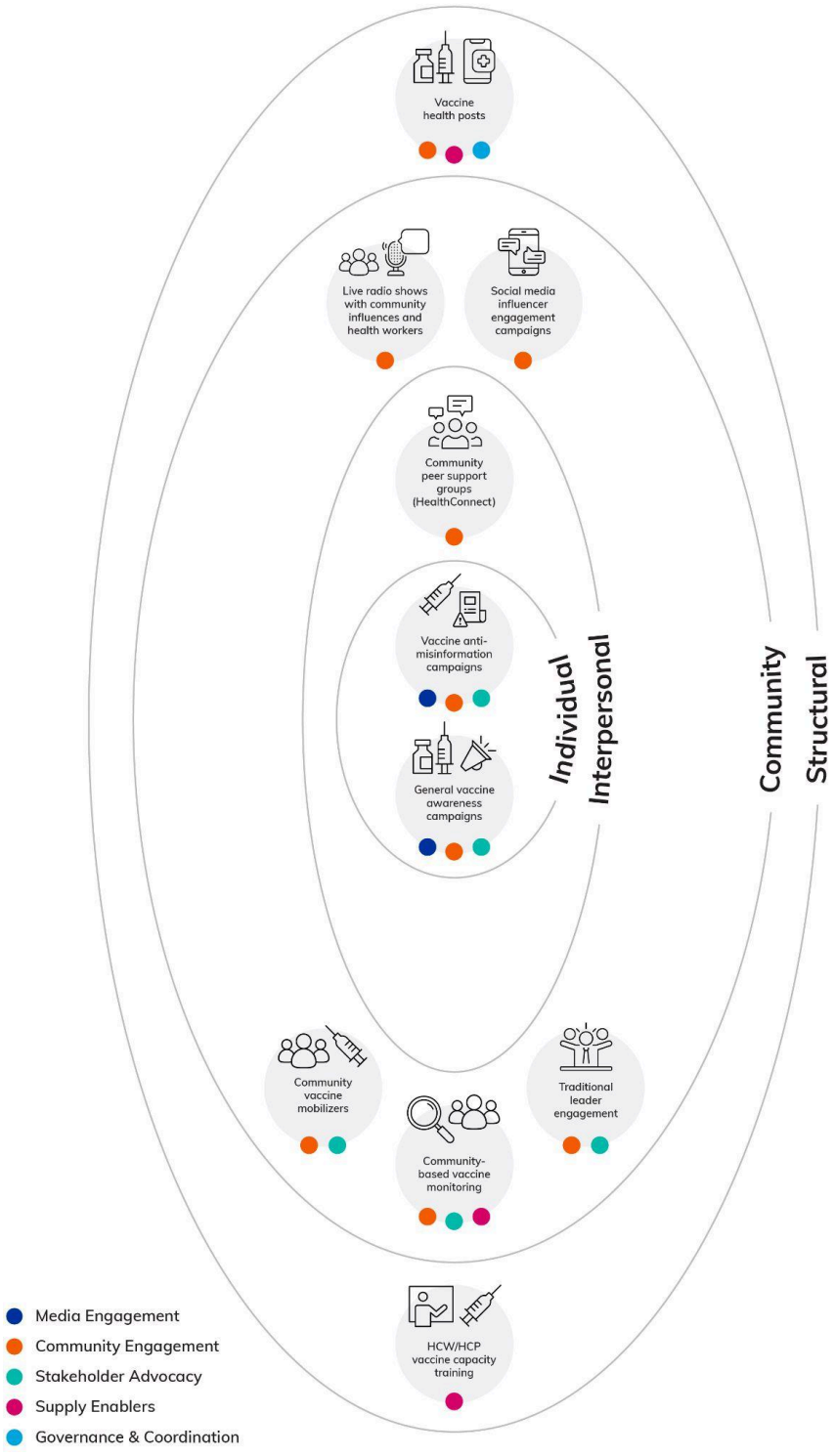
Enabling Features for the Implementation of SBCC Interventions

Beyond the implementation of behavior change campaigns and associated SBCC interventions, public health agencies in government and their associated implementation partners should ensure an enabling environment through the following:

- **Incorporate SBCC priorities in strategic and operational plans:** Embed SBCC interventions into national and subnational strategic documents and work plans such as the Full Portfolio Plan, NSIPSS document, and Annual Operational Plans, ensuring alignment with broader health and development objectives. Additionally, develop contingency plans to integrate SBCC strategies during health crises or emergencies, ensuring rapid and effective communication to address immunization concerns and maintain trust.
- **Resource Allocation Alignment:** Identify and draw on funding channels to drive comprehensive implementation of the SBCC goals through well articulated budget lines and costs embedded into annual work plans.
- **SMART Indicators for Impact:** Develop a comprehensive monitoring, evaluation and learning framework at both national and subnational levels, featuring SMART indicators directly linked to immunization objectives for accurate assessment of SBCC interventions' effectiveness, and for continuous learning and course correction.
- **Stakeholder Training:** Invest in building the capacity of government officials to understand the role and significance of SBCC, fostering a deeper understanding of behavior change principles within the context of immunization.
- **Strategic Coordination:** Establish and/or strengthen technical working groups and coordination structures at both national and subnational levels to strategize, plan, and synchronize investments in SBCC interventions, promoting a cohesive approach. This will include clearly articulating clear terms of reference for coordinating structures including the NASCM TWG, State ACSM TWGs and LGA Health Educators and community engagement focal points.
- **Collaboration with Advisory Partners:** Facilitate collaboration with behavioral science and public health research partners, ensuring their insights are integrated into the work plans of implementation partners and government agencies for more effective SBCC strategies.
- **Empowering the Community:** Ensure active involvement of the community and target audience in the development and execution of SBCC interventions, fostering a sense of ownership and relevance.
- **Policy Alignment:** Advocate for policies that support and prioritize SBCC interventions, creating an environment that recognizes the critical role of behavior change in achieving health objectives.

1.5 SBCC/CE Framework

The overall SBCC framework can be summarized as follows according to the SEM and ACSM framework below:



Section 2: Social Behavior Change Communication Campaign Design and Testing

2.1 Introduction

This guide is a supplementary document to the SBCC framework based on the basics of campaign development and testing. Specifically:

1. This guide will present communications templates developed as part of the SBCC framework for COVID-19 and routine immunizations demand generation.
2. This guide will help apply the above framework to develop evidence based social behavior change communications interventions and dissemination strategies.
3. This guide will ensure an understanding of the purpose and needs of testing and how it can improve communications design.
4. This guide will provide a step-by-step outline for the decisions that need to be made when designing, testing communications and positioning SBCC interventions for scale.

