

Engaging and Empowering Health Care Workers to Promote **COVID-19 Vaccine Uptake in Nigeria**



Improving Service Communication and Client Centred Care



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**Breakthrough
ACTION**
FOR SOCIAL & BEHAVIOR CHANGE



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Health Care Workers to Promote

COVID-19 Vaccine Uptake in Nigeria

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and Client Centred Care**

November 2022

This implementation plan provides guidance on key social and behavior change (SBC) interventions to overcome COVID-19 vaccine hesitancy. It also promotes COVID-19 vaccine uptake among health care workers and vulnerable populations by both strengthening service communication among health care workers (HCWs) and supporting their resilience and well-being.



Audiences:

- Donor
- SBC practitioners
- Service Delivery Implementing Partners
- Internal



Objectives:

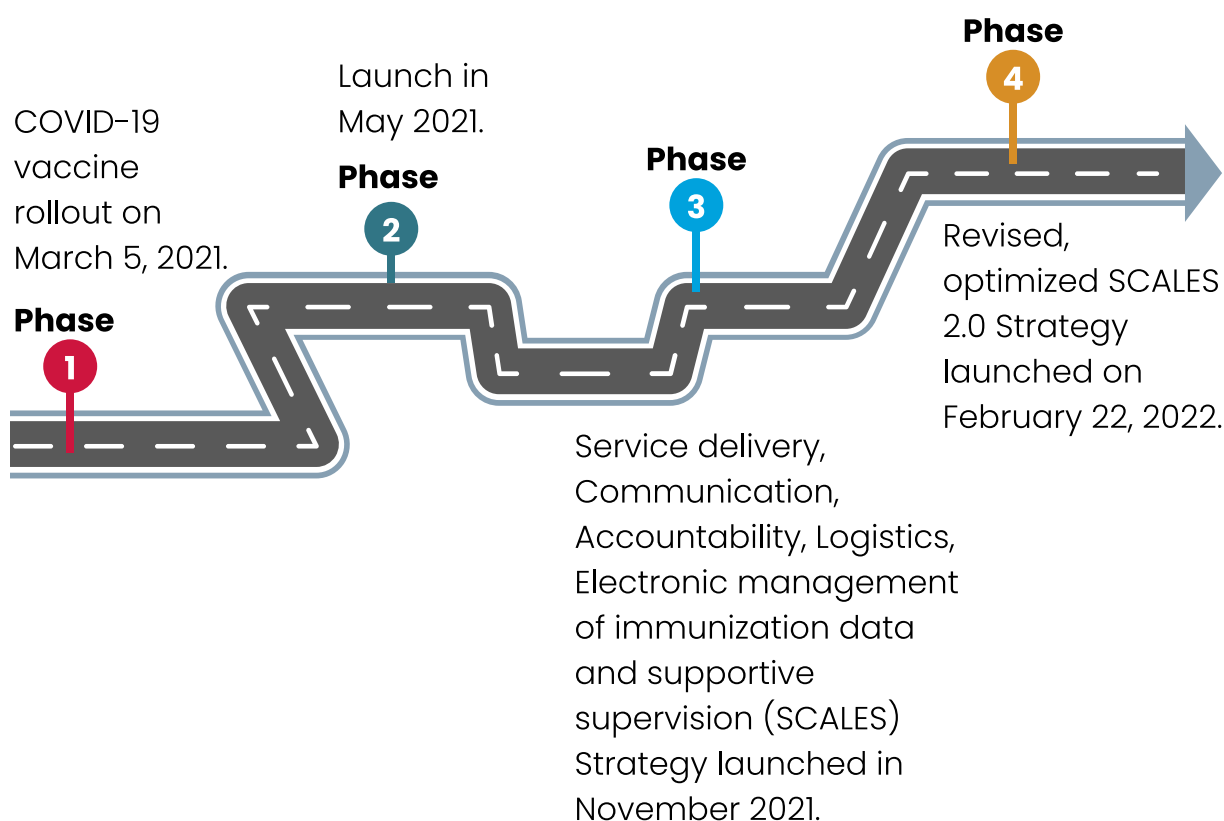
1. To codify Breakthrough ACTION-Nigeria's COVID-19 strategy and interventions that address vaccine hesitancy and promote COVID-19 vaccine uptake among HCWs.
2. To have a shared understanding of the project's multicomponent approach to engaging HCW.

