Risk Communication and Community Engagement Strategy

COVID-19 Prevention and
Control in Nigeria

Table of Contents

Message

Honourable Minister of Health

Dr. Osagie E. Ehanire

Globally, the COVID-19 pandemic has affected various communities irrespective of the population's socio-economic status, or geographic location and continues to threaten their collective health and wellbeing. The high demand for health workers and resources has reflected weakness in the global health system. Since the declaration of COVID-19 by WHO as a pandemic in March 2020, the world has been in a race to find a cure, vaccine, strengthen the health systems, build capacity in pandemic response, to save lives.

After the index case of COVID-19 was detected in Nigeria in February 2020, our vigilant public health workers have been working round the clock, facing one of the biggest challenges our health system has ever confronted. We have combated the virus and built our capacity to test, trace, and isolate cases. Now that Nigeria is in community transmission, we are committed to making necessary evidence-based decisions to ensure Nigerians are safe.

Risk Communication and Community Engagement (RCCE) is designed to ensure that everyone is empowered to make informed decisions. An effective RCCE strategy, which is culturally accepted, will help to identify challenges early and subsequently facilitate the management of misinformation and other gaps in communication.

It is only by working together that we can defeat the virus, return to normalcy, and continue to preserve lives. Therefore, I would like to urge everyone to continue to #TakeResponsibility and adhere strictly to non-pharmaceutical preventive measures.

Dr. E. Osagie Ehanire MD, FWACS
Honourable Minister of Health

Preface
National Coordinator, Presidential Taskforce
Dr. Aliyu Sani

In response to the COVID-19 pandemic, the Government of Nigeria established the Presidential Task Force on COVID-19 (PTF) to coordinate the health and non-health sector response to the pandemic. The PTF uses a multi-sectoral approach involving various Ministries, Department and Agencies (MDAs) along with development partners, private sector, religious, traditional and social institutions and groups. The response is structured along the lines of an Incident Management Command System with various pillars centrally coordinating response activities. These mechanisms were set up to ensure that the impact of the COVID-19 pandemic is mitigated and controlled in Nigeria.

The Risk Communication and Community Engagement (RCCE) pillar provides coordinated multisectoral partnership with stakeholders related to prevention, treatment and care related to COVID-19. The strategy outlined in this document is flexible, adaptable and relevant to emerging priorities while ensuring effective communication between communities, stakeholders and implementing agencies. It is expected that this strategy would continue to be modified and improved based on evidence from periodic reviews, responsive feedback and audience polls/surveys, etc. The success of the efforts to control COVID-19 in Nigeria greatly depends on the ability to communicate clear, convincing, actionable messages with the populace in their

cohorts. We encourage all State Governments to deploy resources to this critical component of the COVID-19 response. I would like to acknowledge the leadership of the Nigeria Centre for Disease Control (NCDC), Federal Ministry of Information (FMOI), Federal Ministry of Health, other government institutions, development partners, religious and traditional institutions, community based organisation and groups who worked collaboratively to bring forth this useful working tool for risk communication and community engagement in the COVID-19 response in Nigeria. I hereby recommend this strategic document for use as a resource to guide Nigerians about the risk of COVID-19 and to enable the public to make informed decisions to protect themselves and their loved ones against COVID-19.

Foreword

Director General of the Nigeria Centre for Disease Control

Dr. Chikwe Ihekweazu

The coronavirus disease (COVID-19) has had a significant impact on the Nigerian population and other countries across the world. In Nigeria, the response to this disease has required strengthened collaboration at all levels of society, including to raise awareness on the severity of the disease and encourage behavioural

change towards halting the spread of the virus. The synergy of efforts at the national level, with state governments, partners and all relevant stakeholders, has led to the development of this Risk Communication and Community Engagement (RCCE) Strategy document.

The pandemic has led to the introduction of various measures including an early lockdown of social and economic activities, restriction of gatherings, introduction of physical distancing, compulsory use of face masks, and other public health and social measures. This has required intensified risk communications to raise awareness of the severity of the disease and promote behaviour change.

This document elucidates the thinking behind the strategies that have been adopted for RCCE since the beginning of the outbreak in Nigeria and shares direction for sustaining and improving the gains made thus far. In addition, it cuts across various topic areas including capacity building, communication channels that can be leveraged, rumour management and importantly, monitoring and evaluation which is essential for strategic and effective risk communication. The strategies plans and guidelines in this document require collaboration among stakeholders including individuals, Community-Based Organisations (CBOs), Civil Society Organisations (CSOs), community and traditional leaders, faith-based organisations, sectors, associations and so on.