Communications Templates and Dissemination Strategies

To better enable the implementation of the proposed SBCC interventions for immunization demand generation, this guide provides sample scripts and poster designs for NPHCDA and its partners to use. These templates are provided in Appendix 1 and include the following:

Social Media Posts and Poster Designs, which are provided for use by NPHCDA and its partners. Attached as an appendix, these designs include two separate posters using messaging in Section 1.4 of this document, as well as templates for further iteration.

Community Forum and Radio Scripts, which are provided for use by NPHCDA and its partners. Attached as an appendix, this script has been developed to address commonly held myths and misconceptions regarding immunizations.

2.2 Developing a Campaign

Campaign Design

Campaign design is the strategic process of planning and organizing a purposeful initiative to achieve specific goals. In public health communications, it involves crafting a blueprint for raising awareness, influencing behaviors, or advocating for a cause. This design encompasses key elements like setting goals, identifying target audiences, creating messages, choosing communication channels, and planning interventions. A well-designed campaign considers behavioral factors, cultural nuances, and audience characteristics to maximize impact. The aim is to create a structured framework guiding coordinated activities toward achieving overall campaign objectives.

Structuring your Campaign

Identify the goals of your campaign

Crafting precise, evidence-based goals for a campaign is paramount. Utilizing insights from the SBCC framework, these goals should align with Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) criteria, address specific challenges like vaccine

hesitancy, and emphasize measurable outcomes such as increased vaccine uptake rates. Flexibility is also crucial to recognize the dynamic nature of public health contexts while incorporating behavioral science principles, which ensures a nuanced understanding of audience behavior. Collaborative goal-setting with diverse stakeholders promotes a comprehensive approach, and transparent communication establishes a shared vision. In essence, defining clear goals sets the foundation for a purposeful and adaptable immunization initiative.

Identify your audience

When identifying the audience for significant impact, it's crucial to delineate specific segments within the community. These segments play pivotal roles in the success of vaccination and immunization initiatives, thus it is essential to tailor strategies to their unique characteristics. Referring to the segments outlined in this SBCC framework, we have the following four key segments:

- **Vaccine hesitant adults**: Addressing the specific concerns and misconceptions of vaccine hesitant adults is a targeted priority. By utilizing behavioral science concepts, particularly framing and social norms, the campaign aims to foster understanding and to address uncertainties to build a more informed and receptive attitude towards vaccination.
- **Parents of unvaccinated children**: Within this segment, building trust and emphasizing the critical role of immunization in child health are central themes. Tailored messaging that resonates with parental instincts and responsibilities is employed. By aligning with the emotional dimensions of parenthood, the campaign seeks to instill a sense of responsibility, contributing to broader community immunization efforts.
- **Local community influencers**: Engaging with community leaders and influencers is strategic and crucial. Providing them with messages aligned with campaign goals can leverage social norms and enhance credibility within their networks. This approach aims to create a ripple effect, utilizing influencers as conduits to disseminate information and instigate a collective sense of responsibility toward immunization.
- **Frontline healthcare workers**: Recognizing the pivotal role of frontline healthcare workers, the campaign focuses on equipping them with clear, concise, and compelling messages. Centering their perspectives and challenges ensures that these messages resonate authentically within healthcare settings. Empowering healthcare workers as trusted messengers reinforces the significance of vaccination and immunization in the broader context of community health, leveraging their influence to drive positive public perceptions.

Identify the success outcomes of your campaign (vaccine uptake)

To assess campaign effectiveness, defining precise and measurable metrics and success outcomes with a primary emphasis on increased vaccine uptake is crucial. These success indicators should seamlessly align with the broader campaign goals outlined in the design phase, providing a tangible and quantifiable way to assess the campaign's impact. By establishing clear and relevant success outcomes, the campaign can both track progress and pivot strategies as needed to ensure that all objectives are met within the defined time frame.

Create initial draft messages appropriate for your audience

In this phase, behavioral science concepts discussed earlier should be leveraged to craft preliminary messages tailored for each audience segment. The effectiveness of these messages will be enhanced when they draw upon framing techniques, social norms, and simplification strategies. The content should also resonate with the unique characteristics, concerns, and barriers of the identified groups. By incorporating behavioral science principles, these initial drafts can be designed to not only capture attention but also influence attitudes and behaviors, laying the groundwork for impactful communication strategies within the campaign.

Example of messages include:

- **Tailored messages for vaccine hesitant adults and parents of unvaccinated children:**
    - **Message theme:** Addressing negative perceptions, religious beliefs, and misinformation
    - **Example message:** "*Uncover the Truth: COVID-19 vaccines are a shield, not a threat. Let's dispel myths and embrace facts together. Your health matters, and so does your choice to protect yourself and your loved ones.*"
- **Positive testimonials for social proofing:**
    - **Message theme**: Leveraging positive experiences to influence community members
    - **Example message**: "*Real Stories, Real Protection: Meet [Name], who chose to vaccinate and now enjoys a worry-free life. Be part of the success stories. Vaccination – your key to a safer tomorrow.*"
- **Clear, concise, and culturally sensitive communication:**
    - **Message theme:** Promoting clarity and cultural sensitivity
    - **Example message**: "*Straight Talk, Clear Choices: Understand the facts about COVID-19 vaccines. We speak your language, providing information that matters. Let's protect our communities together.*"

These initial draft messages are strategically designed to resonate with the concerns and preferences of the target audiences. By addressing negative perceptions, incorporating positive testimonials for social proofing, and ensuring clear, concise, and culturally sensitive communication, the campaign aims to build trust and facilitate informed decision-making regarding vaccination. Continuous refinement and adaptation of these messages based on feedback and campaign progress are integral to maximizing their impact.

Decide on communication channels and messengers.

Deliberate on the selection of communication channels that align with the preferences of the target audience, drawing insights from the SBCC guide. Explore diverse platforms, including social media, community forums, and radio, tailoring choices to the characteristics of each audience segment.

Simultaneously, carefully choose messengers who not only resonate with the target audience but also convey a sense of credibility. These messengers should be individuals or entities trusted by the community, ensuring that the campaign messages are received with authenticity and trust. The strategic alignment of communication channels and messengers is integral to the success of the campaign, optimizing reach and impact.

Campaign Research and Development

Formative research

In the research and development phase of the campaign, utilize insights derived from the SBCC framework to conduct formative research. This process involves delving into the unique characteristics of each audience segment and identifying barriers and facilitators that influence their perceptions of vaccination. By undertaking thorough formative research guided by the SBCC framework, the campaign gains a nuanced understanding of the specific challenges and opportunities within each target group, to inform the creation of tailored strategies that resonate effectively with diverse audiences. This research-driven approach ensures that the campaign is well-informed and adaptive to the intricacies of the communities it seeks to engage.