Acronym

BTE	Building Trust and Empathy
CDC	U.S. Centers for Disease Control and Prevention (CDC)
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
HCWs	Health care workers
IPCC	Interpersonal communication and counseling
KAP	Knowledge, Attitudes, and Practices
MTaPS	Medicines, Technologies, and Pharmaceutical Services Project
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and Sexually Transmitted Disease Control Programme
NCDC	Nigeria Centre for Disease Control and Prevention
NEPWHAN	Network of People Living With HIV/AIDS in Nigeria
IVR	Interactive voice response
NPHCDA	National Primary Health Care Development Agency
PEPFAR	U.S. President's Emergency Fund for AIDS Relief
PLHIV	People living with HIV
RCCE	Risk communication and community engagement
SBC	Social and behavior change
SCALES	Service delivery, Communication, Accountability, Logistics, Electronic management of immunization data and supportive supervision
START	University of Washington Strategic Analysis, Research & Training (START) Center
ToT	Training of trainers
WCEA	World Continuing Education Alliance
WHO	World Health Organization

COVID-19 Context

Nigeria reported its first COVID-19 case on February 27, 2020, and entered its second and third COVID-19 waves in December 2020 and July 2021, respectively. The Nigeria Centre for Disease Control and Prevention (NCDC) confirmed 266,283 cases, with 3,155 deaths recorded as of November 28, 2022.¹ Nigeria has deployed several indigenous and innovative strategies to accelerate and improve uptake of COVID-19 vaccines:



The goal of the SCALES Strategy is to ensure effective, efficient, and timely distribution and utilization of COVID-19 vaccines available in the country towards the vaccination of all eligible 112 million Nigerians and their children with routine immunizations. The Optimized SCALES strategy aims to improve integrated service delivery, communication, accountability, logistics, electronic reporting, and supportive supervision for the COVID-19 vaccination. According to the World Health Organization (WHO), more than 63.9 million people have been vaccinated with one dose of the COVID-19 vaccine in Nigeria, while nearly 51.4 million are fully vaccinated as of November 28, 2022.² This equates to approximately 46% of the total Nigerian population being fully vaccinated. The Nigerian Government through the National Primary Health Care Development Agency (NPHCDA) in collaboration with the Federal Ministry of Health and partners aims to achieve the WHO Global COVID-19 vaccination target of a 70% vaccination rate by December 2022.

¹ NCDC. (2022, November 28). COVID-19 dashboard. <https://covid19.ncdc.gov.ng/>

² World Health Organization. (n.d.) Nigeria. WHO Health Emergency Dashboard—COVID-19 Homepage. <https://covid19.who.int/region/afro/country/ng>

COVID-19 Vaccine Hesitancy

To increase COVID-19 vaccine uptake in Nigeria, vaccine hesitancy must be addressed. According to the WHO's 3Cs model of vaccine hesitancy, there are three main factors that influence vaccine uptake: confidence barriers, complacency barriers, and convenience barriers. Global and local news, health and regulatory updates, the dynamic progression of the virus with multiple variants and waves, dampened trust in public authorities, and mis- and disinformation continue to create compelling and challenging narratives that fuel COVID-19 vaccine hesitancy in Nigeria. Therefore, effective mitigation of vaccine hesitancy requires understanding these barriers as they relate to priority audiences so programs can design behavioral interventions targeting them.

Data Insights Related to Barriers of COVID-19 Vaccine Hesitancy

To support the Government of Nigeria in increasing COVID-19 vaccine uptake by addressing and overcoming vaccine hesitancy, Breakthrough ACTION-Nigeria implemented several data-driven SBC interventions aimed at positively influencing individuals', institutions', and communities' knowledge, attitudes, behaviors, and social norms. In Nigeria, there are several data sets that have helped to inform the design of Breakthrough ACTION-Nigeria's SBC interventions. They include, but are not limited to, the U.S. Centers for Disease Control and Prevention (CDC)/Sydani Vaccine Hesitancy Study, the University of Washington Strategic Analysis, Research & Training (START) Center's COVID-19 Vaccine Hesitancy Among Health Care Practitioners, COVID-19 Perception and Vaccine Acceptability Surveys (NOIPolls), Breakthrough ACTION-Nigeria's Knowledge, Attitudes, and Practices (KAP) Survey, and the National AIDS and Sexually Transmitted Disease Control Programme's (NASCP's) COVID-19 service delivery assessment. From these studies, Breakthrough ACTION-Nigeria and partners learned that about one-half of the sampled population were HCWs, and most of the HCWs had been vaccinated relative to non-HCWs. The highest uptake of COVID-19 vaccine occurred among HCWs in primary health facilities, while the uptake lowered at secondary and tertiary levels. The lowest COVID-19 vaccine uptake among HCWs was in private facilities. The data further showed that among the

