COVID-19 RESPONSE IN NIGERIA

A State-to-State Learning Report

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Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

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Acronyms

ACG	Advocacy Core Group
AFENET	African Field Epidemiology Network
AGPMPN	Association of General and Private Medical Practitioners of Nigeria
AIDS	Acquired Immuno-Deficiency Syndrome
ATBUTH	Abubakar Tafawa Balewa University Teaching Hospital
BASECCOH	Bauchi State Emirates Council Committee on Health
CAN	Christian Association of Nigeria
CCP	Johns Hopkins Center for Communication Programs
CDH	
CEW	Community Engagement
CGPP	Core Group Partners Project
CHAI	Clinton Health Access Initiative
CHIPS	Community Health Influencers, Promoters and Services
CMS	Corona Management System
COMWACCS	Community Women and Child Survival System
DMSA	Drug Management Agency
EOC	Emergency Operation Center
FCT	Federal Capital Territory
FMC	Federal Medical Center
FMOH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women's Association of Nigeria

HIV	Human Immuno-Deficiency Virus
HMB	Hospital Management Board
HPD	Health Promotion Division
IEC	Information, Education and Communication
IHP	Integrated Health Program
IVAC	International Vaccine Access Center
KASECCOH	Kano State Emirate Councils Committee on Health
LGA	Local Government Areas
MDA	Ministries, Departments, and Agencies
MOI	Ministry of Information and Culture
MOR	Ministry of Religious Affairs
MOWA	Ministry of Women Affairs
MSF	Médecins Sans Frontières
NANNM	National Association of Nigeria Nurses and Midwives
NCDC	Nigeria Center for Disease Control
NEPHWAN	Network of People Living with HIV/AIDS in Nigeria
NMA	Nigerian Medical Association
NOA	National Orientation Agency
NPHCDA	National Primary Health Care Development Agency
NSTOP	National Stop Transmission of Polio Initiative
NTLC	National Traditional Leaders Council
NURTW	National Union of Road Transport Workers
NYC	National Youth Council
PHCB	Primary Health Care Board
PLHIV	People Living with HIV
PTF	Presidential Task Force
RCCE	Risk Communication and Community Engagement
SBC	Social and Behavior Change
SCALES	Service Delivery, Communication, Accountability, Logistics, Electronic Management of Immunization Data, and Supervision
SM	Social Mobilization
SMC	Social Mobilization Committee
SMOH	State Ministry of Health
SPHCB	State Primary Health Care Board
SPHCDA	State Primary Health Care Development Agency

SPHCDB	State Primary Health Care Development Board
SUG	Student Union Government
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCM	Volunteer Community Mobilizers
VDC	
WDC	Ward Development Committee
WHO	World Health Organization

Introduction

Since Nigeria confirmed its first case of Corona Virus Disease of 2019 (COVID-19) on February 27, 2020, there have been more than 250,000 more positive cases confirmed, with over 3,000 deaths recorded as at March 31, 2022.

This has put a toll on the country's health systems, the economy, and the quality of life of its citizens. A little over a year later, Nigeria received the first batch of the COVID-19 vaccines and began to distribute to get at least 70% of its eligible population vaccinated by the end of 2022 to improve herd immunity and keep Nigerians safe.

The Federal and State Ministries of Health, Ministry of Health, the Nigerian Center for Disease Control and the National and State Primary Health Care Development Agencies work on the COVID response in different capacities including disease surveillance, vaccine distribution, Risk Communication and Community Engagement (RCCE).

Breakthrough ACTION-Nigeria – the United States Agency for International Development (USAID)'s flagship Social Behavior Change (SBC) project in Nigeria implemented by the Johns Hopkins Center for Communication Programs (CCP) works with these agencies on the RCCE component of the response including prevention, testing and vaccination. As a learning organization, Breakthrough ACTION-Nigeria supported the agencies to facilitate a state-to-state learning workshop among seven states and the Federal Capital Territory (FCT) for cross learning and understanding of the different activities being conducted in response to COVID-19.

This report details findings from this workshop and the key learnings to serve as a resource for other states and countries.

Methodology

Breakthrough ACTION Nigeria sent out invitation letters to the State Ministries of Health (SMOH), the Nigeria Center for Disease Control (NCDC) and National Primary Health Care Development Agency (NPHCDA) requesting their participation in the State-to-State Learning Exchange Workshop on March 4, 2022, in Abuja.

These government agencies were informed that they would be expected to share: which key COVID-19 testing, vaccination and prevention approaches were being implemented in their states and why these approaches were chosen; how these approaches were implemented; where these approaches were deployed; the list of stakeholders involved; the achievements recorded from implementation to the scheduled workshop; some of the challenges recorded; and the lessons they learned from implementing these approaches.

Breakthrough ACTION Nigeria developed two templates – one for presentation and the other for group discussions – to be used during the learning exchange workshop.

During the workshop, each State and National organisation made their presentations to the larger group and took time out to respond to questions and recommendations that arose from each session.

Key Approaches Implemented

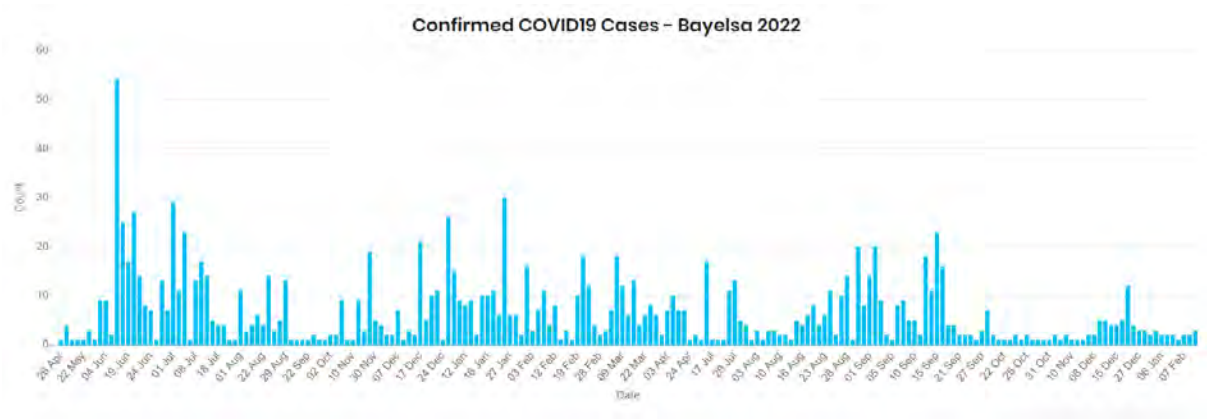
State Level Approaches

Five states shared their key approaches, challenges and lessons learned with the other states during the workshop. See key highlights from their presentations below:

Bayelsa State

Bayelsa State, with an estimated population of 1,704,515 people is the least populous state in Nigeria and located in the Southern geo-political zone.