Including messenger

In the research and development phase, strategic selection of messengers is critical. Apply behavioral science concepts to choose messengers who align with the campaign's goals and resonate with the target audience. Consider the cultural context to ensure the chosen messengers are relatable and culturally sensitive. Trust is paramount, so it is imperative that the selected messengers are esteemed and trusted figures within the community. By integrating behavioral science into the messenger selection process, the campaign ensures that its messages are delivered by individuals who can effectively influence and engage the target audience, fostering a sense of credibility and authenticity.

Behavioral Considerations for the Campaign

In the scope of campaign development, understanding the nuances of human behavior is paramount to success. This section looks into key strategies derived from behavioral science. It provides insights into leveraging social norms, simplification, framing, and more to optimize campaign effectiveness. This exploration equips campaign developers with the essential tools needed to navigate and influence audience behaviors.

Social norms

While shaping the campaign's behavioral strategies, give particular attention to social norms. Emphasize and highlight positive social norms associated with vaccination to encourage the adoption of desired behaviors within the community. Utilize evidence-based data, as illustrated in the guide, to reinforce the prevalence of these positive norms. By showcasing a collective commitment to vaccination, the campaign seeks to create a social environment in which vaccination is not only a personal choice but also a socially accepted and encouraged behavior. This approach leverages the power of social influence to foster a community-wide commitment to vaccination, contributing to the overall success of the campaign.

Simplification

In considering the diverse audience base, prioritize simplification of campaign messages. Streamline the content to ensure it is easily understandable across varied literacy levels and cultural nuances within the target groups. Recognize the importance of clarity and accessibility in communication, aiming for messages that resonate universally. By tailoring the complexity of the messages to the audience's comprehension abilities and cultural

contexts, the campaign can maximize its reach and impact. This approach acknowledges diversity within each community and seeks to create inclusive messaging that can bridge potential language and literacy gaps, ensuring that the campaign's objectives are effectively communicated to all segments of the audience.

Framing

In the behavioral considerations for the campaign, employ a thoughtful approach to framing messages. Experiment with different frames, including gain or loss framing, to assess their impact on audience response. Tailor framing strategies to align with the values and motivations specific to each audience segment. Recognize that individuals may respond differently to messages based on how information is presented, and framing provides a powerful tool to influence perceptions and decisions. By strategically adapting framing techniques, the campaign aims to resonate with diverse audience preferences and perspectives, ultimately enhancing the effectiveness of the messages and their ability to drive positive behavioral outcomes related to vaccine uptake.

As part of the comprehensive behavioral considerations for the campaign, delve into additional behavioral science concepts as needed. This includes exploring elements such as messaging timing, emotional appeal, and cognitive biases. Recognize that factors beyond social norms, simplification, and framing contribute to audience behavior. Continuously adapt strategies based on ongoing research and testing to stay responsive to evolving insights and audience dynamics. By integrating these nuanced elements into your campaign development, you ensure a holistic and adaptive approach that addresses the distinct needs of each community. The process of ongoing refinement also maximizes the impact of your immunization uptake strategies, fostering a more effective and resonant campaign.

2.3 Testing Campaign Messaging

Understanding Testing

Testing is a series of investigations that evaluate the assumptions underlying SBCC campaigns. Testing facilitates an understanding of why SBCC campaign interventions may or may not work. In SBCC campaigns, testing measures the target audience's reaction and indicates whether the audience will find the message understandable, believable and appealing.

Outline Reasons for Testing

Identify a specific topic of interest and formulate a research question:

Research questions play a crucial role in delineating the specific answers sought during testing. They function as guiding principles towards achieving the goal of the testing activity.

What goes into a research question?

A research question needs to show the relationship between the independent variable and the dependent variable. The independent variable is the key feature being tested and the dependent variable shows the outcome this feature is likely to have.

The following questions should be considered when designing the research question:

- How will the outcome be measured?
    - Is a quantitative or qualitative approach more suitable for the research question? From the perspective of the respondents, which approach is easy to understand? How will key elements of the message be tested (such as trust, comprehension, behavior change, interest)?
- What channel of communication will be used?
    - Is SMS, in-person, phone calls, or some other method of communication most appropriate given the research question and resources at hand?
- What are the features of the message?
    - What will the message have to look like and contain to achieve the desired outcome? Will a visual representation of the main feature of the message be useful? Will a sound be better suited?

What should be Tested?

The components within the campaign that can yield the greatest influence on the target audience should be evaluated. Thorough tests should be conducted to gain insights into the audience's response to critical components of the SBCC campaigns. This systematic approach aims to foster a comprehensive understanding of how the audience engages with and interprets the fundamental aspects of the SBCC initiatives. Some of the elements that drive impact with the audience are:

1. **Comprehension:** Is the conveyed message comprehensible to the intended audience?
2. **Attractiveness:** Does the message effectively capture the attention of the audience?
3. **Acceptance:** Is the communicated message suitable for the audience? Does it avoid any inappropriate or offensive elements?
4. **Believability:** Does the message appear credible and realistic to the audience?
5. **Relevance:** Is the message directly connected to the challenges or concerns faced by the audience?
6. **Motivation:** Is the call to action clear to the audience? Does the message inspire and prompt the audience to take the desired action?
7. **Improvement:** Are there areas in the message that require enhancement? What specific suggestions have been provided by the audience to improve the message?

Selecting a Testing Design

Selecting the appropriate testing design for the research question, resources at hand and the requirements of the SBCC campaign is a crucial step to evaluating the effectiveness of the campaign. The following are four key methods:

Method 1: In-Depth Interview (IDI)

IDIs refer to one-on-one individual interviews conducted between an interviewer and a respondent. These interviews involve a semi-structured conversation focused on a specific topic.

An advantage of this approach is that it provides in-depth qualitative knowledge and experiences that cannot be collected in a group setup. Further, IDIs are a responsible way of collecting information on sensitive topics or interviewing vulnerable populations.

A drawback of this approach is that respondents might give biased responses due to cues about what constitutes appropriate behavior (experimenter demand effects). This approach can also be time-consuming and costly.

A few things to keep in mind regarding this method are:

1. Have guiding questions in the interview to discuss themes of interest.
2. Select the purposeful sample based on knowledge or experience with a particular phenomenon.

Method 2: Focus Group Discussion (FGD)

FGDs involve assembling small groups of individuals, typically ranging from 6-8 participants, for a semi-structured discussion centered around a topic of interest.

An advantage of this approach is that discussions from FGDs provide researchers with rich insights, eliciting a broad range of perceptions and experiences from as many people as possible. Further, FGDs are cost effective, being relatively low cost compared to other qualitative methods.

A drawback of this approach is that FGDs are not appropriate for personal or sensitive topics due to its group setting and can lead to social bias, wherein participants moderate their responses to appear socially acceptable.