³ The Strategic Advisory Group of Experts on Immunization. (2014, November 12). Report of the SAGE Working Group on vaccine hesitancy. World Health Organization. <https://thecompassforsbc.org/sbcc-tools/report-sage-working-group-vaccine-hesitancy>

unvaccinated HCWs in private facilities, one-third were unwilling to be vaccinated. Furthermore, the highest ranked reason for not getting the vaccine among both HCWs and non-HCWs was **lack of confidence in vaccines**, followed by **lack of trust of government/public figures**, fear of **adverse effects, constraints to access**, and **low perception of risk of disease**.

Trusted Sources for COVID-19 Vaccine Communication: Health Care Workers

Consistently across NOI Polls data⁴, **HCWs are named as one of the most trusted sources for COVID-19 vaccine related information**, following TV, radio, and social media/influencers. However, data from NOI Polls also reveals that very rarely (only 10% to 30% across the geographical zones) has anyone at the hospital or clinic spoken with the polling respondents since January 2022. Results from the CDC/Sydani Vaccine Hesitancy Study⁵ showed that **83% of participants said they would seek advice from a HCW in the decision to get vaccinated for COVID-19**. In addition, Breakthrough ACTION-Nigeria's KAP survey⁶ revealed that HCWs are the most likely to convince people living with HIV (PLHIV) to get vaccinated in six Nigerian states (Niger, Imo, Adamawa, Kebbi, Lagos, and Akwa-Ibom). However, according to in-depth interviews conducted by Breakthrough ACTION-Nigeria across four Nigerian states (Akwa-Ibom, Bauchi, Enugu, Lagos states), HCWs reported that they **lack sufficient information on COVID-19 and COVID-19 vaccines** and require more information on COVID-19 and vaccination. This finding demonstrates the need to build service communication skills of HCWs in Nigeria as they play a critical role in ensuring vaccine uptake among peers and in the community. A competent and empathetic HCW is central to health care service delivery, including ensuring the uptake of COVID-19 testing and vaccines. This can be achieved through tailored multi-component interventions aimed to increase the knowledge of, and trust in, the effectiveness, safety, and health benefits of COVID-19 vaccines. SBC programs working to address vaccine hesitancy should leverage WhatsApp and Facebook as messaging platforms where feasible, as survey respondents reported them as frequently used and trusted platforms.

⁴ NOI Polls Opinion Polling Centre (NOPC). 2021, Dec; 2022, Feb; 2022, May; 2022, Aug). COVID-19 Perception and Vaccines Acceptability Survey in Nigeria. <https://noi-polls.com/>

⁵ CDC and the Sydani Initiative for International Development. (2021, September). Vaccines Hesitancy Study Report. The Taskforce for Global Health.

⁶ Breakthrough ACTION-Nigeria. (2022, April). The knowledge, attitude and perception survey on COVID-19 conducted among health care workers and PLHIV in 6 states across Nigeria. Johns Hopkins Center for Communication Programs.



SBC Implementation Strategies

Breakthrough ACTION-Nigeria addressed these barriers by collaboratively engaging and co-designing its SBC interventions with the Federal Ministry of Health (FMOH), NPHCDA, NCDC, Network of People Living With HIV/AIDS in Nigeria (NEPWHAN), National Agency for the Control of AIDS (NACA), NASCP, and implementing partners.

This collaboration designed and employed the following strategies: a collaborative learning approach, behavioral economic interventions, job aids and nudges, identification and training of HCW champions, and social media engagement.

Collaborative Learning Approach

Breakthrough ACTION-Nigeria designed a multi-component intervention that addresses the information and training needs of HCWs to promote COVID-19 vaccination and testing. The multi-component intervention leveraged a collaborative learning approach that blends in-person training with follow-up coaching support and guidance via digital and print materials.