The state recorded its first COVID-19 case on April 27, 2020 and by March 24, 2022, it had recorded 1,315 confirmed cases with 28 deaths. As of December 2021, the state had only vaccinated 23,668 persons and needed to ramp up vaccination to reach at least 70% of its eligible population in line with the national goal. Breakthrough ACTION-Nigeria supported the government of Bayelsa State using the following approaches:



Advocacy and Communication

This was a state-wide approach that involved engaging traditional and religious leaders, Ward Development Committees (WDCs), and the public through media appearances, airing of radio spots etc. Key stakeholders involved in this approach included the State social mobilization committee, Nigeria Center for Disease Control (NCDC), Emergency Operations Center (EOC), National Primary Health Care Development Agency (NPHCDA), State Primary Health Care Development Board (SPHCDB), Ministry of Information (MoI), and donor organizations like the United Nations Children's Fund (UNICEF). There was a need to engage all these stakeholders to secure their buy-in. Breakthrough ACTION-Nigeria secured the buy-in of all the 33 traditional rulers in the State, and the commitment of the State chapter of the Christian Association of Nigeria (CAN) on a task force geared at getting more people in the State vaccinated.

Key Approach Challenges

i. High cost of transportation to reach all traditional and religious leaders identified.
ii. High cost of airing of radio spots and a disconnect between media and the COVID-19 response team.
iii. Unavailability of spots in local languages to reach people with messages in their dialects.
iv. Irregular meetings of the social mobilization committee hindered timely execution of plans.

Breakthrough ACTION-Nigeria funded the production and airing of spots including the regular meeting of the social mobilization committees and conducting an orientation for the media to address the disconnect.

Key Lesson Learned

Working with CAN through the task force that they set up themselves helped to reach a wider audience COVID-19 messages. This can be adapted in other states.

Medical Outreaches

Quite often, the Bayelsa State government does medical outreach to support vulnerable populations. This approach was leveraged because it provided an opportunity to increase access to testing and vaccination, especially in areas where people have limited access to health care services. Breakthrough ACTION-Nigeria selected communities in all the eight local government areas to reach people with COVID-19 messages and ramp up vaccination uptake. Breakthrough ACTION-Nigeria worked with the State Ministry of Health (SMOH), SPHCDB and the WDCs to coordinate and facilitate smooth execution of this approach. As of the time of this workshop, the state had conducted eight outreaches, where 800 people have tested for COVID-19 and 1,561 have been vaccinated.

Key Approach Challenge:

This is a capital-intensive approach, especially integration of testing with vaccination during the outreaches.

Breakthrough ACTION-Nigeria leveraged the Bayelsa State Government anniversary period, which had some funding for community activities and collaborated with the Emergency Operation Center (EOC) to conduct the medical outreaches.

Key Lesson Learned:

Identifying opportunities within established Government plans to conduct key activities can help to reduce funding cost especially for COVID-19 response.

Mass Vaccination Campaign

The mass vaccination campaign was chosen in line with the national objective of the Service Delivery, Communication, Accountability, Logistics, Electronic Management of Immunization Data, and Supervision (SCALES) strategy. Breakthrough ACTION-Nigeria employed a motorized campaign strategy, which combines orientation and vaccination to improve the uptake of the COVID-19 vaccine. The campaign takes the service directly to the people by targeting strategic places for a wide reach. Through this motorized approach, the team reaches people within targeted locations with

messages on COVID-19 prevention, testing and provides on-the-spot opportunities for vaccination. This approach provided an avenue to improve access to the vaccines, especially in a place like Bayelsa State with hard-to-reach riverine terrains. Breakthrough ACTION-Nigeria also supported the Bayelsa State government to carry out vaccinations in workplaces, churches, school campuses and hotels. The project coordinated this approach with the World Health Organization (WHO), UNICEF and the SPHCDB.

Key Approach Challenge:

Bayelsa state has many hard-to-reach areas and some of them needed hours of boat rides to get to. This was further complicated by unavailability of the Johnson & Johnson vaccine which is a single dose best suited for terrains.

Breakthrough ACTION-Nigeria will advocate for the use of the single shot vaccine (Johnson and Johnson) for the hard to reach areas.

Key Lesson Learned:

Taking the vaccination services to high traffic places like hotels and workplaces can help to increase vaccination rates as seen in Bayelsa. This can be adopted in other states.

Community Engagement

There was a need to engage communities through gatekeepers and other key stakeholders to get feedback and incorporate community voices into the public health strategies. Breakthrough ACTION-Nigeria used community theater and town hall meetings to facilitate this engagement across all the eight local government areas. The project coordinated this approach with WDCs, the NCDC, EOC, SPHCDB, Corona Management System (CMS) with the buy-in of private health care facilities. The buy-in of the private facilities was important because, until now, most COVID-19 vaccination drives have been led (and run) by the government.

Key Approach Challenge:

There was limited partner support in Bayelsa State for this approach including logistics and capacity gaps for the inclusion of Community Health Influencers, Promoters and Services (CHIPS) to drive the approach.

In communities with high vaccine hesitancy, Breakthrough ACTION-Nigeria had to conduct an added layer of advocacy and capacity building to increase the uptake of vaccines across such communities. The project is considering conducting household mobilization as an added layer to the approach to improve awareness of the efficacy of the vaccines and promote increased uptake.

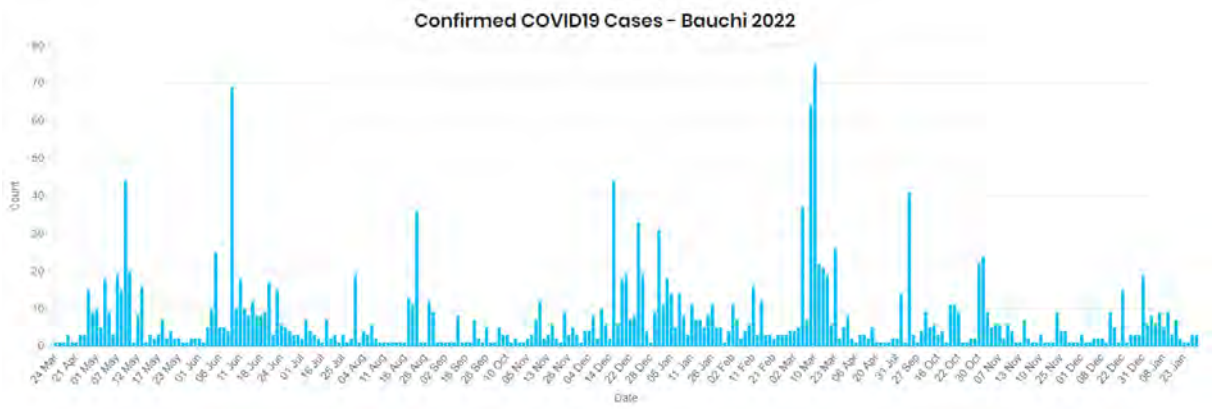
Key Lesson Learned:

Engagement of smaller targeted groups like the Network of People Living with HIV/AIDS in Nigeria (NEPHWAN), Healthcare Workers, Association of General and Private Medical Practitioners of Nigeria (AGPMPN), People with Disabilities yielded more results.

Bauchi State

Bauchi State, with an estimated population of 4,676,465 people is in the North Eastern geo-political zone of Nigeria.