A few things to keep in mind regarding this method are:

1. Have guiding questions in the interview to discuss themes of interest.
2. Select a sample using a snowball sampling technique.

Method 3: Surveys

Surveys utilize a list of questions to extract specific information, mainly numerical data, about a message.

An advantage of this approach is that the data is more objective than the other methods and can be done remotely over a large sample, which provides rich data and potentially useful insights.

A drawback of this approach is that surveys do not capture in-depth knowledge on the topic under investigation.

A few things to keep in mind regarding this method are:

1. Have a few guiding questions based on the research objectives.

2. Refer to other surveys for examples of how questions relevant to the research being conducted have been framed.
3. Implement the survey via readily available tools such as Google Forms or SurveyMonkey.
4. Identify a suitable sample using an online platform such as Prolific or leverage social networks or social media sites.
5. Draw out general trends that relate to the research objectives.

Method 4: A/B Testing

A/B Testing uses two or more different types of messages or communications to identify which message best encourages engagement with the audience.

An advantage of this approach is that it is suitable for making inferences or drawing out findings that are generalizable to the target audience.

A disadvantage of this approach is that A/B testing requires specific, technical knowledge (e.g. randomization) to deploy correctly and effectively.

A few things to keep in mind regarding this method are:

1. Test the effectiveness of two or more messages.
2. Use remote channels such as social media to roll out the test.
3. Ensure randomization is done correctly.

Ethics of Testing

When conducting tests, attention should be directed towards maintaining ethical standards throughout the testing process. This involves treating the audience with the utmost respect and adhering to the necessary rules and regulations governing test procedures.

The following principles should be considered:

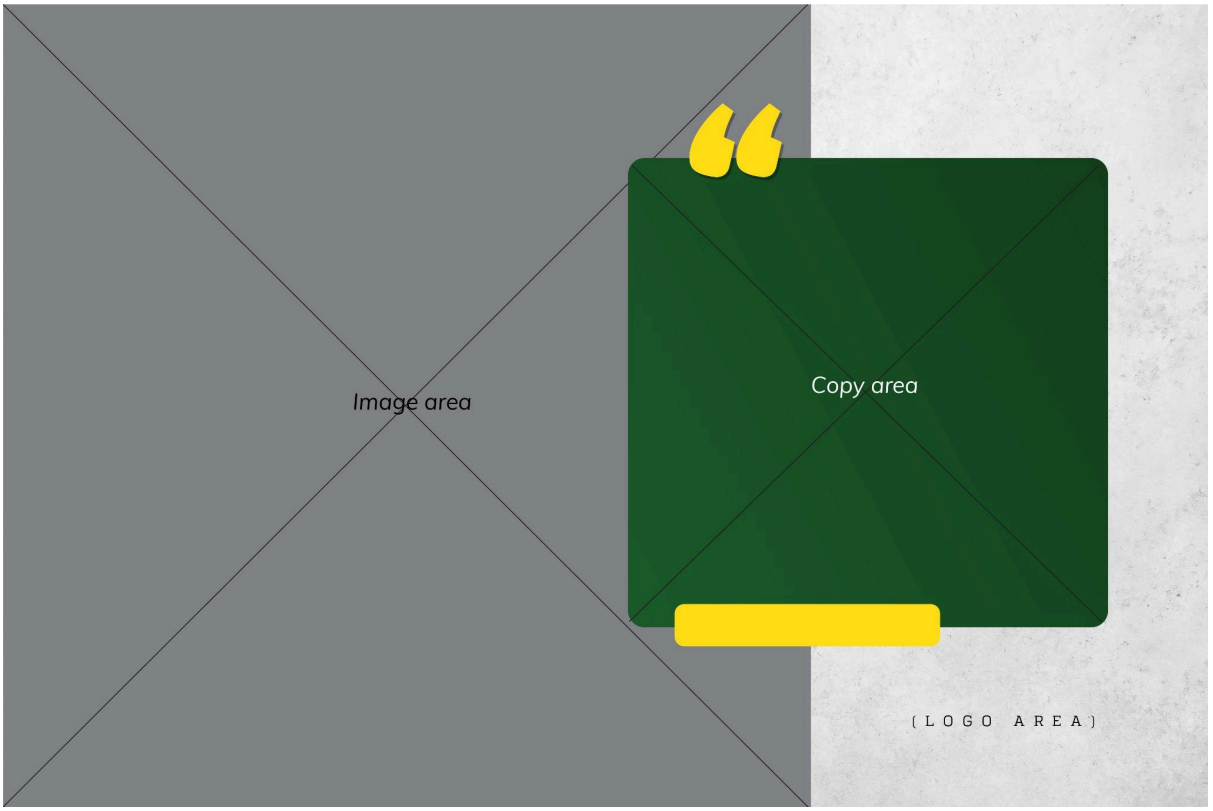
- Voluntary participation of respondents in the process is important. Moreover, participants have the right to withdraw from the test at any stage if they wish to do so.
- Respondents should participate on the basis of informed consent which explains the purpose of the test, what their participation involves, and the risks and benefits of participation.
- Privacy and anonymity of respondents should be maintained unless the test requires otherwise.
- Abide by the necessary laws guiding the test in the country. Depending on the test to be done, research approval may be required from the relevant authorities.

Appendices

Appendix 1: Communications Samples and Templates

Poster and Online Post Designs

Poster & Social Media Post Templates

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Short Radio Script

Samuel: Kai Nawa o!, my friend, my friend

Emmanuel: How now?

Samuel: Where you dey come from?

Emmanuel: My friend, i just dey come from Makurdi

Samuel: Wetin dey happen there?

Emmanuel: I just go take my COVID-19 booster dose

Samuel: Nawa o, COVID-19 booster dose day?

Emmanuel: Yes now, na that one go help you boost your body kakaraka

Samuel: E be like say if you no take booster dose, the first one no go work wella? Kai make i run dey go as my leg fit carry go, I no fit miss am at all

My people, it is very important to go for the full dose for COVID-19, It will cause you more harm if you miss out"

Voice-over: "Na the National Primary Healthcare Development Agency and the Federal Ministry of Health bring you this message"

Longer Radio Health Script

Female Voiceover: Madam nurse, good afternoon. Abeg, I want ask you question about COVID-19. For my area, plenty tori dey about am. I don dey confused.
[Madam nurse, good morning. Please, I want to ask you some questions about COVID-19. In my area, I have heard a lot of stories about it. I am confused]

CHW Voiceover: Mama Ike, that one no hard at all. Make I tell you the truth. COVID-19 na one of the diseases them wey dey spread when person wey get am dey talk, cough or sneeze. It don cause sickness and even death for plenty people wey dey Nigeria.
[Mama Ike, that's not hard at all. Let me tell you the truth. COVID-19 is a disease that is spread when an infected person talks, coughs or sneezes. It has caused a lot of sickness and death among a lot of Nigerians]

Female VO: It still dey Nigeria?
[Is it still in Nigeria?]