Collaborative learning is an educational approach to teaching and learning that involves groups of learners working together to discuss issues and challenges, seek appropriate solutions, plan for future actions, and advance their individual and collective learning goals.⁷ It draws on a cluster of interrelated social and behavioral science theories that aim to describe how practices, norms, and behaviors become embedded in different social settings (including health services), such as Social Network Theory,⁸ Diffusion of Innovations Theory,^{9,10} and Normalization Process Theory.¹¹ Group problem solving and collaborative learning have been shown to be effective in improving the attitudes and performance of health service providers in low- and middle-income countries.^{12,13,14}

⁷ Laal, M. & Laal, M. (2012). Collaborative learning: What is it? *Procedia - Social and Behavioral Sciences*, 31, 491–495. <https://doi.org/10.1016/j.sbspro.2011.12.092>

⁸ Smith, K. P. & Christakis, N. A. (2008). Social networks and health. *Annual Review of Sociology*, 34, 405–429. <https://doi.org/10.1146/annurev.soc.34.040507.134601>

⁹ Coleman, J. S., Katz, E., & Menzel, H. (1966). *Medical innovation: A diffusion study*. The Bobbs-Merrill Company, p. 481–483.

¹⁰ Rogers, E. M., Singhal, A., & Quinlan, M. M. (2019). *Diffusion of innovations. An integrated approach to communication theory and research* (3rd ed). Taylor and Francis, p. 415–433.

¹¹ May, C. (2006). A rational model for assessing and evaluating complex interventions in health care. *BMC Health Services Research*, 6, 1–11. <https://doi.org/10.1186/1472-6963-6-86>

¹² Dieleman, M., Gerretsen, B., & van der Wilt, G. J. (2009). Human resource management interventions to improve health workers' performance in low and middle income countries: A realist review. *Health Research Policy and Systems*, 7, 7. <https://doi.org/10.1186/1478-4505-7-7>

¹³ Rowe, A. K., Rowe, S. Y., Peters, D. H., et al. (2018). Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review. *Lancet Global Health*, 6(11), e1163–75. [https://doi.org/10.1016/s2214-109x\(18\)30398-x](https://doi.org/10.1016/s2214-109x(18)30398-x)

¹⁴ Bailey, C., Blake, C., Schriver, M., et al. A systematic review of supportive supervision as a strategy to improve primary healthcare services in Sub-Saharan Africa. *International Journal of Gynaecology and Obstetrics*, 132(1), 117–125. <https://doi.org/10.1016/j.ijgo.2015.10.004>

The collaborative learning approach addresses the forgetting curve (Figure 1), increasing knowledge retention about COVID-19 vaccination and testing information, strengthens bonds among HCWs, and reduces barriers to COVID-19 vaccine uptake among HCWs and priority populations.



Figure 1. If new information is not applied, about 75% of it will be forgotten after just six days!

The approach consists of the following components:

1. In-person training
2. Virtual coaching support
3. Digital and print materials

The full approach, consisting of the three components, address the training needs in secondary/tertiary high-volume sites across three states (Federal Capital Territory [FCT], Ebonyi, and Oyo), while simultaneously strengthening the capacity of risk communication and community engagement (RCCE) stakeholders and service delivery partners to support HCWs through supportive supervision and coaching. Various components of the approach—for example, just the in-person training and digital and print materials—have also been employed in several other states, including Sokoto, Kebbi, Zamfara (clustered), Akwa-Ibom, Cross River, and Adamawa.

I. In-Person Training

The two-day, in-person training curriculum is referred to as Building Trust and Empathy Around COVID-19. It is divided into two parts:

- Part 1: The interpersonal communication and counseling (IPCC) modules adapted from the IPCC guide of the Health Promotion Division of the FMOH.
- Part 2: Effective communication around COVID-19 vaccination; addressing vaccine hesitancy; and HCWs well-being modules.

The two parts consist of the following six modules, with gender integration being a cross-cutting theme throughout:

- Interpersonal communication
- Counseling
- Empathy in practice
- COVID-19 prevention including vaccination
- Communicating about COVID-19 vaccination
- Addressing HCWs' well-being

The four main audiences for this training are:

- RCCE stakeholders and service delivery partners.
- Facility-based HCWs in secondary and tertiary and high-volume sites in both the public and private sectors.
- Community pharmacists.
- Frontline workers.