This strategy document developed by the Risk Communication Pillars of the Presidential Task Force on COVID-19 and the National Emergency Operations Centre at Nigeria Centre for Disease Control (NCDC) will contribute to efforts to ensure ownership, relevance and effectiveness of public health messaging for the COVID-19 pandemic in our country.

Message
Lead, Risk Communications Pillar, PTF
Joseph Mutah

Various documents have been produced in recent years in response to a range of outbreaks of diseases that posed a threat to the lives of Nigerians. However, these pale in comparison to the coronavirus pandemic. This global virus outbreak has claimed the lives of many and has inflicted untoward hardship on livelihoods even as the economy takes a hit.

Responding to COVID-19 pandemic demands a concerted and coordinated approach and the implementation of actionable strategies and policies that effect awareness, influence perceptions and attitudes, efficacy, intentions and actions among Nigerians to take responsibility and protect themselves and their loved ones from contracting the virus. This document serves

as a strategic guide for Risk Communication and Community Engagement (RCCE) response activities across all levels of government. The RCCE Pillar of the Presidential Task Force (PTF) on COVID-19 in collaboration with National Emergency Operation Centre, Ministries, Departments and Agencies, development partners and the Civil Society worked tirelessly on the development and adoption of a holistic strategy and implementation plan for mobilizing individuals and communities to pursue a common cause against coronavirus.

Such strategies include how to provide timely and accurate information to the public about government actions for containing COVID-19 outbreak in a transparent manner and facilitating rapid sharing of accurate, actionable information among individuals, families, communities, healthcare workers, media, partners and policymakers.

This strategy also articulates the promotion of community ownership of the response to engender large scale behavior change while continuously addressing emerging misconceptions, disinformation, misinformation, stigma, and risky behaviors.

The strategies that have been adopted and the policies itemized for implementation are very apt and can be continuously repurposed to address and contain emerging disease outbreaks and pandemics in the country.

Acknowledgement

Lead Risk Communication Pillar, National EOC, Nigeria Centre for Disease Control

Dr. Yahya Disu

Key Acronyms

BCC	Behaviour Change Communication
EOC	Emergency Operation Centre
EPPM	Extended Parallel Processing Model
FMoH	Federal Ministry of Health
IDPs	Internally Displaced Persons
IEC	Information, Communication and Education
IPC	Infection Prevention Control
IVR	Interactive Voice Response
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
NAFDAC	National Food, Drugs Administration and Control
NCDC	Nigerian Centre for Disease Control
NPHCDA	National Primary Health Care Development Agency
PPE	Personal Protective Equipment
PTF	Presidential Task Force
PWD	Persons with Disability
RCCE	Risk Communication and Community Engagement
SEM	Socio-Ecological Model
SHE	State Health Educator
SOP	Standard Operating Procedure
TOR	Terms of Reference
TWG	Technical Working Group
WHO	World Health Organization
UNDP	United Nations Development Programme

List of Contributors

Dr. Abiodun Egwuenu	Nigeria Centre for Disease Control
Adenike Ayodele	Centre for Communication and Social Impact - CCSI
Dr. Adolor Aisiri	Centre for Communication and Social Impact - CCSI
Amina Bala	Breakthrough ACTION Nigeria
Babafunke Fagbemi	Centre for Communication and Social Impact - CCSI
Charity Warigon	WHO Nigeria
Chijioke Kaduru	Corona Management Systems
Dr. Chikwe Ihekweazu	Nigeria Centre for Disease Control
Dr Chinwe Ochu	Nigeria Centre for Disease Control
Chimezie Anueyiagu	Nigeria Centre for Disease Control
Debby Nongo	HIV/AIDS and TB office, USAID/Nigeria
Dr Doyin Odubanjo	Nigeria Academy of Science
Dr. Yahya Disu	Nigeria Centre for Disease Control
Dumale Aadum	Corona Management Systems
Ejibe Ukwori	Tony Blair Institute
Emeka Oguanuo	Nigeria Centre for Disease Control
Foyeke Oyedokun-Adebagbo	Health Population and Nutrition Office, USAID/Nigeria
Kori Habib	UNFPA
Hadiza Saad	Nigeria Centre for Disease Control
Dr. Halilu Usman	US CDC
Hawa Sesay	WHO Nigeria
Ian Tweedie	Breakthrough ACTION Nigeria