CHW VO: It still dey o. People still dey catch am.
[It still is. People still get infected]

Female VO: Abeg how I go take protect myself from am?
[Please, how do I protect myself from the disease?]

CHW VO: The solution dey very simple. Na the vaccine. The vaccine dey fast to collect. Na small injection wey them go give you for hospital. After you collect the first one, you go visit your hospital again, make them give you the second and third one. Na wetin doctors them dey call booster shots.
[The solution is very simple. It is the vaccine. The vaccine is quickly administered. Just a small injection that you can get from the hospital. After the first dosage, you will have to go to the hospital again to get the second and third dose. That's what the doctors call the booster shots]

Female VO: Booster shots? That one dey safe? It no go make me sick?
[Booster shots? Is that safe? It won't make me sick?]

CHW VO: Yes o, the booster shots dey safe. People all over the world don test am. Even the Federal Ministry of Health, the National Primary Healthcare Development Agency and doctors don approve am make people dey take am. The vaccine no dey cause sickness. It no dey kill person. But it go protect you make you no get the kind sickness wey go land you for hospital.
[Yes, the booster shots are safe. People all over the world have taken it. Even the Federal Ministry of Health, the National Primary Healthcare Development Agency and doctors have approved it for people to take. The vaccine doesn't cause sickness. It doesn't kill people. But it will protect you from getting so sick from COVID-19 that you may end up in the hospital]

Female VO: But I don hear so many things about am. Some say na mark of the beast. Some say it dey make person no born pikin.
[But I have heard so many things about the vaccine. Some people say it is the mark of the beast. Some even say it makes you infertile]

CHW VO: No, Mama Ike. That one no true at all. The vaccine no be mark of the beast. It no dey even leave scar for body. And it no dey cause infertility. But the sure banker be say it go protect you and your family from COVID-19 sickness. Them don test the vaccine and it dey safe for you. Even pikin wey dey as young as 6 months like your boy, Ike, fit take am.
[No, Mama Ike. That is not true at all. The vaccine is not the mark of the beast. It doesn't even leave a scar on your body. And it doesn't cause infertility. But I can assure you that it will protect you and your family from COVID-19. The vaccine has been tested and is safe for you. Even children as young as 6 months like you boy, Ike, can take it.

Female VO: Even pikin them?
[Even small children?]

CHW VO: Even pikin like your son fit get the disease and the vaccine don dey safe make small pikin like am. So, no waste time. Abeg, go your nearest Primary Healthcare Center ask about am, make you protect yourself and your loved ones.

[Even small children like your son can get the disease and the vaccine is safe for children like him. Don't waste time. Please go to your nearest Primary Healthcare Center to ask about the vaccine so you can protect yourself and your loved ones]

Female VO: Ha! Na true o. I dey follow you go now. I go even carry Papa Ike and my own mama make we go collect am.
[Ha! It's true o. I think I will follow you there now. I will even take my husband and my own mother so we can get vaccinated]

CHW VO [to the listeners]: Abeg my people. The COVID-19 vaccine na the surest way to protect yourself and your loved ones from the disease. Make sure say you collect all the doses of the vaccine including the booster shots. The vaccine no dey cause sickness or death. No waste time. Visit your nearest PHC or speak to your local healthcare provider about how you too go dey safe from COVID-19. The Federal Ministry of Health and the National Primary Healthcare Development Agency, na them bring you this message.
[Please my people. The COVID-19 vaccine is the surest way to protect yourself and your loved ones from the disease. Make sure that you get all the required doses of the vaccine including all the booster shots. The vaccine doesn't cause sickness or death. Don't waste time. Visit your nearest PHC or speak to your local healthcare provider about how you too can stay safe from COVID-19. This message is brought to you by the Federal Ministry of Health and the National Primary Healthcare Development Agency]

Appendix 2: Summary of Key Research Findings

Formative research findings that were utilized as foundational for designing this SBCC Framework are available here:

Summary of Key Findings

Misinformation and Rumors

- Misconceptions range from denying COVID-19's existence to believing in severe **vaccine side effects** and elaborate conspiracy theories about population control and microchips.
- Encouraging individuals to witness **safe vaccine administration** helps dispel fears of immediate side effects and builds confidence.
- Engaging local community members as **vaccine champions** and leveraging **trusted messengers** are essential to counter misinformation effectively.
- Continuous awareness **campaigns** with consistent **messaging** and information transparency are vital to **dispel rumors**, address concerns, and provide up-to-date vaccine information.

Potential Enablers and Practical Strategies

- Implement mandatory **vaccination policies** to emphasize the importance of vaccination and ensure **widespread** uptake. Government **intervention** plays a pivotal role.
- Mobilize community leaders and influencers, such as chiefs, youth leaders, and women leaders, to advocate for vaccination. Engage local figures in **community dialogues**, **informational sessions**, and awareness campaigns to address concerns and build **trust**.
- Establish **mobile vaccination clinics**, staffed with additional health workers and mobilizers, to reach remote or underserved areas. Create materials in various languages, use local media, and deploy town criers to ensure accessibility.
- Collaborate with private sector partners, offering **incentives** and support for **vaccination promotion**.

Summary of Key Findings

Behavioral Patterns Regarding Covid-19 and RI

- Routine immunization importance is **recognized positively**, with **community involvement** and traditional institutions aiding information dissemination.
- Different approaches like **health talks** and **door-to-door** efforts educate communities, but states face unique COVID-19 vaccine challenges.
- People believe **vaccination safeguards** against severe COVID-19, showing shared confidence in vaccine efficacy.
- Officials **endorsing** and taking the vaccine **motivate** the public. Travel and event restrictions for the unvaccinated provide strong **incentives**.
- Fear of COVID-19 after witnessing its impact **motivates** vaccination. However, vaccine hesitancy arises from **misinformation**, religious beliefs, side effect concerns, distrust in authorities, and unique deterrents by state.

Delivery of Relevant Information

- Various channels, including **broadcast media** (radio and television), **social media** (Facebook and WhatsApp), newspapers, public health officials, community leaders, town criers, and religious leaders, are utilized to disseminate COVID-19-related information.
- Messaging includes awareness of COVID-19, its **symptoms** and transmission, **vaccine importance**, **preventive measures**, vaccine **availability**, safety, and free access.
- **Simplify communication** to reach a broader audience, including those with limited education or reading skills, using **local dialects** and major Nigerian languages.
- Engage trusted figures like **health workers**, **community** and **religious leaders**, and use broadcast and social media to dispel misinformation,as well as building vaccine trust through seminars and door-to-door campaigns.

