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Accelerating Equitable Access, Acceptance, and Uptake of COVID-19 Vaccines in Nigeria

A Three-Pronged Approach



Overview

Since the March 2021 rollout of the COVID-19 vaccination campaign in Nigeria, more than 70 million people in the country have received at least one dose of the vaccine. Of the nearly 116 million people (18 years and older) eligible for COVID-19 vaccination, 60.7% were fully vaccinated, and 70.3% were partially vaccinated as of March 2023. In November 2021, Nigeria launched the **S**ervice-delivery, **C**ommunication, **A**ccountability, **L**ogistics, **E**lectronic Reporting, and **S**upportive Supervision (SCALES) strategy to increase access to and uptake of the vaccine the goal that each state vaccinates at least 50% of its eligible population by the end of June 2022; 70% by the end of October 2022; and 100% by the end of December 2022. The Nigerian government and implementing partners have made extensive efforts to improve acceptance and uptake of the COVID-19 vaccines.

To help address vaccine hesitancy, build trust, and ensure equitable distribution of COVID-19 vaccines, Pathfinder International, with funding from the MacArthur Foundation, implemented the 18-month

Accelerating Equitable Access, Acceptance and Uptake of COVID-19 Vaccines (ACCESS) project in Kano, Kaduna, and the Federal Capital Territory (FCT) in partnership with Planned Parenthood Federation of Nigeria (PPFN), Nigerian Interfaith Action Association (NIFAA), Vaccine Network for Disease Control (VNDC), and Saphital Learning Limited. ACCESS used a multi-pronged approach at community and facility levels to reduce vaccine hesitancy, increase vaccine uptake, improve equitable access to quality vaccine services in selected catchment areas, and strengthen accountability mechanisms for vaccine delivery in supported states.



COVID-19 vaccination during the FCT community outreach campaign

Reducing Vaccine Hesitancy and Increasing Uptake

Vaccine hesitancy—defined by the World Health Organization as reluctance or refusal to vaccinate despite the availability of vaccines—is a major challenge to COVID-19 vaccination in Nigeria. An ACCESS desk review indicated that many individuals in Nigeria are yet to be vaccinated despite availability because of common barriers, including concerns about vaccine safety; fear of adverse events; misinformation and misconceptions about vaccine safety and efficacy; and philosophical and religious concerns. To help reduce vaccine hesitancy, ACCESS conducted the following activities:

- Led a multi-platform media campaign via social and traditional media with the theme **“Take the shot naija.”** The social and behavior change (SBC) campaign aimed to debunk misinformation and to provide correct information about COVID-19 vaccines using infographics, animations, radio jingles, and drama. The multimedia efforts promoted awareness, acceptance, confidence, and demand for the vaccine, reaching more than 300,000 Instagram accounts with 181,000 content interactions (likes, shares, comments, and reposts) and more than 200,000 Facebook accounts with 208,000 post engagements.



Participants of the inter-faith dialogue in Kaduna

- Engaged 177 Christian and Muslim leaders from implementing states in an interfaith dialogue in Kaduna to work together as key influencers to address drivers of vaccine hesitancy and help shift social norms in favor of COVID-19 vaccination.
- Held follow-up town hall meetings and dialogues with faith and community leaders in the three states to educate them on COVID-19 vaccination and reiterate their roles as trusted community figures. Leaders committed to share clear, accurate messages about COVID-19 vaccination with their communities. The project gave the leaders 3,000 pamphlets and 700 fact sheets (printed in English and Hausa) to help them disseminate correct information in their communities.
- Shared correct vaccine information with faith and community leaders quickly and continuously, responding to questions and dispelling myths and misconceptions via a WhatsApp group.
- Held sensitization meetings with non-health stakeholders and conducted advocacy visits to 11 higher institutions and leaders of key structures (e.g., Kaduna state Correctional Centre Staff College, Union of Road Transport Workers) to ensure that staff and students were fully vaccinated, address misconceptions, generate support for the rollout of the vaccination program, and explore opportunities to increase vaccine uptake.
- Worked closely with the Risk Communication and Community Engagement Pillar of the Presidential COVID-19 Task Force to generate confidence and demand for the COVID-19 vaccine, and developed and printed information, education, and communication (IEC) materials, including 11,500 handbills, 4,500 posters, and 275 job aids, to promote vaccine confidence and reduce hesitancy.