Dr. Joseph Edor	Breakthrough ACTION Nigeria
Justin DeNormandie	Breakthrough ACTION Nigeria
Ladi Bako-Aiyegbusi	Federal Ministry of Health
Lisa Cobb	Breakthrough ACTION
Micheal Ajuluchuku	NPHCDA
Ngele Ali	UNDP
Dr Olayinka Umar-Farouk	Breakthrough ACTION Nigeria
Oliver Iokarse	AFENET
Oluseyi Soremekun	UN
Oluseyi Akintola	Centre for Communication and Social Impact - CCSI
Priya Parikh	Breakthrough ACTION
Ronald David Kayanja	UN
Dr. Rufus Eschuchi	UNICEF
Saadia Yaqoob	UN
Dr Suvajee Good	HPR- WHO Africa Regional Office
Simon Idoko	National Orientation Agency
Tijesu Ojumu	Nigeria Centre for Disease Control
Vivianne Ihekweazu	Nigeria Health Watch
William Tsuma	UNDP

How to use this document

This strategy is meant to guide stakeholders at all levels and provide necessary guidance on communicating with the public so that communities can curtail the spread of COVID-19 in a sustainable approach. Identify and engage with all the relevant multisectoral partners as the success of this strategy is hinged on this.

This strategy is designed to enable states and communities to address peculiarities based on their context.

This strategy is flexible and adaptable throughout the COVID-19 risk response and can be made relevant to emerging priorities through evidence from periodic reviews, responsive feedback and audience polls/surveys etc.

Read the document to understand the rationale behind the campaign, the type of messages and response that are considered effective in a pandemic like COVID-19.

Start with what the people know, use the results of investigations to determine where the communication gaps are and adapt the core messages presented in the strategy to suit your local context.

Ensure plans and decisions are done in a participatory manner building consensus as much as possible with all multisectoral stakeholders.

Identify the phase of the pandemic you are in and work closely with the various units including the media to tailor and prioritize messages that align with the phase.

Be very proactive in your approach and like the campaign theme, do #TakeResponsibility to leverage on your experience and be resourceful.

Be flexible and open to contributions as you implement the strategy and remember to wear the shoes of the audience so that messages and activities will resonate with them and their unique circumstances.

Remember that with each phase and sometimes each week, the message focus will vary. Ensure you gather facts from the community that will help you to build an appropriate response in a timely manner.

This strategy suggests various message formats, go with what works best for your context based on available data and evidence. Prioritize communities and intensify engagement through the most appropriate channel and messengers.

Ensure you harvest and share feedback for lessons learnt and comprehensive documentation.

Be resilient in your approach, deploy creativity and adopt an empathetic posture as you implement the RCCE strategy where we hope to "provide frequent, timely and actionable information to empower individuals to take individual and collective responsibility to prevent and limit the spread of COVID-19, by practicing priority health behaviours that protect themselves and their communities"

Photo credit - NCDC

Background

Risk communication refers to the real time exchange of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being. Its ultimate purpose is that everyone at risk is able to take informed decisions to mitigate the effects of the threat/hazard, such as a disease outbreak, and take protective and preventive measures. (IHR, 2009; WHO, 2017). Communication is an effective tool for two-way exchange of real-time information, advice and expert opinion to the public about the nature, significance and control of a risk.

Risk Communication and Community Engagement (RCCE) is an essential part of any disease outbreak response. In the context of COVID-19, the RCCE aims to enable real time information, exchange of opinions and advice between frontline health providers,

community outreach workers and community members[1]. The strategy of the RCCE Pillar of the Presidential Task Force and National Emergency Operation Centre in Nigerian Centre for Disease Control (NCDC) to combat the COVID-19 pandemic, serves as the road map for developing and implementing an integrated risk communication system during public health emergencies in a comprehensive manner with multi stakeholder involvement. The integrated risk communication model has five key pillars: risk communication systems; internal and partner communication and coordination; public communication; communication engagement with affected households and communities; and dynamic listening and rumour management. It equally covers multi-sectoral community engagement to facilitate risk communication and mobilize for sustainable individual and community positive behaviour change to contain COVID-19 in Nigeria.