Appendix 3: Intervention Designs

#1 General Vaccine Awareness Campaigns

BEHAVIORAL OUTCOME

To share verified and digestible information about the vaccines, vaccine delivery services available and foster positive attitudes towards vaccination in the community by mitigating misinformation.

TARGET POPULATION

1. Adults (18-65)
2. Parents of children under 18 years (for RI)

DESCRIPTION

A routine mixed-media (digital and non-digital) awareness campaign that provides easy-to-understand and salient information about the available vaccines for members of the community. The campaign provides information about:

- The necessary vaccinations (routine immunisation and COVID-19 vaccines)
- Schedule of vaccine administration (including details about booster shots)
- Safety information and details of possible expected side effects
- Where to access vaccine services

The campaign information is provided in English language, pidgin and/or the native dialects of the target communities.

CHANNELS

The campaign will leverage on the most accessible media of members of target communities including:

- Radio broadcasts jingles (particularly local radio stations)
- TV broadcasts
- Digital media channels (FaceBook, Instagram and Tiktok)
- In-person communication (health talks, local events and edu-tainment dramas)

MESSENGERS

Local HCPs and HCWs, local mobilisation officers/committees, CDC members, health educators, local broadcasters, town announcers and local influencers

MATERIAL REQUIRED

- IEC (Posters, fliers, banners)
- Scripts for jingles and dramas

INSIGHTS

1. Local radio and TV stations are prime modes for sharing information among the local population.
2. Digital channels are key sources of information for the younger population
3. Concerns about the side effects or consequences of vaccines
4. Lack of knowledge of vaccines
5. Doubts about the existence of COVID-19

SAMPLE MESSAGES

"Oga Edwin! O boy! Me, I don take the vaccine. Nothing do me. So go take your own now because no cause for alarm. Remember say prevention dey better than cure."

"It is better to be injected than infected. Vaccines are safe for you and your family. Ask your Doctor or go to the nearest health center for more information."

#2 Vaccine Misinformation Campaigns

BEHAVIORAL OUTCOME

To correct popular misconceptions and local myths within communities that prevent people from getting vaccinated by sharing verified and digestible information.

TARGET POPULATION

1. Adults (18-65)
2. Parents of children under 18 years (for RI)
3. Community and religious leaders

DESCRIPTION

A mixed-media (digital and non-digital) campaign that seeks to dispel or disrupt the spread of vaccine misinformation among members of the target community.

Rumor/myth identification: This campaign will leverage on community engagement to routinely identify the most common vaccine myths and engaging community members and leadership structures. Collated misinformation will be documented and IEC materials will be prepared to address them.

HCW-led sensitisation: Through health talks, outreach programmes and house-to-house engagement, as a facet of their role, HCWs will engage the community directly to share verifiable and credible information about vaccines related to the identified myths.

Information dissemination: Communication materials and messages debunking the common myths will also be shared directly with community members.

The campaign information is provided in English language, pidgin and/or the native dialects of the target communities.

CHANNELS

The campaign will leverage on the most accessible media of members of target communities including:

- Radio broadcasts jingles (particularly local radio stations)
- TV broadcasts
- Digital media channels (FaceBook, Instagram and Tiktok)
- In-person communication (health talks and household visits)

MATERIAL REQUIRED

- IEC (Posters, fliers, banners)
- Scripts for jingles and dramas

MESSENGERS

Local HCPs and HCWs, local mobilisation officers/committees, CDC members, health educators, local broadcasters, town announcers and local influencers

INSIGHTS

1. Concerns about the side effects or consequences of vaccines
2. Prevailing vaccine myths and misinformation about the effects of vaccinations
3. Religious leaders may have a role in the sharing of misinformation
4. Local radio and TV stations are prime modes for sharing information among the local population.
5. Digital channels are key sources of information for the younger population

SAMPLE MYTHS

- The vaccine is "the mark of the beast" also referred to as "666"

#3 Community Peer Support Groups *(HealthConnect)*

BEHAVIORAL OUTCOME

Providing vaccine-hesitant individuals with a forum to learn and interact with vaccinated peers can motivate these individuals to take the vaccine, learn information about potential side effects and improve their ability to manage any side effects

TARGET POPULATION

1. Adults (18-65)
2. Parents of children under 18 years (for RI)
3. Unvaccinated pregnant women

DESCRIPTION

By creating community peer support groups, community members are provided **safe spaces** and opportunities to hear accounts from and interact with spotlighted vaccinated individuals and other community members to improve their access to vaccine information.

Community mobilisation: Local leadership will be leveraged to mobilise communities.

Group Formation: Groups will be formed by leveraging on existing community groups (peer groups may be homogenous).

1. Weekly meetings of peer groups
2. Local ambassadors will be determined and given the opportunity to volunteer to support the groups
3. Groups will determine rules of the group (i.e., no spam messages, no sharing of unverified information)
4. Incorporation of digital/social media channels (i.e., WhatsApp, Telegram, IG)
5. Each forum will have one or more **HCWs** that will moderate the group
6. The fora may be leveraged for sharing other relevant health information

CHANNEL / MESSENGER

- Periodic physical forum meetings
- Digital/social media channels (i.e., WhatsApp groups)

MATERIALS/ELEMENTS

- Community mobilisation
- Formal forum rules
- Digital communication channels
- A collective pledge to abide by the rules of the group
- IEC material

BARRIERS

1. Community members largely do not find information about vaccines easy to understand
2. HCWs and HCPs are seen as credible sources of information and are influential in encouraging vaccination uptake
3. Individuals with prior vaccine experience are open to new vaccines and can be leveraged to support vaccine uptake among community members

SAMPLE MESSAGE

"Our people o! HealthConnect na group wey you fit join to get information about vaccinations. Na safe space where people like you fit talk and ask question about this COVID-19 tori. No judgement. No lie. No wahala. For free."

#4 Community Vaccine Task Force

Behavioral Outcome

1. Ownership and community participation/partnership
2. Buy-in on vaccines and awareness creation
3. Enhanced trust

TARGET POPULATION

1. All stakeholders

DESCRIPTION

This intervention is aimed at leveraging on "community champions" or key community influencers to support linkage to vaccine services by disseminating information about relevant vaccine services, documentation and issues in the provision of vaccine services within their communities.

Multi-prong approach where the group supports:

1. Stakeholder mapping to understand and capture key stakeholders across all levels
2. Monthly meeting with different groups, including local leadership, HCPs/HCWs and Community Development Committees, to discuss what is working, what isn't, feedback and how things should be disseminated
3. Community mobilisation exercises, local advocacy efforts and vaccination outreaches

The goal is to ensure equal buy-in from different stakeholders, understand the various needs and cultural nuances in each community / and for each stakeholder. With these meetings, we can get support from the community for community volunteers and champions, relay uniform messaging across all levels and get feedback on all levels. This will encourage ownership of vaccine services across the stakeholders.