Breakthrough ACTION-Nigeria organized a national training of trainers (ToT) workshops for 92 RCCE stakeholders and service delivery partners. Breakthrough ACTION-Nigeria with government partners facilitated two national ToTs: one for U.S. President's Emergency Fund for AIDS Relief (PEPFAR) implementing partners and national clinical mentors and a second one for other USAID implementing partners along with Breakthrough ACTION-Nigeria consultant coaches and trainers. These workshops took place in Abuja from May 19–20, 2022, and in Lagos from June 6–8, 2022, to validate the approach and train initial cohorts of master trainers and coaches to facilitate step-down state-level ToTs.

The project then held state-level ToTs in FCT, Sokoto, Kebbi, Zamfara, Ebonyi, Oyo, Akwa-Ibom, Cross River, and Adamawa to develop a total of 439 state-specific master trainers who could step-down the training to high-volume secondary and tertiary facilities. Similar state-level ToTs will take place in

Bauchi, Lagos, Edo, and other states in 2023 in partnership with service delivery partners.



State-level ToT in Bauchi held in late October 2022.

Credit: Breakthrough ACTION-Nigeria.

Given the interest in the Building Trust and Empathy training curriculum, Breakthrough ACTION-Nigeria has since adapted it into a one-day, in-person training for community pharmacists, who have since received training in FCT, Oyo, Akwa-Ibom, and Cross River. These trainings are rolling out in partnership with the USAID-funded Medicines, Technologies, and Pharmaceutical Services (MTaPS) project, which took part in Breakthrough ACTION-Nigeria's coaching debrief training session, in which the project presented findings from its virtual coaching usability survey and shared its updated coaching guidance. A total of 129 facilities – pharmacies and private hospitals – received training across the four states as a result of this collaboration. MTaPS also will be using Breakthrough ACTION-Nigeria's updated coaching guidance with community pharmacists who have enrolled in its own WhatsApp groups.

Furthermore, the project adapted the Building Trust and Empathy training curriculum into a one-day, in-person training for frontline workers, such as primary health care providers, vaccinators, case managers, and other staff at the community and primary health care level. Breakthrough ACTION-Nigeria tested this adaptation in Ebonyi in mid-September 2022. The main alterations to the curriculum included simplification of language, removal of abstract concepts, and inclusion of more practical scenarios.

II. Virtual Coaching Support

After participants complete the in-person Building Trust and Empathy training, facilitators invite them to participate in virtual coaching WhatsApp Groups. Those who enroll can engage in peer-to-peer exchange and support across facilities in a particular state, promote discussions related to specific cases encountered, support one another to recognize and address/prevent burnt out/stress, and continue learning by discussing and reflecting upon audiovisual learning content on COVID-19.

A week after the in-person training, participants begin to receive weekly posts for a total of six weeks. The Breakthrough ACTION-Nigeria consultant disseminates these posts to the group and facilitates a discussion. In addition, they encourage group members to share their own experiences related to speaking with clients about COVID-19 testing and vaccination. Posts also broadly promote routine immunizations and give advice on overcoming burnout.

By the end of November 2022, the master trainers/coaches in FCT, Ebonyi, and Oyo reached over 2,770 doctors, nurses, pharmacists, and medical laboratory scientists from approximately 10 high-volume facilities in each state through the Building Trust and Empathy in-person training and enrolled them into coaching WhatsApp Groups.

III. Digital and Print Materials

Breakthrough ACTION-Nigeria developed **reference materials**, such as the [training participant's booklet](#), [learning videos](#), and materials developed as part of the behavioral economic interventions and job aids/nudges intervention, were developed to supplement and reinforce the learnings and guidance obtained from the in-person training. In addition, the materials can serve as job aids to be used while engaging with clients.

Finally, the Building Trust and Empathy curriculum was converted into a **two-to three-hour long e-learning course**. It was launched on the [World Continuing Education Alliance \(WCEA's\) platform](#) on November 4, 2022. HCWs can obtain two continuing professional development credits from the Association of Public Health Physicians of Nigeria, Nursing and Midwifery Council of Nigeria, and the Nigeria Medical Association by taking the online course. This conversion of the Building Trust and Empathy curriculum to a digital training format extends its reach beyond those who can attend the in-person training and allows for the potential for national coverage. In less than

a month since the course launched online, a total of 422 learners have started the course. Seventy-seven have successfully passed, while 345 are in progress. These engagement numbers for the Building Trust and Empathy course are much higher compared with other courses, such as an antenatal care and a postnatal care course, launched on the WCEA platform for Nigerian HCWs.