The 8 Pillars of Nigeria's Presidential COVID-19 Task Force

1. Surveillance
2. Point of Entry
3. Laboratory
4. Case Management
5. Logistics
6. Research
7. Infection Prevention & Control
8. Risk Communication & Community Engagement

Lessons and recommendations for reducing vaccine hesitancy and increasing uptake

- Flexibility and frequent review of the workplan** allowed the project to address and reflect current needs, as COVID-19 policies and vaccination rollout strategies evolved. Global relaxation of COVID-19 pandemic restrictions and guidelines lowered people’s risk perceptions, affecting vaccine uptake. It is important to continue to intensify sensitization activities with a focus on grassroots populations.
- Continuous tracking of myths and misconceptions** through engagements with the social media handle @taketheshotnaija on Twitter, Instagram, and Facebook helped ACCESS respond with evidence-based, appropriate messaging.
- Engaging community influencers, religious and traditional leaders, and non-health actors in Nigeria’s COVID-19 vaccine rollout** was key to increasing acceptance and uptake. Vaccination of influential gatekeepers is a testimony to the vaccine’s value, invalidating harmful myths and misconceptions and promoting favorable perceptions of supportive social norms related to vaccination. Community-based activities and continuous engagement with community and religious leaders—for example, educating them on vaccine safety and effectiveness, debunking myths, and providing answers to frequently asked questions to share with their members—was critical to reducing vaccine hesitancy and improving acceptance among their followers and congregants in the three implementing states.
- Printing IEC materials in English and Hausa with verses from Christian and Islamic scriptures** that communicate support of preventive medicine and the need to protect oneself and others helped increase awareness of the importance of COVID-19 vaccination and acceptability of the vaccine.



COVID-19 messaging infographic in Hausa language

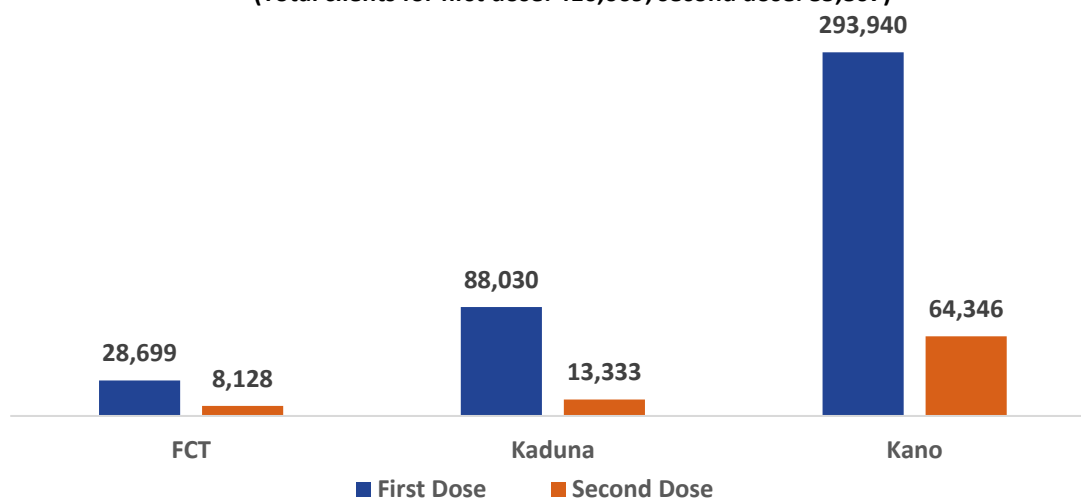
Improving Quality and Accessibility of Service Delivery

Lack of access to quality health services has hindered COVID-19 vaccine uptake. Because most states did not allocate funding for COVID-19 vaccination rollout, health workers were given extra responsibilities with no incentive to carry them out. When the vaccine was rolled out, many service delivery points were inactive due to staffing shortages or low health worker motivation. Some health workers were hesitant to take the vaccine themselves, and some were unskilled in administering the COVID-19 vaccine and in need of training on values clarification, dosing, client counseling, and reporting (and there was no monthly summary form to ease data collation and reporting at the facility level.)