CHANNEL / MESSENGER

- In person training for community volunteers
- Social and traditional media - Radio jingles, Community announcements
- Print materials such such training manual, reporting tools and pocket handbook

RESOURCES

- Need Assessment training and tools
- Pocket handbooks for reference
- Reporting tools
- Community volunteers by-laws

INSIGHTS

- Local mistrust for government initiatives but a greater trust for certain community actors
- Prevalence of myth and negative social norms related to vaccine uptake

POTENTIAL PARTICIPANTS

- Healthcare workers and community volunteers
- Local community leadership
- Religious leaders
- CDC members
- Community members

#5

Community-Based Vaccine Monitoring

BEHAVIORAL OUTCOME

To ensure quality of providers and enhance programmatic delivery through community voice

TARGET POPULATION

All segments

DESCRIPTION

A multi-approach intervention that includes:

1. **Community Feedback Mechanism:**
   a. Establish a dedicated feedback platform accessible to patients and their families. This platform can include online or offline surveys, suggestion boxes in healthcare facilities, and a toll-free helpline for anonymous feedback
   b. Conduct regular town-hall meetings and community forums where patients, community leaders, and providers can openly discuss their concerns and suggestions.
2. **Mystery Patients or "Plant People":**
   a. Recruit and train mystery patients or "plant people" from the community to visit healthcare facilities and assess the quality of care. These individuals will report their experiences, offering invaluable insights on the actual quality of service.
   b. Ensure the anonymity of mystery patients to avoid any potential bias.
3. **Provider Performance Assessment:**
   a. Implement regular, standardized assessments of healthcare providers based on objective criteria and community feedback.
   b. Develop a rewards and recognition system for local providers who consistently receive positive feedback and demonstrate a commitment to quality care.
4. **Patient Advocates:**
   a. Appoint patient advocates in healthcare facilities who can assist patients in voicing their concerns, navigating the healthcare system, and understanding their rights.
   b. These advocates can also mediate between patients and providers to resolve issues amicably.

CHANNEL / MESSENGER

- In person and online
- Patient advocates

RESOURCES

- Feedback cards after counseling and sessions with HCPs
- Plant respondent testing providers knowledge and counseling services

INSIGHTS

- Critical role of community/religious leaders and change agents in influencing perceptions of vaccine

#6

Vaccine Capacity Training for Frontline Health Workers

Behavioral Outcome

To build the capacity of HCPs in the provision of vaccine services, improve service delivery and patient management.

TARGET POPULATION

1. Healthcare Providers
2. Healthcare Workers
3. Community Health Volunteers

DESCRIPTION

Conduct interactive training session in specific frequency where we teach frontline vaccine service providers (HCPs, HCWs and community volunteers) on the following:

- Vaccine types
- Possible adverse effects and management protocols
- Attitudes and empathy building towards patients
- Log rumors and debunk misinformation within the community
- Health messaging using BeSCI
- Training should equip the HCPs with knowledge on how to address vaccine related concerns, myths and misconceptions and latest updates on vaccines
- Training should also be tailored on communication techniques of HCPs
- Vaccine FAQs manual: that provides answers to common questions and concerns and ensuring HCPs can provide accurate information to the patients

Additionally, we should be monitoring for providers on their work to ensure quality control and right messaging delivery. Non monetary Incentives (i.e., local recognition) for good performing workers participating in the community will be provided.

DELIVERY MODES

- In person training: Group Classroom training, On-the-Job (SS visits), Site-level one-on-one training and role-plays.
- Provision of on the job vaccine delivery SOPs

INSIGHTS

1. Lack of trust in HCPs/ government-supported vaccine drives
2. Lack of trust in data related to COVID-19
3. Lack of privacy and confidentiality among HCPs
4. Negative vaccine experiences with HCPs may discourage community members from accessing other vaccine services

RESOURCES

- Training workshops
- Vaccine FAQ manuals
- SOPs

#7

Vaccine Health Posts

BEHAVIORAL OUTCOME

Improve the access and uptake to vaccine services. Limit the impact of subjective norms related to vaccines

TARGET POPULATION

Community members residing in hard-to-reach rural locations in the target areas

DESCRIPTION

Through the provision of low-cost health posts in hard-to-reach communities, access to vaccine services can be widened to ensure that members of these communities have unbroken access to these services. These health posts will implement a hub-and-spoke mode:

- A central manned hub that will recieve and store vaccine supplies for delivery to roving health worker teams. A health worker will man the hub and be responsible for the day-to-day maintenance of the facility
- Roving health care workers that will be assigned to nearby communities and villages (clustered to the hub) to engage the population for vaccine and other primary healthcare needs.

Informational material about the vaccines, nearby locations where they can access other health services, and myth-busting information will be provided to roving teams and the stationed health worker. Communities will also be engaged in **Vaccine Days** to limit the loss of vaccines due to cold-storage issues. Other responsibilities of the health workers include:

- Mobilising community through advocacy within existing social structures (groups, leadership)
- Providing integrated PHC services in the health posts (ANC/FP, deworming, preventive, health talks), first aid/life saving skills training, child health warning signs and managing basic health conditions

These posts can also be used to train identified TBAs to meet emergency health needs in the community

Messages in the local dialects (simple key messages for vaccine-preventable diseases)

RESOURCES

- Health posts
- IECs like Posters and flyers (largely pictorial)
- Session plans and micro-plans

BARRIERS

1. Low access to healthcare services in hard-to-reach communities
2. Low awareness of information about vaccines and vaccine services
3. Significant number of vaccine defaulters in rural communities

Appendix 4: Sample messages designed during state engagement workshops

Messages designed in Benue State

The following sample messages were designed and/or presented by the state teams in Benue state to support the General Vaccine Awareness campaign intervention.