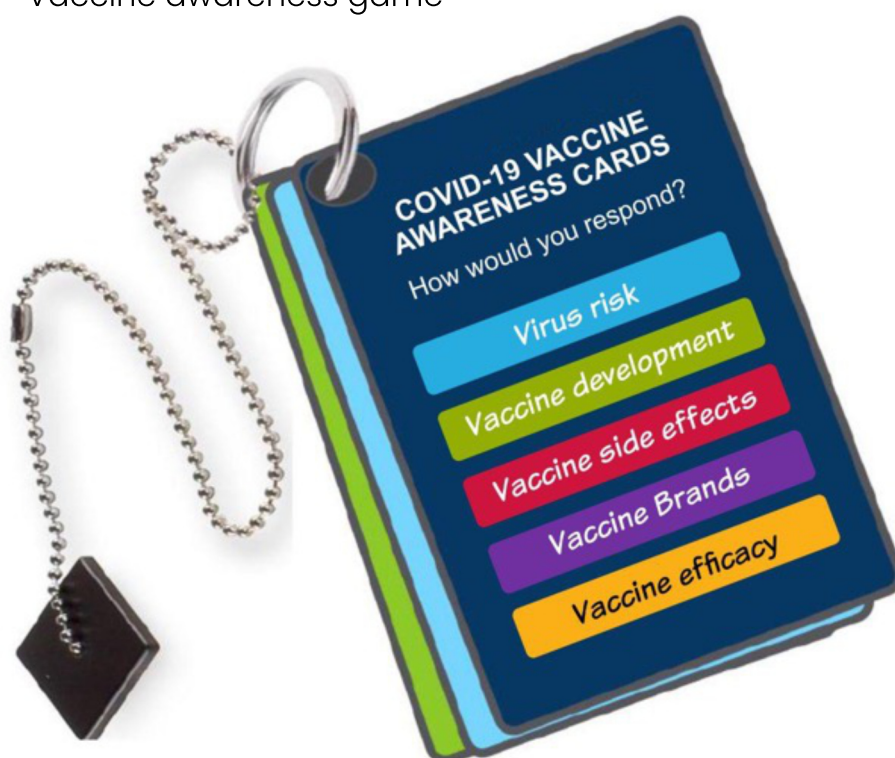


In addition, Breakthrough ACTION-Nigeria has developed a **complementary interactive voice response (IVR)** curriculum with quizzes for HCWs (30 minutes). The HCW curriculum includes three audio-recorded modules, covering supportive communication, RCCE, and addressing misinformation about COVID-19. The IVR message is currently available in English and will be available via the Airtel 4-2-1 platform.

Behavioral Economics Interventions

At the time of development of these activities, in March 2022, only about 19% of HCWs in Nigeria were fully vaccinated. To deepen its understanding of behaviors related to COVID-19 vaccine uptake and identify solutions to address behavioral challenges among HCWs, Breakthrough ACTION-Nigeria conducted a rapid assessment of potential behavioral barriers. It also hosted a “marketplace” session for exchanging relevant existing behavioral economics interventions from other Breakthrough ACTION countries of implementation, including Liberia, Senegal, and Côte d’Ivoire. These activities resulted in the identification of five potential solutions:

- Wearable vaccine visibility items
- Facebook/WhatsApp groups
- Peer referral cards
- Vaccine visibility board
- Vaccine awareness game



As a result of user testing in FCT, Breakthrough ACTION-Nigeria refined and finalized the prototypes to take forward based on the needs and detailed feedback by facility-based HCWs. These prototypes were also applied for the general population.

1. **Lapel pins:** HCWs wear these to signify that they have been vaccinated and encourage others to get vaccinated. Among the wearable vaccine

visibility items, the HCWs overwhelmingly preferred wearing the pins because they were easy to wear. Also, health associations commonly use lapel pins, which helps with acceptance.

- 2. Peer referral cards:** HCWs receive these [referral cards](#) after they are vaccinated so they can refer co-workers to get vaccinated by giving them a card. The cards say why the HCW got vaccinated, why their peer should too, and how they can do it. This concept has been implemented before and HCWs were familiar and readily accepted it.
- 3. Vaccination card game:** The project adapted these cards to Nigerian context based on findings from user testing related to the game. The final design is a series of [COVID-19 awareness cards](#) that help HCWs increase their understanding about COVID-19 and the vaccines and build their resilience to misinformation. Therefore, using the cards enables them to address clients' concerns confidently. Leveraging Breakthrough ACTION-Nigeria's relationship with service delivery implementing partners, we will identify facilities with skills gaps to prioritize distribution of these cards. The awareness cards are available in three other languages (Hausa, Igbo and Yoruba).