The state recorded its first COVID-19 case on March 24, 2020 and has recorded 1,939 cases of COVID-19 with 24 deaths. The state has only vaccinated 132,733 persons and needs to ramp up vaccination to reach at least 52% of its eligible population in line with the national goal. The State government designed and planned the following approaches to get its numbers up:



Surveillance (Testing and Contact Tracing)

This approach focused on case identification across 23 testing centers across the 20 local government areas by utilizing the presence of the 20 general hospitals and three teaching hospitals in the State. The State worked with WHO, NCDC, State Primary Health Care Development Agency (SPHCDA), the State Teaching Hospitals, African Field Epidemiology Network (AFENET), National Stop Transmission of Polio (NSTOP) initiative, and Breakthrough ACTION-Nigeria to increase the availability of testing and contact tracing. Through this, testing for COVID-19 increased by 50% in the State with 34,145 people tested (1,939 testing positive and 32,206 negative).

Key Approach Challenges:

Sub-optimal voluntary testing is a major challenge for this approach as fewer tests are still being conducted than required.

The State will increase orientation of the people to improve voluntary testing.

Key Lesson Learned:

Leveraging available resources across the state such as the general and teaching hospitals helped to facilitate this approach. This can be adopted in other states.

Case Management

This required isolation and appropriate management of confirmed COVID-19 cases at three treatment centers (Abubakar Tafawa Balewa University Teaching Hospital (ATBUTH), Federal Medical Center (FMC) Azare, and Specialist Hospital, Bauchi). Treatment centers were restricted to these three because of the need for expert management. The Bauchi State government worked with WHO, NCDC, SPHCDA, and the teaching hospitals on this approach. All confirmed cases with symptoms of COVID-19 were admitted and managed at these centers.

Key Approach Challenges:

Social mobilization and awareness of this approach by the Bauchi state residents was not optimal due to lack of SBC materials.

The state will work to improve social mobilization activities for COVID-19 at the State and local government levels.

Key Lesson Learned:

Working with the teaching hospitals to manage confirmed cases is an effective way of reducing COVID-19 deaths as most symptomatic cases were adequately managed and discharged.

Risk Communication and Community Engagement

This was a multifaceted approach focused on health education and the promotion of COVID-19 messages. It required the establishment of a Multi-Sectoral Risk Communication pillar, a Crisis Communication Center (CRICC) with members at the State level and all 20 local government areas of the State. The approach also leveraged media programs to air spots on radio and television while conducting advocacies and orientation of traditional and religious leaders, engaging professional associations, unions, tertiary institutions, security agencies, market officials and a motorized campaign like in Bayelsa state with the support of the state vaccination team. The state coordinated this approach with the National and State Primary Health Care Development Agencies, NCDC, media houses, MOI, National Orientation Agency (NOA), Ministry of Religious Affairs (MOR Affairs), WDCs, Advocacy Core Group, Bauchi State Emirates Council Committee on Health (BASECCOH), Breakthrough ACTION-Nigeria, Integrated Health Program (IHP), and United Nations Children's Fund (UNICEF). Through this approach, the state has spots airing across three state-wide and 12 community radio stations with allocation of free airtime for COVID-19 radio programs. Religious leaders are also promoting COVID-19 messages across the religious houses. The reactivated State CRICC now has defined structure and has hosted a couple of activities including weekly meetings, reviewing COVID-19 messages, participating in radio phone-in programs and motorized campaigns. They also conducted advocacy to the State government for the release of funds to conduct mass vaccination campaigns for mop-up of vaccines that were about to expire.

His Excellency, the Governor of Bauchi State Getting Vaccinated

Key Approach Challenges:

This is a multi-faceted approach that required strong partner coordination and funding, which was not readily available, and the state had to make do with what partners were able to support.

The state will continue to leverage resources through improved partner coordination to avoid duplication of efforts and advocate for funding from government at all levels to implement identified gaps.

Key Lesson Learned:

The reactivation of CRICC helped to have better coordination for such a multi-faceted approach. This should be adopted across the states.

7-Day Mass Vaccination Drive

The main goal of this approach was to build herd immunity and protection against the COVID-19 virus by greatly increasing the number of community members vaccinated. The state deployed 415 teams across the 323 wards to improve COVID-19 vaccine uptake over a 7-day period. Like with the RCCE approach, the State coordinated this with the SPHCDA, WDC, NCDC, WHO, Breakthrough ACTION-Nigeria, UNICEF, and NPHCDA. Through this, the State reached 6,406 persons (4,535 Males & 1,871 Females) with COVID-19 messages and vaccinated 1,667 persons (1,306 Males, 361 females).

Key Approach Challenges:

The number of vaccination teams was not enough and the ones available complained of low remuneration, which resulted in low motivation of the teams.

The state will seek to increase the number of vaccination teams and explore integration with routine immunization teams for better remuneration so that the approach is seamless for future drives.

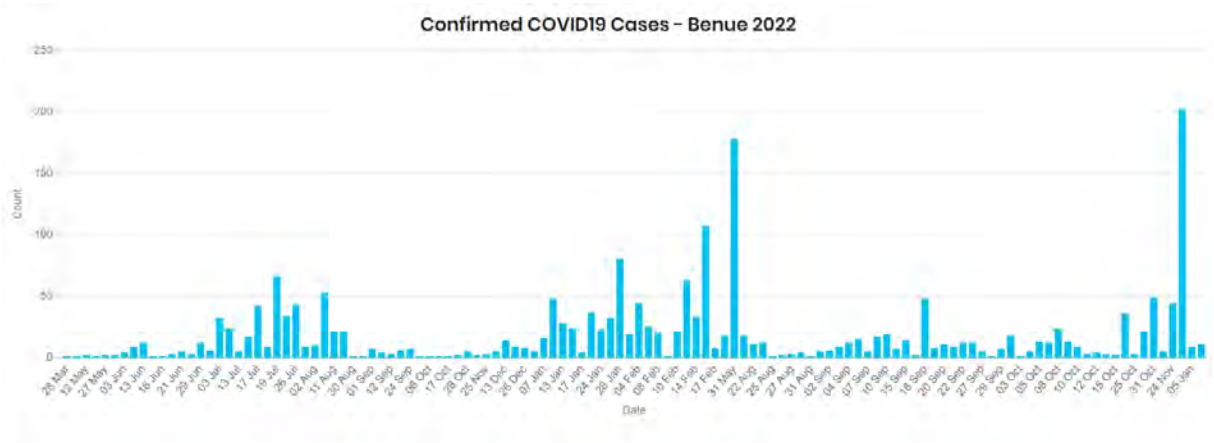
Key Lesson Learned:

Approaches like this can help to hear firsthand from the communities and provide opportunities for addressing rumors and misconceptions. By using this approach, the state learned more about the rumors, misinformation, misconceptions that are largely responsible for vaccine hesitancy within the communities.

Benue State

Benue State, with an estimated population of 4,253,641 people is in the North Central geo-political zone of Nigeria.

The state recorded its first COVID-19 case on March 28, 2020 and has recorded 2,129 cases of COVID-19 with 25 deaths. The state has only vaccinated 118,971 persons and needs to ramp up vaccination to reach at least 52% of its eligible population in line with the national goal. To reach this goal, the Benue State government adopted the following strategies:



Establishment of Risk Communication Pillar

The Risk Communication Pillar was established to coordinate risk communication activities in the State. It was established in the State capital and all 23 local government areas (LGAs) to foster continuous engagement COVID-19 response in the State. The stakeholders involved in this pillar activities include the SMOH, NCDC, WHO, the Ministries of Works, Agriculture, Environment and Information, SPHCB and the State chapter of the Nigerian Medical Association (NMA).