Parents who have not taken their children for their routine immunizations	**Adults who have not taken their COVID-19 vaccinations**	**Vaccine defaulters (have not returned for their booster shot/2nd vaccine dose)**
"My people, my people, Have your children been immunized?, don't risk the life of your children. Make sure you immunize your child from 0-59 months to stay healthy. Go to the nearest health facility, it is safe, free and effective"	"My brother, my sister, COVID-19 sickness kills, the disease does not select color, face or age, rich or poor. COVID-19 vaccine that will prevent you from the disease is available and free at the nearest health facility, you can get it from 8am to 4pm, every Monday to Friday "	"**Samuel** - Kai Nawa o!, my friend, my friend **Emmanuel** - How now? **Samuel** - Where you dey come from? **Emmanuel** - My friend, i just dey come from Makurdi **Samuel** - Wetin dey happen there? **Emmanuel** - I just go take my COVID-19 booster dose **Samuel** - Nawa o, COVID-19 booster dose day? **Emmanuel** - Yes now, na that one go help you boost your body kakaraka **Samuel** - E be like say if you no take booster dose, the first one no go work wella? Kai make i run dey go as my leg fit carry go, I no fit miss am at all **My people, it is very important to go for the full dose for COVID-19, It will cause you more harm if you miss out**"
"My papa, my mama, Make		

una hear us o, they say prevention is better than cure. Papa & Mama, make una vaccinate una pikin them o!, with this immunization to better their health. Waka go any primary health care center wey dey near you ooo”		

Messages designed in Bayelsa State

The following sample message excerpts were designed and/or presented by the state teams in Bayelsa state to support the General Vaccination Awareness campaigns:

For HCPs: “Every patient is an opportunity to dispel rumors about the vaccines”	“It is better to be injected than infected”	“Prioritise your health”
“Knowledge is our shield against uncertainty”	“We are here to help you. The vaccine is safe and good for you”	“Your health is your responsibility”
“Vaccines are safe, free and effective”	“Health is wealth. Prevention is better than cure”	“You are the government. Support the health system to better serve your people”
“The vaccines have been approved by NAFDAC and Standard Organization of Nigeria - SON”	“Vaccine no dey kill but him dey keep you and your family safe. Kampe!”	“It is your responsibility to ensure yourself, family and community are protected against vaccine-preventable disease”
“Our people, oh! Support immunization to prevent die die and sicky sicky”	“Prevent the spread of [disease] in our community by getting vaccinated”	“Because your health is your responsibility, get involved in all vaccination activities happening in your community”
“Don’t let political interest cloud your judgment. All vaccines are safe, effective and NAFDAC approved”	“Oga Edwin! O boy! Me, I don take am. Nothing do me. So go take your own now because no cause for alarm!	

	Remember prevention is better than cure.”	

In addition to these, the state team also presented these jingles for community mobilization activities leveraging on conventional media broadcasts and in-person activities:

Jingle 1:

“*Immunization, beautiful program*
Immunization, beautiful program
Immunization, beautiful program
It is free, it is free, it is free
It will prevent [disease]
It is free
It will prevent [disease 2]
It is free
It is a wonderful program
It is free
It is a wonderful program
It is free
Immunization, beautiful program
Immunization, beautiful program
Immunization, beautiful program
It is free, it is free, it is free”

Jingle 2:

“*Get your children vaccinated*
To prevent childhood diseases
Get your children vaccinated
Freely freely, we give to you
Freely freely, we give to you
Better complete all your doses
Better complete all your doses”

Messages designed in Ebonyi State

The following sample message were designed and/or presented by the state teams in Ebonyi state to support the General Vaccination Awareness campaigns:

For Parents (RI)	**For Adults (COVID-19 vaccine)**	**For Vaccine Defaulters**
“Take your child to any nearby health center for their routine immunization.	*“COVID-19 is real. Make sure you are vaccinated. It is the best and safest way*	*“One dose is not enough to protect you or your child. Ensure you are fully*

The vaccines are free, safe and protect your children against childhood diseases. Make sure your child is fully immunized."	*to protect against the severe illness and hospitalization [mention hospital bills] and death caused by COVID-19"*	*immunized"*
"It is a religious and social norm to protect our children. Vaccinating them is part of protection. When you don't vaccinate your children, you expose them and the community to preventable diseases"	*"Charity begins at home. If you must protect the community, protect yourself first. Take your COVID vaccine today for yourself, your family and your community."*	*"Underdose is as dangerous as overdose. Don't get caught. If you have taken the first dose, ensure you go for the second and booster doses to be fully immunized"*
"Routine immunization protects children from untimely death. It works best when the doses are complete. Run to the nearest health facility and vaccinate your child. Prevention is better [and cheaper] than cure."	*"COVID has killed so many people. Vaccination is the surest way to prevent the disease. COVID-19 vaccine is safe and effective. Go to the nearest health center for your COVID vaccination."*	*"COVID vaccine protects against the disease. It protects fully when the doses are completed. Please go and complete your doses"*
"Immunization is free and safe. Pape, Mama, take your children to the nearest health facility to immunize them. Immunization is free, safe and effective."	*"Adults are more vulnerable to COVID-19 [this statement is misleading]. Ensure you are immunized."*	*"One dose of the COVID-19 vaccine is not enough. Ensure you complete your COVID-19 vaccination to be protected"*
"The vaccine prevents children from childhood illnesses such as Tuberculosis, polio, tetanus, diphtheria, yellow fever and measles. It is safe, effective and free. Take your child to the nearest health facility to vaccine them."	*"Intake of COVID-19 vaccine does not prevent one from giving birth to children. It does not kill. It boosts one's immunity"*	*"The caregiver should go to the nearest health facility with their child vaccination card to know the eligible vaccine to take. Adults and children should go to the vaccination post with their vaccination card"*
"Umuaka anyi bu di ndu anyi echi. Gba ha ogwu mgbochi megide oria na egbu umuaka ka ha di ogogologo ndu. Ga na ulo-ogwu di nso ka agba nwata gi ogwu mgbochi	*"I ma na ogwu COVID-19 bu n'efu. Ekwela ka ihe mee mu na gi na kwa ogbo anyi, mee ngwa ngwa go gbaa ogwu COVID-19"* *[Feedback: highlight the*	*"Agbazughi ogwu COVID-19 dika iti agwo osisi na-etigbughi ya etigbu. Gbazuo ogwu COVID-19 ka inwere onwe gi"*

na-efu"	*number of required doses]*	
"You love your child? Protect them. Give that children immunization. It is the child's right and your responsibility"		

Similar to Bayelsa state, the state teams also shared the following jingles to support community mobilization activities:

Jingle 1 (for Routine Immunization):

Verse 1: Obu n'etu

Chorus:

Ogwu mgbochi di nma n'ezie (x2)
Umuaka n'agba ya ndi okenye n'agba ya
Ogwu mgbochi di nma n'ezie

Verse 2: Ona egbochi oria

[Chorus]

Verse 3: O mara nma

[Chorus]

Jingle 2:

Kwe gba nwa gi ogwu mgbochi oria
Kwe gba nwa gi ogwu mgbochi oria
Kwe gba nwa gi ogwu mgbochi oria
Kwe gba nwa gi ogwu mgbochi oria
Ogwu mgbochi na egbochi oria di iche-iche
Ogwu mgbochi na egbochi oria di iche-iche
Kwe gba nwa gi ogwu mgbochi oria
Kwe gba nwa gi ogwu mgbochi oria

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