370 copies of each of the three materials have been distributed to 10 states.

Job Aids and Nudges

Job aids and nudges are messages and materials used to encourage behavior change among, initially, two target audiences: HCWs and people living with HIV (PLHIV). The materials' aim is to encourage PLHIV to get vaccinated with a COVID-19 vaccine while also continuing HIV care and treatment during COVID-19 pandemic. Breakthrough ACTION-Nigeria collaborated with NACA, NASCP, and PEPFAR implementing partners to conduct focus group discussions and key informant interviews in four states with the goal of better understanding the behavioral drivers, nuanced barriers, and facilitators to discussing and practicing COVID-19 prevention measures and vaccination among PLHIV and HCWs who serve them. The collaboration used insights to develop appropriate strategies, messages, and SBC products, such as job aids and nudges, which resonated with target audiences to increase vaccine uptake and the practice of non-pharmaceutical interventions to prevent COVID-19.

Breakthrough ACTION-Nigeria organized an SBC message and material development workshop in collaboration with national stakeholders—NASCP,

NACA, NPHCDA, NCDC, and NEPWHAN—to co-design the final materials, which included:

- Posters for PLHIVs as well as the general population.
- Frequently asked question leaflets for the general populations.
- Posters spotlighting champion HCWs to promote COVID-19 vaccination among the general population as well as among HCWs.
- Job aids to help HCWs counsel PLHIVs and the general population to overcome their myths and misconceptions about COVID-19 and the vaccines.

The materials are all available in English, Hausa, Igbo, Pidgin, and Yoruba. 39,500 copies of these materials have been distributed across the 10 Breakthrough ACTION-Nigeria supported states as well as with 13 implementing partners covering 30 states and 4 National Government Ministries and Agencies.

I have been infected with COVID-19, do I still need to take the vaccine?

Yes. Once the current COVID-19 infection has been cleared, it is advisable to get vaccinated to prevent recurrence of severe COVID-19 complications. Speak with your health care worker for more information.

Can I take the COVID-19 vaccine if I am pregnant?

Yes. If you are pregnant, getting vaccinated can protect you from severe illness from COVID-19. The vaccines do not cause infection in pregnant women or babies.

Do I have to wear my face mask after getting vaccinated?

Yes, you still need to protect yourself even after you have taken your COVID-19 vaccine. Continue to wear your facemasks, wash your hands and get tested when you feel sick.

FAQ Frequently Asked Questions on COVID-19 Vaccines

COVID-19 VACCINE IS SAFE AND EFFECTIVE

An adaptation of a similar material from the Powerful H.A.N.D.S campaign of the Federal Government of Nigeria, United Nations in Nigeria and European Union.

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Breakthrough ACTION-Nigeria adapted and translated HCW resilience messages from The Resilience Collaborative, a global learning community of [Johnson & Johnson's Center for Health Worker Innovation](#). Twelve audio and SMS messages are available. The aim of these messages is to help HCWs to identify approaches they can take for their self-care. This will enable them to acknowledge and manage their stresses better while taking care of themselves and their clients. The project has worked these messages into the virtual coaching sessions after the Building Trust and Empathy in-person training as Motivational Monday and Thought-Provoking Thursday posts.

The job aids and nudges are co-implemented with the Building Trust and Empathy collaborative learning approach for HCWs to improve service communication and promote positive client-provider interactions and advance communication skills to actively address vaccine hesitancy and encourage COVID-19 vaccination behaviors.

In addition, the audio messages will be disseminated to all HCWs that have participated in any form of the BTE training via the 4-2-1 platform in January 2023, over a twelve-week period.

Identifying and Training HCW Champions

No COVID-19 response or health care delivery occurs without HCWs. HCWs are at high-risk of experiencing stress and fatigue, especially during an infectious disease outbreak. COVID-19 has brought on additional stress and psychological trauma. This can lead to fatigue, which is a state of mental, emotional, or physical exhaustion resulting from various stressors.