The World Health Organization (WHO) declared the ongoing COVID-19 outbreak a pandemic on 11th March 2020, with a cumulative number of 124,101 confirmed cases around the world. In Nigeria, the index case was reported on 27th February 2020 and since then, there has been a steady rise in the number of confirmed cases across the country.

Rationale for Risk Communication and Community Engagement

In the midst of a critical situation like an epidemic or a pandemic, RCCE needs to be activated in a timely manner to avoid delays, as misinforming the public may result in public outrage, lack of credibility of the government and cause more damage. In addition, the socioeconomic effects of social interventions like lockdown, if misunderstood by the public, may serve as disincentives to desired behaviour change. Effective RCCE helps to reduce anxiety and allay fears of the public, with the expectations that the public will adopt responsible behaviours. This will ensure personal protection, thus halting the spread of disease or mitigating the consequences of the pandemic. RCCE depends upon the ability to get the right contextual emotional balance between fear and building trust or public confidence. Leveraging on a holistic systems approach, bringing all relevant and trusted partners together, communicating with openness and transparency, with strong coordination mechanisms in place, are critical factors in effective RCCE.

Goal of the RCCE Pillar
To strengthen, coordinate and deploy effective RCCE strategies to respond to the COVID-19 pandemic across all levels.

[1]https://reliefweb.int/organization/govt-bangladesh

The Objectives include to:

1 Strengthen coordination and communication for an integrated RCCE system among stakeholders at national and sub-national levels.

2 Develop and disseminate evidenced-based and culturally appropriate messages for the COVID-19 response for audiences in Nigeria

3 Develop strategies, plans and guidelines for implementation, monitoring and evaluation of RCCE systems

4 Strengthen community level implementation of the RCCE strategy

5 Strengthen integrated rumour management through effective communication surveillance

6 Improve and sustain cultural competence and health literacy for COVID-19 at all levels

Photo credit - Bayo Omoboriowo

Coordination Mechanism

The **Presidential Task Force (PTF)** is the highest body in charge of the National COVID-19 response in Nigeria. At policy level, the risk communication pillar at PTF provides requisite leadership, strategic oversight and leads on stakeholder and resource mobilization, coordinating efforts at all levels and across sectors, whilst providing support to amplify messages for RCCE. The PTF addresses critical issues of concern escalated from the field by the pillar, instituting a rapid response to avert communication-related crises.

At the technical level, the RCCE pillar at the National Emergency Operation Centre provides technical support and enhances stakeholder engagement and coordination. The pillar also mobilizes and builds capacity of state teams to coordinate and implement a harmonized RCCE strategy; strengthens the generation and use of evidence to inform approaches and messages developed around the flagship campaign; and offers coordination to support the state integrated RCCE strategy.

Photo credit - Presidential Task Force on COVID-19

Photo credit - @officialOSGFNG

Photo credit - @officialOSGFNG

Photo credit - @officialOSGFNG

Photo credit - @officialOSGFNG

Photo credit - @officialOSGFNG

Photo credit - NCDC

COVID Awareness and Perception Polls

Based on an opinion poll conducted in March 2020 across three metropolitan cities (Kano, Lagos and Port Harcourt), level of awareness of coronavirus was very high (99%), however there was also a lot of uncertainty and misinformation about the virus. Although public information efforts have been successful in addressing the cause of the disease, spread and prevention, many urban Nigerians still believed in misinformation about recovered COVID-19 patients and their vulnerability to the virus. Misinformation centered around: avoiding patients who recovered from COVID-19, Africans are immune, hot climates prevent spread, eating garlic cures it, it's a government-made weapon etc.

In addition, from this survey, doctors, religious leaders, health officials and broadcast media had high credibility while politicians had less. TV, radio, Facebook, and WhatsApp had strongest reach[2]. Similarly, a survey conducted by UNDP-NOI Polls in April 2020 also showed that 99% of those surveyed were aware about COVID-19. This was said to be a significant increase (15% increase) compared with the figure obtained in their previous survey. The first poll was conducted in the week of March 3rd when Nigeria had just 2 confirmed cases.

6% | consider COVID-19 outbreak to be a hoax

28% | consider themselves to be immune.