In addition, many clients lacked confidence in the COVID-19 vaccine due to mistrust in the health care system and myths and misconceptions about the vaccine. Even for those who wanted the vaccine, access could be a challenge: a large percentage of the eligible Nigerian population spend most of their time at work or other income-generating activities, making it difficult to visit a health facility during its hours of operation. To address these challenges, ACCESS did the following:

- Trained one health care worker and one community health extension worker from each of the 85 supported health facilities (25 in FCT, 25 in Kaduna, and 35 in Kano) on COVID-19-related topics using a curriculum that included Values Clarification and Attitude Transformation, values-based communication, social mobilization, and proper data documentation. The training equipped health care workers with values-based messages on COVID-19 vaccination to guide their communication with clients.
- Followed up training with monthly supportive supervision and mentorship to continue to strengthen the capacity of health workers at participating health facilities.
- Developed and distributed data collection tools for use at project-supported health facilities to help track and verify facility- and community-level COVID-19 vaccination data monthly.
- Supported states' mobile vaccination outreach to densely populated areas (for example, workplaces, places of worship, malls, and markets), leveraging existing COVID-19 vaccination teams by providing them transport stipends to hold outreach events. For example, Ramadan was an opportunity to support nighttime vaccination of 12,451 clients at mosques, and the Eid celebration yielded an opportunity to vaccinate 1,276 people during the traditional Durbar festival.

Figure 1. Number of Clients Accessing COVID-19 Vaccines in Supported Health Facilities in FCT (25 facilities), Kaduna (25 facilities), and Kano (35 facilities) Between March 2022 and February 2023 (Total clients for first dose: 410,669; second dose: 85,807)



Lessons and recommendations for improving quality and accessibility of service delivery

- The SBC campaign helped create favorable social norms supporting COVID-19 vaccination. There is a need for **ongoing reinforcement of norms shifts** through continued messaging and engagement using different platforms to reach different segments of the population—particularly to continue to boost uptake of the second dose and subsequent boosters.
- COVID-19 is a novel virus with different variants and symptoms continually emerging. There is a need for **ongoing training and refreshers** for health care workers, with regular updates on COVID-19 vaccination and waste-management strategies.
- **Supporting state-led outreach strategies targeting high-density areas** encouraged uptake of the vaccine.

Vaccine Accountability

To strengthen COVID-19 vaccine accountability, ACCESS engaged and collaborated with government, civil society organizations (CSOs), tertiary institutions, and community gatekeepers, making advocacy visits, providing technical assistance, and supporting state-led review meetings and activities. The project strengthened the capacity of 45 CSOs (2 participants from each CSO for a total of 90 staff) and 77 social mobilizers by training them on effective advocacy and accountability framework development, vaccine distribution monitoring, and social mobilization efforts in response to government and community investments in COVID-19 vaccine access and uptake. Following the trainings, 30 of the CSOs joined the states' social mobilization committees on COVID-19 vaccination. These CSOs also developed the COVID-19 vaccine hesitancy accountability framework, used to report to and communicate with various stakeholders.

In FCT, these collaborations fostered coordination and identification of challenges, such as timely remuneration of health workers and inconsistent weekly meetings on the state of COVID-19 vaccination. Advocacy for increased stipends in the states led to improved welfare for vaccinators. Review meetings were integrated with the weekly FCT Emergency Immunization Coverage Committee meetings, ensuring sustainability.

In Kano, reports of corrupt practices in previous campaigns included vaccine pilfering and wastage, as well as issuance of fake vaccine certificates. In response, ACCESS trained 128 accountability officers at different levels to use the Trackgenic app, which uses global location numbers and barcodes to track all vaccines—not only the COVID-19 vaccine—delivered to the state to improve vaccine security.

Lessons and recommendations for improving vaccine accountability

- **Accountability systems have a crucial role to play across the spectrum of the pandemic response.** Without consistent leadership and regular follow-up, accountability is at high risk of being de-prioritized.
- **Accountability mechanisms are not one-size-fits-all.** States have adapted their COVID-19 rollout strategies to their unique contexts, using different collaborative styles to achieve a common goal. ACCESS learned to adapt to each state's needs and preferences. For example, while one state preferred to engage with different partners separately, another preferred combining efforts via partner meetings for greater impact.
- **Integrating review of COVID-19 vaccine status into monthly and quarterly review meetings** is critical to sustaining vaccination gains and continuing the conversation among policy makers.
- Some existing accountability tools contain complex technical jargon that is difficult for stakeholders, especially those at the grassroots level, to understand. **There is a need to update and simplify the tools to make them more user-friendly.**

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Contributors: Asmau Salihijo Ahmad, Sakina Bello, Elizabeth Futrell, Xaher Gul, Connie Lee, Mukhtar Muhammad, Nancy Zi

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Pathfinder International
9 Galen St, Watertown, MA 02472, USA | +1 617 924 7200

Pathfinder International, Nigeria
Plot 1456, Justice George Sowemimo Street
Asokoro, Abuja, Nigeria | +234 9-291-6282

email: saminbello@pathfinder.org

pathfinder.org | [@pathfinderInt](https://twitter.com/pathfinderInt)   

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