Key Approach Challenges:

The funding mobilized through this approach was insufficient for the goal the State had in vaccinating 52% of its eligible population.

The state will seek to improve its resource mobilization by leveraging donor and partner activities in line with the goal of increased vaccination that the state has.

Key Lesson Learned:

This approach helped the state to improve coordination and mobilize resources at all levels to promote vaccine uptake in the State. This should be established across all states.

Production of Information, Education and Communication (IEC) and Spots

These materials were produced for community awareness and disseminated through print and radio. It involved coordinating with the Risk Communication and Community Engagement Pillar, SMOH, NCDC, MOI, and the EOC. They were involved to be a part of the development, production, and translation of these IEC materials. As a result of the deployment of this strategy, there was an increase in COVID-19 testing and vaccination in the State.

Key Approach Challenges:

Distributing the materials and continuously airing the spots is capital-intensive.

The Benue State government will continue to mobilize resources to ensure continuous awareness.

Key Lesson Learned:

This approach helped the state to more people faster than traditional community engagement. This should be adapted across states.

Engagement of Traditional and Religious leaders

One of the main reasons why traditional and religious leaders were engaged was to aid the dissemination of information and other safety procedures to the population using traditional gatherings, marketplaces, as well as religious centers. By engaging these religious leaders, they could in turn step down their knowledge to other leaders and the people they led, and pass on vital information on Risk Communication, the spread of the COVID-19 pandemic, preventive and protective guidelines, and the need for mass vaccination. As with the other strategies, this was coordinated with the SMOH, Risk Communication and Community Engagement Pillar, MOI and the EOC. As a direct result of this, the State government reached community members with COVID-19 messages across all 23 Local Government Areas in the State and increased the number of people who got vaccinated.

Key Approach Challenges:

Mapping and engaging key religious leaders requires a systematic approach and monitoring is not usually easy.

The Benue State government will continue to engage the religious leaders and find creative ways of monitoring their activities to measure the outputs.

Key Lesson Learned:

Leveraging religious and traditional leaders in COVID-19 response can help to quickly address community rumors and misconceptions. This should be adopted across states.

Training of Community Mobilizers and WDC

This was a bi-monthly review and training of community mobilizers and WDCs, who volunteered to step-down the risk communication messages for wider outreach. This approach led to a wider reach on what is COVID-19 messages including prevention, testing and vaccination.

Key Approach Challenges:

Lack of proper funding from the state government hindered the success of this approach as volunteers require transportation allowance to reach the areas assigned to them.

The Benue State government will continue to mobilize resources to ensure robust COVID-19 response.

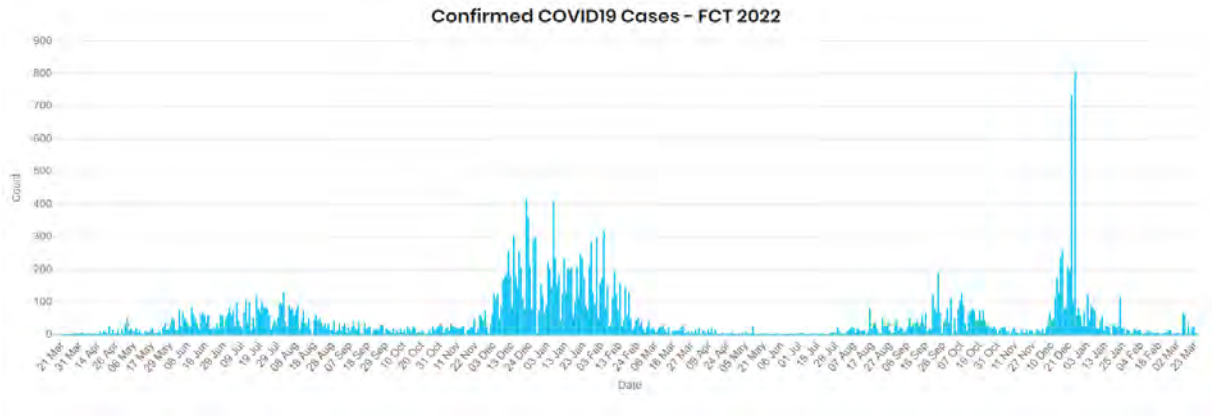
Key Lesson Learned:

Community structures and volunteers can help to increase community awareness of COVID-19 messages on prevention, testing and treatment as they are delivered by known community members. This can be adopted in other states.

Federal Capital Territory

The Federal Capital Territory (FCT) is the capital of the country with an estimated population of 1,406,239 people.

The state recorded its first COVID-19 case on March 15, 2020 and has recorded 28,593 cases, with 248 deaths. As the seat of power and one of the most economically viable hubs in the country, it was imperative to improve COVID-19 awareness and vaccinate at least 52% of the residents of the FCT. The FCT Primary Health Care Board (PHCB) adopted the following approaches to achieve this goal:



Advocacy Meetings

These meetings were done to build a critical mass of advocate for COVID-19 vaccination. The approach was State-wide and saw the development of an advocacy plan, line-listing of all relevant stakeholders, development of advocacy briefs and conducting advocacy visits to the identified stakeholders. The stakeholders included FCT Social Mobilization Committee, WHO, and UNICEF, NPHCDA and NCDC. This approach saw the participation of high profile political, traditional, and religious leaders, civil society, Ministries, Departments, and Agencies (MDAs), media, and private hospitals in the planning, implementation, and monitoring of COVID 19 vaccination activities.

Key Approach Challenges:

Insecurity challenges in some settlements and area councils such as Kuje, Abaji, and Gwagwalada have hindered the approach as the teams cannot visit some of these areas.

The FCT PHCB will explore provision of adequate security during advocacy visits to such security compromised settlements.

Key Lesson Learned:

Orienting political, traditional, religious leaders and other stakeholders directly had more impact in convincing them to participate and support the activities geared at ramping up COVID-19 vaccination. This should be prioritized in other states.

Social Mobilization

This approach was implemented to rally community members to accept the COVID-19 vaccines. It started with the development of a social mobilization plan. After this, an official flag-off was conducted by the FCT administration, with town hall meetings with identified groups, motorized campaign, market mobilizations, house-to-house mobilizations, reminder phone calls, and text messages sent to people in the area. These social mobilization activities took place in all the area councils with stakeholders from the FCT Social Mobilization Committees, PHCB, WHO, UNICEF, Breakthrough ACTION-Nigeria, who provided funding, technical support, and social and behavior change materials for the activities. This helped to improve vaccine uptake in FCT.

Key Approach Challenges:

The late release of funds however hindered the timely implementation of these social mobilization activities.

The FCT PHCB will explore early and adequate release of funds for program implementation to mitigate this challenge during future implementation.

Key Lesson Learned:

Through this approach, the FCT team learnt that people responded better to phone calls – and not just text messages – to remind them to complete their dose. This may be applicable in other states.