By participating in the Building Trust and Empathy collaborative learning approach, HCWs are encouraged to address their well-being and build their resilience. As part of this effort to address HCWs, not only as a communication channel but also as a critical audience, Breakthrough ACTION-Nigeria has developed several behavioral prototypes to increase HCW visibility and recognition and further promote HCWs as confident and trusted sources of information. In addition to the behavioral economics interventions noted earlier—the peer referral cards, lapel pins, and vaccine awareness card—Breakthrough ACTION-Nigeria identified HCW champions as a critical approach to facilitate COVID-19 vaccine uptake among those HCWs who are vaccine hesitant.

The project identifies HCW champions after the in-person Building Trust and Empathy training, using the following criteria:

- Are willing to speak with peers about COVID-19 vaccines.
- Must have been vaccinated.
- Are in active practice.
- Are a trainee or trainer on IPCC.
- Are in an administrative or managerial position.
- Are a member of a professional association.
- Have signed a pledge/made a commitment.
- Constantly engage with peers/groups/associations.

This activity identified more than 30 HCW champions across 10 facilities in Ebonyi, 23 HCW champions across 33 facilities in Oyo and 33 HCW champions across 10 facilities in FCT. The champions continue to engage facility staff and community members in health education discussions about COVID-19 testing and vaccination.

Social Media Engagement

Recognizing that many HCWs are influenced by what they see and who they follow on social media, Breakthrough ACTION-Nigeria adapted a positive deviance approach, strengthening the capacity of HCWs to develop multimedia SBC campaigns to address the behavioral drivers of vaccine hesitancy by leveraging Facebook, Twitter, and Instagram in Bauchi, Sokoto, and Oyo states. This strategy relied on the following implementation approaches:

1. Holding weekly meetings with Bill & Melinda Gates Foundation partners: M&C Saatchi, Upswell, George Washington University, Sydani Initiative, and ID Africa.
2. Training 27 professional medical associations in each of the three states in effective use of social media.
3. Conducting campaigns across Breakthrough ACTION-Nigeria's social media handles (Facebook, Twitter, and Instagram) and Facebook and WhatsApp pages of the professional medical associations, which project staff helped to set up.

4. Obtaining paid amplification of content on Breakthrough ACTION-Nigeria's social media pages as well as the Facebook pages of the professional medical associations.
5. Participating in audience analysis dissemination meetings.

As a result, this activity reached 10,326,820 people in Bauchi, Sokoto, and Oyo states on Facebook, and it reached 2,950 HCWs on WhatsApp. Those engaged received with accurate and reliable messages promoting COVID-19 preventive behaviors, including vaccine uptake. The project trained 41 HCWs on how to use social media to encourage COVID-19 prevention behaviors and vaccine uptake; created 20 Facebook pages; shared 175 posts on Facebook, Twitter, and Instagram; and amplified 104 posts.



The image shows a screenshot of a Facebook post from the 'Nigerian Medical Association NMA Bauchi STATE Branch'. The post features a green header with the association's logo and name. The text of the post reads: 'is 😊 feeling excited. Published by Abdulmajid Yakubu Ahmad · 4d · 🌐 COVID-19 vaccine is effective just as Measle and Meningitis vaccine!!! I have taken my Jab, what about you?'. Below the text is a large green banner with a white border. On the left side of the banner is a photo of a smiling female healthcare worker wearing a black hijab and a white lab coat, holding a clipboard. On the right side of the banner, the text 'Measles, meningitis and Covid-19. Vaccines work!' is written in white. At the bottom of the post, there are statistics: '125,019 People reached', '547 Engagements', and '— Distribution score'. A blue button labeled 'Boost post' is located on the right side of the statistics.

Nigerian Medical Association NMA Bauchi STATE Branch ...
is 😊 feeling excited.
Published by Abdulmajid Yakubu Ahmad · 4d · 🌐

COVID-19 vaccine is effective just as Measle and Meningitis vaccine!!!
I have taken my Jab, what about you?

**Measles, meningitis
and Covid-19.
Vaccines work!**

125,019 People reached 547 Engagements — Distribution score **Boost post**

Conclusion

All of these approaches aimed to build the skills of HCWs in providing empathetic care, improve client-provider interactions, quality of care, and ultimately improve health outcomes related to COVID-19 vaccine uptake. Through these approaches, Breakthrough ACTION-Nigeria is creating a movement of client-centered care built upon trust and empathy for clients as well as HCWs.

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