Public Communication

This involved the State-wide education of FCT residents on the benefits of the COVID-19 vaccines. The approach was done through the production of customized social and behavior change communication materials such as notification slips, posters, handbills, banners, etc. Like the first two approaches, this involved the FCT Social Mobilization Committee, PHCB, WHO, UNICEF, NPHCDA and Breakthrough ACTION-Nigeria. As a result of this approach, more than 1.5 million community members were reached with messages across six area councils.

Key Approach Challenges:

Some SBC materials supplied by partners were unusable because the messages became incorrect as COVID-19 response evolved.

The FCT PHCB will encourage partners to follow the due process for the development of SBC materials, as well as creating generic messages that can stand the test of time.

Key Lesson Learned:

The FCT PHCB team learnt through this approach that adapting SBC materials to local languages can ease understanding and acceptance within the communities.

Media Activities

The aim of this approach was to reduce vaccine hesitancy through the provision of regular messages via mass media platforms. This strategy was a State-wide approach that featured media briefings, press conferences, training of media officers, development of customized spots, public service announcements, documentaries, syndicated writings in newspapers, and more geared at reducing vaccine hesitancy. To provide funding and technical support, FCT leveraged the coordination structures of the FCT Social Mobilization Committee - SMC, PHCB, Breakthrough ACTION-Nigeria, WHO, UNICEF, and NPHCDA. As a result, customized Radio and TV spots curated for the country's capital were aired over 1,200 slots, reaching an estimated 3.5 million FCT residents within the space of 5 months.

Key Approach Challenges:

Media campaigns require huge funding. With inadequate funds, it became harder to implement all the planned media activities.

The FCT PHCB will advocate for sustained funding for these media activities.

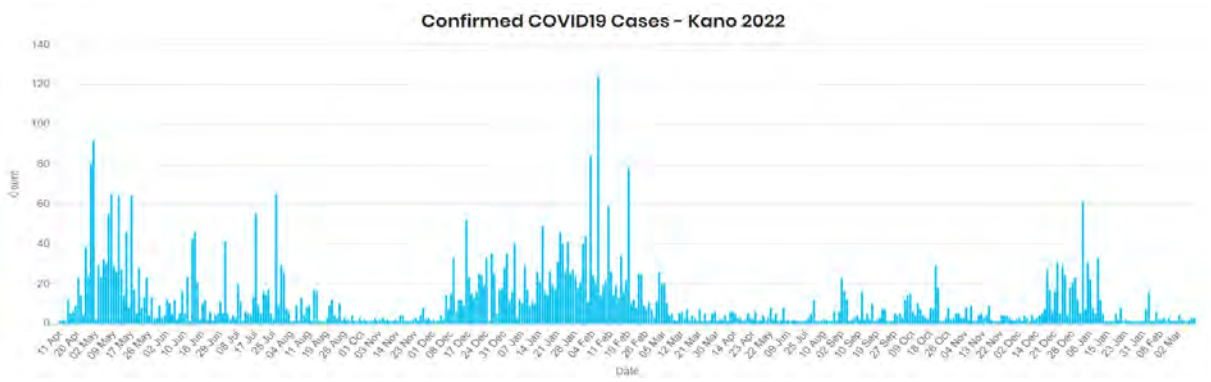
Key Lesson Learned:

The FCT PHCB team learnt through this approach that the media is willing to support if they are adequately engaged in a sustained manner.

Kano State

Kano State, with an estimated population of 15,076,892 people is in the North Western geo-political zone of Nigeria.

The state recorded its first COVID-19 case on April 211, 2020 and has recorded 4,978 cases of COVID-19 with 127 deaths. The state has only vaccinated 132,733 persons and needs to ramp up vaccination to reach at least 52% of its eligible population in line with the national goal. The State government designed and planned the following approaches to mitigate the effects of COVID-19 as follows:



Surveillance

Like Bauchi State, this approach focused on case identification and community sampling across 12 selected testing centers in the 44 local government areas of the State. Stakeholders involved in this approach included the Kano SMOH, NCDC, EOC, NPHCDA SPHCDB, Core Group Partners Project (CGPP), and WHO. The goal of this approach was to increase the availability of testing centers in the State. Kano State also has a task force on COVID-19 under the Leadership of the Deputy Governor of the State and all partners including the SMOH, Hospital Management Board (HMB), Drug Management Agency (DMSA), State Primary Health Care Management Board (SPHCMB). The State is also using the EOC as an existing structure to address the issues arising from COVID-19 while having a robust community engagement structure in all the 5 emirates in the State. As a result of this approach, 120,313 people have been tested.

Key Approach Challenges:

Despite all that has been put in place, it was noted that people were still unwilling to get tested, which is similar to suboptimal testing identified as a challenge in Bauchi State as well.

The State will explore increasing the number of testing centers as one of the complaints by the people was the distance to testing centers and how it affected their willingness to get tested.

Key Lesson Learned:

Making services accessible to people can help to improve the chances of uptake of services. Considering the population of Kano state, it is imperative to ensure more people are tested to determine if they have COVID-19. Ramping up testing can be achieved through this approach adopted in other states.

Case Management

This is the isolation and treatment of people infected with COVID-19. This SMOH coordinated this across two isolation and treatment centers in Kano state (Kwanar Dawaki and Muhammadu Buhari Specialist Hospital, Giginyu). The SMOH collaborated with NCDC, and SPHCDB on this approach through which they managed and discharged 4,893 cases.

Key Approach Challenges:

Considering that there were only two isolation centers, many people chose home-based care and the state only learnt about their condition through community informants at the ward level.

The State will explore increasing the number of isolation centers to better manage more people.

Key Lesson Learned:

Based on Bauchi state's presentation, the State will explore working with the teaching hospitals to manage confirmed cases, which seems to be an effective way of reducing COVID-19 deaths.

Risk Communication and Community Engagement

This was done through media engagement programs on Radio and TV Station to increase awareness and coverage of COVID-19. The State also produced communication materials such as billboards, posters, and banners. Risk Communication and Community Engagement committees were set up in all 44 local government areas of the State with the social mobilization committee and CRICC also functioning. Through this approach, the State engaged 484 ward community engagement focal persons and community structures like the WDC, Volunteer Community Mobilizers (VCM), CHIPS, and Hisbah. In all, 44 local government areas, 484 political wards, 1,005 villages, and 8,224 ward heads were engaged in the State to create awareness and demand for vaccination in the State. This was accomplished by working closely with Social Mobilization and Community Engagement (SM&CEW), UNICEF, Advocacy Core Groups, Breakthrough ACTION-Nigeria, WHO, Kano State Emirate Councils Committee on Health (KASECCOH), NOA, National Union of Road Transport Workers (NURTW), Student Union Government (SUG), Federation of Muslim Women's Association of Nigeria (FOMWAN), NMA, National Association of Nigeria Nurses and Midwives (NANNM), WDC, VDC, COMWACCS, etc. to increase awareness and acceptance of COVID-19 vaccines. Through these levels of engagement, key messages were developed and shared with town announcers. Radio spots were also aired in five languages: (Hausa, English, Igbo, Yoruba, and Pidgin). In particular, the support provided by Breakthrough ACTION-Nigeria facilitated the engagement and subsequent vaccination of people in three tertiary institutions and an

orientation of the media. One key achievement was that after the advocacy to the Kano State emirate, the Kano State Emir set out on outreach to mobilize people on COVID-19 vaccination.

Key Approach Challenges:

i. There was low uptake of vaccines by women.

ii. There was inadequate supply of communication materials.

The State will conduct focus group discussions, mobile outreaches in rural communities, and support more community structures to mobilize people in the State.

Key Lesson Learned:

This is a comprehensive approach that helps more people at different levels. With proper coordination through the committees, it is a faster way to do more in a short time.

Mass Vaccination

These included mobile and fixed vaccination in strategic places like mosques, churches, markets, and schools. The state had 477 vaccination teams conducting the vaccination campaigns with the collaboration of both the Kano State Primary Health Care Management Board (SPHCMB) and the SMOH. The state had an initial 393 teams, which was then increased to 477 to meet up with the population size. As a result of this approach, 1,581,307 people received their first dose, 744,639 people received the second dose, and so far, 146,969 have received the booster shot. Kano is the 5th on the list of States with the highest vaccination rate.

Key Approach Challenges:

This approach is capital-intensive.

The State will continue to implement this approach to get the desired results of vaccinating at least 52% of its eligible population.

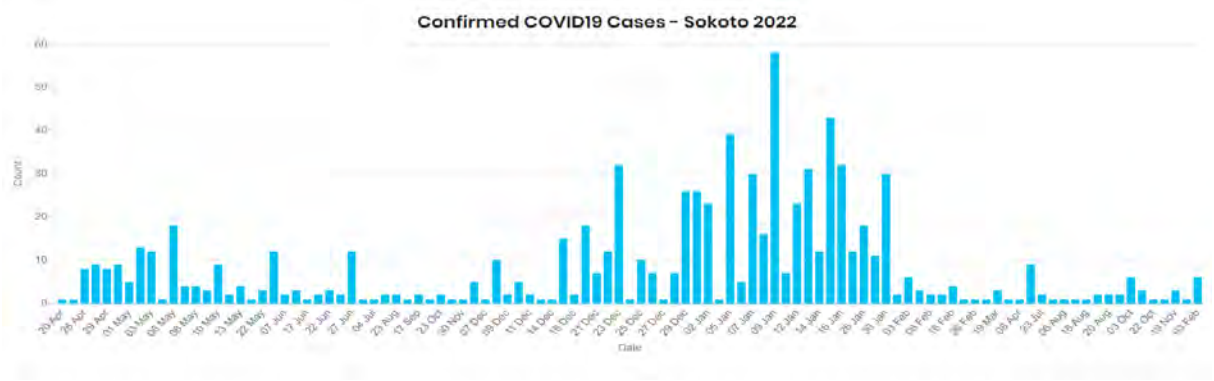
Key Lesson Learned:

This approach seems to be effective in getting the intenders to at least take up their first dose. This can be used as a first layer approach to get the population in a state to at least take their first dose. Other approaches can be layered to promote the second dose such as phone calls used in FCT.

Sokoto State

Sokoto State, with an estimated population of 3,702,676 people is in the North Western geo-political zone of Nigeria.

The state recorded its first COVID-19 case on April 221, 2020 and has recorded 817 cases of COVID-19 with 28 deaths. The State government designed and planned the following approaches to mitigate the effects of COVID-19 as follows:



Surveillance (Testing and Contacts tracing)

Like Bauchi and Kano States, case identification was key to curbing the spread of COVID-19 in the State. There are 23 testing centers across the 23 local government areas of Sokoto State, with the utilization of the General Hospitals in all local government areas and three tertiary hospitals serving as testing centers. Through this, the State was able to conduct community testing across the State for a period of three months, with a minimum of 150 persons per day getting tested. The stakeholders coordinating this approach included the SMOH, WHO, NCDC, AFENET and NSTOP. As a result of this approach, testing improved by 85% since implementation with 38,851 people tested.

Key Approach Challenges:

There was low coverage of women and adolescents in the data of community sampling and testing.

The State will engage community volunteers and other community structures to create more awareness at the community level on why they should endeavor to get tested.

Key Lesson Learned:

Like in Bauchi, leveraging available resources across the state such as the general and teaching hospitals helped to facilitate this approach. This can be adopted in other states.

Case Management

This involved using the isolation center and appropriate management of confirmed COVID-19 cases through the three treatment centers that have been established (Usman Danfodio Teaching Hospital, CDH Amanawa and Specialist Hospital, Sokoto). The treatment centers were restricted to three because of the need for expert management. The stakeholders involved in this approach included the SMOH, WHO, NCDC, SPHCDA, and the Teaching Hospitals. All confirmed cases with symptoms of COVID-19 were admitted and managed; 817 people were admitted, 789 discharged and 28 died.

Key Approach Challenges:

Accessibility to the treatment centers was identified as one of the major challenges to the case management of COVID-19 cases.

The State will explore increasing the treatment centers to six, with at least two per senatorial zone to increase access.

Key Lesson Learned:

Similar to Bauchi state, working with the teaching hospitals to manage confirmed cases is an effective way of reducing COVID-19 deaths as most symptomatic cases were adequately managed and discharged.

Risk Communication and Community Engagement

This included health education and promotion to curtail the spread of the COVID-19. The state established a Multi-sectoral Risk Communication Pillar and CRICC at the State level and all the 23 local government areas. This approach also included conducting media programs, advocacies, and orientations. Through this, the state engaged professional associations, unions, tertiary institutions, security agencies, officials of markets and motor parks. The state also conducted motorized campaign across 18 local government areas targeting high traffic areas. The stakeholders involved in executing this approach included the SPHCDA, NPHCDA, NCDC, MOI, NOA, MOR Affairs, Ministry of Women Affairs (MOWA) ACG, Sokoto State Council on Health/National Traditional Leaders Council (SSCoH/NTLC), religious institutions, UNICEF, Breakthrough ACTION-Nigeria, and Médecins Sans Frontières (MSF). Together, these stakeholders were able to utilize available resources to increase awareness on prevention, testing, and vaccination in the state. Through this approach, Sokoto State reached 65,103 people with messages in various communities across the 23 local government areas and secured the political commitment of the Governor toward ending COVID-19 in the State. The governor put out a Call to Action that was broadcast across radio and TV stations in the State and promoted across Breakthrough ACTION-Nigeria's social media platforms.

Key Approach Challenges:

Vaccine uptake by women and eligible young people (aged 18-30) remain low despite this comprehensive approach.

The state will seek to mitigate this challenge by increasing engagement with MOWA, NOA, FOMWAN, and National Youth Council (NYC) to solicit their support in mobilizing women and conducting house-to-house mobilization.

Key Lesson Learned:

Similar to Kano state, this is a comprehensive approach that helps more people at different levels. With proper coordination through the committees, it is a faster way to do more in a short time.

Mass Vaccination

The focus of this approach was to promote the uptake of COVID-19 vaccine. This was done through 147 teams across the 244 wards of the State. This was a collaboration between the SPHCDA and the SMOH. A key tweak on this approach in Sokoto state is how the SMOH and SPHCDA ensured that people living with HIV and other immunosuppressive diseases were mobilized and vaccinated, with a special vaccination site dedicated to them. The state also oriented central market leaders to take the lead in vaccination exercises and conducted special vaccination at the Sokoto main garage, where drivers and other NURTW members were vaccinated through a dedicated vaccination site for commuters and visiting drivers. Through this approach, the state mopped up 1,200 vaccines before expiry and got 235,290 people to get at least one dose of the vaccine.

Key Approach Challenges:

The number of vaccination teams was inadequate as 147 teams catering to 244 wards was a stretch.

The State will explore having additional teams conduct outreach and visit special places for vaccination.

Key Lesson Learned:

Similar to Kano state, this approach seems to be effective in getting the intenders to at least take up their first dose except for the dedicated sites that are readily available to a particular cohort. Other approaches can be layered to promote the second dose such as phone calls used in FCT.

National Level Approaches:

NPHCDA & NCDC

At the national level, two agencies were tasked with keeping the spread of COVID-19 at bay and ensuring the Nigerians were vaccinated. These are the NCDC and the NPHCDA. Both agencies gave a snapshot of their implementation during the state-to-state learning workshop. See summary below:

- **Disease Surveillance** – The NCDC through the national EOC continues to lead the national public health response in Nigeria with oversight of the Presidential Task Force on COVID-19 (PTF-COVID-19). The NCDC works closely with all the states of the Federation to support their response activities to the pandemic.
- **Ramping Up Vaccination** – The NPHCDA is tasked with the vaccination of at least 52% of Nigerians to reach herd immunity against COVID-19. As of March 3, 2022, around 8,772,399 Nigerians have been fully vaccinated, which is 16.3% of the target population. Over 18 million persons have taken the first dose (7.8%) and almost 8.4 million persons have taken the second dose. Only about 700,000 persons have taken the booster dose. The strategies NPHCDA has employed in Communication are nationwide and include the following:

  i. **Advocacy** – The main goal of this approach was to reach stakeholders that can affect behavioral change in their subjects. This was done through high-level advocacy to high-ranking politicians, traditional leaders, religious leaders, and government officials. Stakeholders involved in this process included the UNICEF, International Vaccine Access Center (IVAC), NCDC, and the SPHCBs or Agencies that provided technical support and funding.

  Key Challenge:

  A major challenge to this is inadequate funding.

  This can be resolved when States are more proactive in their counterpart funding for communication activities and more partners continue to contribute funding for communication activities within all strata.

  Key Lesson Learned:

  Through this approach, NPHCDA has learned that communities respond better to face-to-face interaction with high-profile government functionaries.

  ii. **Community Engagement** – With community engagement, bringing community stakeholders and members up to speed or educating them with COVID-19 prevention guidelines is key. This was achieved through town hall meetings with the Northern Traditional Leaders Council, South Western Traditional Leaders Council, South Southern Traditional Leaders Council, South Eastern Traditional Leaders Council, and other flag off campaigns with stakeholders in these groups. The coordinating organizations supporting NPHCDA to reach these stakeholders are Breakthrough ACTION-Nigeria, Clinton Health Access Initiative (CHAI), SPHCB and State governments. Together, they provide technical support and funding to aid community engagement.

Key Challenge:

The cross-cutting challenge with this approach is inadequate funding.

A possible identified solution can be the engagement of more traditional leaders and indigenous town mobilizers for sustainability of COVID-19 community engagement activities.

Key Lesson Learned:

Through this approach, it was discovered that incentives can be very helpful in getting people vaccinated. These incentives could be hand sanitizers, mosquito nets etc, therefore presenting an opportunity to integrate multiple social and behavior change messaging into one holistic approach.

iii. **Evidence Generation** – Generating data informs interventions and guides the best approach through which they are implemented. This approach was done through community polling, U-reporting, social media polling and more. It was facilitated in collaboration with UNICEF, WHO and the State PHCBs.

Daily Situation Report, Summary of COVID-19 Vaccinations as at 24th March 2022

Daily Call In Data Summary by States as at 24th March 2022

SN	State	Partially Vaccinated	Fully Vaccinated	Vaccinated with Booster dose	Total Vaccinations	SN	State	Partially Vaccinated	Fully Vaccinated	Vaccinated with Booster dose	Total Vaccinations
1	Abia	193,924	150,882	19,552	364,358	20	Kano	2,025,644	1,690,532	169,518	3,885,694
2	Adamawa	345,233	217,850	9,058	572,141	21	Katsina	476,424	222,331	9,483	708,238
3	Akwa Ibom	188,109	86,169	1,968	276,246	22	Kebbi	282,474	155,968	21,840	460,282
4	Anambra	160,384	103,872	1,843	266,099	23	Kogi	241,960	92,768	609	335,337
5	Bauchi	326,064	132,733	5,026	463,823	24	Kwara	480,815	266,271	2,837	749,923
6	Bayelsa	58,498	23,668	1,011	83,177	25	Lagos	1,574,170	1,094,593	62,157	2,730,920
7	Benue	295,984	118,971	1,308	416,263	26	Nasarawa	1,201,635	828,739	195,528	2,225,902
8	Borno	210,578	88,797	2,924	302,299	27	Niger	364,762	142,532	3,313	510,607
9	Cross River	361,458	191,356	17,243	570,057	28	Ogun	960,843	545,270	18,748	1,524,861
10	Delta	553,509	366,941	27,061	947,511	29	Ondo	419,967	225,100	3,670	648,737
11	Ebonyi	97,223	39,291	242	136,756	30	Osun	594,696	346,552	11,010	952,258
12	Edo	210,469	101,285	3,103	314,857	31	Oyo	951,430	569,831	17,286	1,538,547
13	Ekiti	306,388	193,965	5,122	505,475	32	Plateau	256,318	135,137	4,168	395,623
14	Enugu	209,297	79,179	2,749	291,225	33	Rivers	431,550	213,200	12,317	657,067
15	FCT	456,786	259,066	20,907	736,759	34	Sokoto	204,058	233,380	59	437,497
16	Gombe	249,108	177,735	27,305	454,148	35	Taraba	215,034	83,239	3,316	301,589
17	Imo	137,699	100,927	1,994	240,620	36	Yobe	213,952	95,378	3,781	313,111
18	Jigawa	2,391,991	1,713,860	17,870	4,123,721	37	Zamfara	548,724	232,409	46,733	827,866
19	Kaduna	423,425	267,044	7,664	698,133		National	18,620,583	11,586,821	760,323	30,967,727

Source: Daily Call-In Data

Approach Matrix

Similar Approaches	Unique Approaches
• Mass Vaccination • Community Engagement. • Advocacy • Media Engagement • Social Mobilization • Stakeholder engagement • Risk Communication	• Feedback mechanism by NPHCDA • Adamawa State deployed an approach with Fulani settlements by including cattle vaccine along with the COVID-19 vaccine. • The inclusion of people living with HIV and people with disabilities was done in Kano, Bauchi, Bayelsa, FCT but Sokoto State had a dedicated vaccination site for special cohorts like PLWHIV and internally displaced persons. • FCT also had a layer of community engagement which included engagement of estate associations. • In Bayelsa State, vaccination drives were conducted in hotels for owners, staff, and guests

Notable Discussion and Learning Points

- Communication activities are notably state-specific because of culture and religion.
- It seems that traditional leaders are leading community engagement activities in Kano, Bauchi, FCT, and Sokoto.
- Adamawa State learned about the use of social media and sees it as a viable option since the State had not used this avenue for communication before.
- Kano State mentioned training indigenous people in security compromised locations and FCT and other states can learn from that approach.

Challenges and Solution Matrix

Cross Cutting Challenges	Proposed Solutions
• Funding.	• Intensifying high-level advocacy for resource mobilization and timely release of funds at all Government levels.
• Generally perceived vaccine hesitancy and voluntary testing was suboptimal.	• Engaging key influencers (politicians, policymakers, First Ladies) to be part of the COVID-19 response.
• Low vaccine uptake by women.	• Male involvement to increase women's uptake of vaccines.
• Insecurity.	• Collaboration with security agencies during vaccination campaigns.
• Competing priorities affect effective community engagement. For example, when routine immunization exercises are ongoing, volunteers and ministry staff are unable to cope with several competing demands at the same time.	• Strengthen integration structures for competing priorities.
• There is a lot of misinformation and rumor at the community level	• Identify social media handlers at State levels on how to respond to myths and misconceptions

Notable Discussion and Learning Points
• States should prioritize seeking counterpart funding from State Governments for communication activities. Communication activities are not funded at national level but are state-owned. • Rumor management is integral to the success of COVID-19 response and this must be systematically done.

Key Lessons Learned

- Working with religious associations is critical to COVID-19 response to reach a wider audience effectively as exemplified in Bayelsa state with the task force that CAN formed themselves to help reach a wider audience with COVID-19 messages and how religious leaders in most Northern states are leading community engagement.
- Identifying opportunities within established Government plans to conduct key activities can help to reduce lack of funding challenge as these activities are already earmarked for funding within the Government's plan.
- Taking the vaccination services to the people, especially targeting high traffic places can help to increase vaccination rates as seen across the states through the motorized campaigns and vaccination drives.
- Leveraging available resources across the state such as the general and teaching hospitals used for testing and isolation centers in Bauchi and Sokoto states is a great way to deploy approaches faster as these are already existing resources and do not need start-up time lag. That approach was also an effective way of reducing COVID-19 deaths as most symptomatic cases were adequately managed and discharged.
- Having a coordinating body like the RCCE pillar and CRICC helps to have better coordination for such a multi-faceted response such as COVID-19. It also reduces duplication of effort among partners and donors.
- Mass vaccination approaches targeted at communities can help to hear firsthand and provide opportunities for addressing rumors and misconceptions. This can be systematically integrated with the existing rumor collection mechanism existing at the state levels to inform programmatic approaches to address vaccine hesitancy within the communities.
- Community structures and volunteers can help to increase community awareness of COVID-19 messages on prevention, testing and treatment as they are delivered by known community members.
- While mass vaccination approaches seem to be effective in getting the intenders to take up their first dose. Other approaches need to be layered to promote the second dose. The FCT example of calling and sending reminder messages can be adopted across states to improve second dose vaccination rates.
- Approaches need to be culturally and regionally specific as exemplified in the FCT's finding that adapting SBC materials to local languages can ease understanding and acceptance within the communities.
- Considering the critical role that the media plays, it is important to engage them at every level to promote awareness and provide leverage for approaches across

board. The FCT PHCB team learnt that the media is willing to support if they are adequately engaged in a sustained manner. This may be applicable to other states.

- It was discovered that incentives can be very helpful in getting people vaccinated. These incentives could be hand sanitizers, mosquito nets etc, thereby presenting an opportunity to integrate multiple social and behavior change messaging into one holistic approach. States that can afford to integrate some of the public health approaches can explore this.

Conclusion

While this report detailed the experiences of Bayelsa, Bauchi, Benue, FCT, Kano and Sokoto states, it is worthy of note that Adamawa and Akwa Ibom States conducted somewhat similar approaches in their states. The key difference in Adamawa State was the engagement of herders and veterinary associations through the One Health approach as a strategy that helped ramp up vaccination. For clarification, the One Health Approach is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels—with the goal of achieving optimal health outcomes by recognizing the interconnection between people, animals, plants, and their shared environment. These State-specific approaches illustrate how each State has been able to manage the COVID-19 pandemic and ramp up vaccination in ways that both benefited and improved the lives of their citizens, while maintaining cultural and region-specific contexts.

Annex A - Participants List

S/No	Name	Organization	Location
1.	Dr. Olubunmi Omowunmi Olopha	Nigeria Center for Disease Control (NCDC)	Federal Capital Territory (FCT)
2.	Hadiza Sa'ad	Nigeria Center for Disease Control (NCDC)	Federal Capital Territory (FCT)
3.	Sarah Peter	Nigeria Center for Disease Control (NCDC)	Federal Capital Territory (FCT)
4.	Nwachukwu Evelyn W.	Health Promotion Division, Federal Ministry of Health (HP, FMOH)	Federal Capital Territory (FCT)
5.	Ummi Adamu Juriba	National Primary Health Care Development Board (NPHCDA)	Federal Capital Territory (FCT)
6.	Ugomma Nyananyo	National Primary Health Care Development Board (NPHCDA)	Federal Capital Territory (FCT)
7.	Michael Okoli	Nigeria Center for Disease Control (NCDC)	Federal Capital Territory (FCT)
8.	Mohammed Ribadu Jibrin	Bauchi State Primary Health Care Development Agency (SPHCDA)	Bauch State
9.	Jukul Moses	Benue State Ministry of Health (SMOH)	Benue State
10.	Dr. Eno Attah	Akwa Ibom State Primary Health Care Development Agency (SPHCDA)	Akwa Ibom State
11.	Ado Jibrin Sanda	Kano State Primary Health Care Management Board (SPHCMB)	Kano State
12.	Azeez Olufunke Deborah	Public Health Department	Federal Capital Territory (FCT)
13.	Dr. James Vasumu Jacob	Adamawa State Primary Health Care Development Agency (SPHCDA)	Adamawa State
14.	Elizabeth I. Ladipo	FCT Primary Health Care Board (PHCB)	Federal Capital Territory (FCT)
15.	Malami Madi Abubakar	Sokoto State Primary Health Care Development Agency (SPHCDA)	Sokoto State
16.	Dr. Jibrin Omar Mohammed	Bauchi State Primary Health Care Development Agency (SPHCDA)	Bauchi State

17.	Miracle Rufus	Nigeria Center for Disease Control (NCDC)	Federal Capital Territory (FCT)
18.	Junaid Mohammed Junaid	Nigeria Center for Disease Control (NCDC)	Federal Capital Territory (FCT)
19.	Ganiyat Eshikhena	Breakthrough ACTION Nigeria	Federal Capital Territory (FCT)
20.	Abolade Oladejo	Breakthrough ACTION Nigeria	Federal Capital Territory (FCT)
21.	Adeyoju Olukemi	Breakthrough ACTION Nigeria	Federal Capital Territory (FCT)
22.	Ramatu Ada Ochekliye	Breakthrough ACTION Nigeria	Federal Capital Territory (FCT)
23.	Onche Inalegwu	Breakthrough ACTION Nigeria	Federal Capital Territory (FCT)

Annex B – Presentation Links

S/No	Presentations
1.	Nigeria Center for Disease Control (NCDC)
2.	National Primary Health Care Development Agency (NPHCDA)
3.	Bauchi
4.	Bayelsa
5.	Benue
6.	Federal Capital Territory (FCT)
7.	Kano
8.	Sokoto