The poll showed that Nigerians had confidence in the information provided by NCDC[3].
In a recent survey conducted by NOI polls in May 2020, 26% of respondents surveyed still believed they are immune. Level of awareness was still high, well over 90%.

87% | washed their hands regularly with soap

60% | practice respiratory hygiene (use of face mask etc.)

55% | maintain social distancing

53% | stayed at home

However, 19% of respondents had challenges implementing the recommendations of NCDC/FMoH on protective behaviors. Of this, 21% find face masks obstruct their breathing, 19% do not have money at home, while 18% said they did not receive relief materials from the government[4].

[2]Communication Survey carried out by Charney Research for NCDC, March, 2020
[3]COVID-19 survey report, UNDP-NOI polls –April 2020
[4]Perception survey on citizen's sentiments on COVID-19 in Nigeria. May 2020, NOI polls

Implementation of Integrated Risk Communication and Community Engagement Framework for COVID-19 in Nigeria

—

The WHO algorithm as shown below is adopted:

An integrated model for emergency risk communication
Adapted from new IHR external assessment tool – WHO

Media and social media surveillance, partner, stakeholder, community feedback, emergency anthropology KAP studies, other social science tools

Dynamic listening and rumour management

Risk communication Systems

Strategies, plans, SOPs, structures, resources, and simulation exercises to test systems

Directly or through influencers, including awareness campaigns, community radio, interpersonal communication, using existing community engagement mechanisms

Communication engagement with affected communities

Internal & partner communication & coordination

Mechanisms at national, local, international levels with stakeholders (health care workers, NGOs, volunteers, civil society, etc.)

Public communication

Media, social media, web, IEC materials, social mobilisation, etc.

Photo: WHO/E. Soteras Jalil

Figure 1: Integrated RCCE Framework for COVID-19 in Nigeria

Public Communication

—

As the country progresses through the evolving phases of the pandemic, the strategy would be adapted to accommodate emerging issues. The communication has since evolved from warning about risk from international travel as there are new cases that cannot be linked to contact with an international traveler; which indicates incidence of community transmission.

TheoreticalFramework

Messaging for RCCE on COVID-19 will be guided by the Extended Parallel Processing Model (EPPM)[5] for behavior change (also commonly known as Threat Management or Fear Management). The EPPM predicts that when perceptions of a threat are strong, and perceived levels of efficacy are high, individuals will adopt self-protective behaviors. Conversely, when perceptions of a threat are strong, but perceived levels of efficacy are low, the model predicts denial or rejection of protective behaviors.

> The campaign messaging will moderate Nigerians' perception of the threat COVID-19 poses to themselves and their families, and will provide a set of feasible, simple steps they can take to protect themselves, their families, and their health system.

In applying the EPPM model, message development and campaign implementation will take into consideration audience segments and strategies to address issues of efficacy and threat. For example, for audiences that have high threat and efficacy, messages will provide a clear call to action encouraging them to adopt protective behaviors. Audiences at low thresholds of threat and efficacy will be informed about the risk and provided with solutions to build their confidence. For audiences with high threat and low efficacy, messages will focus on protective behaviors as solutions to the threat. While messages for audiences with low threat and high efficacy will center on providing information about the risk thus empowering them to adopt recommended behaviours.

In response to evidence-based findings, the campaign will seek to build self-efficacy for individuals to protect themselves, families, and communities while creating a realistic and balanced sense of the threat posed by COVID-19. Findings from the NOI polls in April and May 2020 showed that some Nigerians still consider themselves immune to COVID-19 and some have challenges practising protective behaviours[6,7]

By working towards creating a balance between a realistic understanding of the threat of COVID-19 infection and the belief that the spread of infection can be managed, the campaign seeks to mobilize all Nigerians and relevant institutions to take responsibility for the sake of themselves, their loved ones, their communities and the country. Premised within the theoretical framework is the Socio Ecological Model (SEM)[8] which demonstrates that there are various levels of influence which should be recognized in order to address barriers and social norms to behavior change.

---

[5]http://www.healthcommcapacity.org/wp-content/uploads/2014/09/Extended-Parallel-Processing-Model.pdf
[6]COVID-19 survey report, NOI polls –April 2020
[7]Perception survey on citizen's sentiments on COVID-19 in Nigeria. May 2020, NOI polls

Based on SEM (Fig. 2), at the **INDIVIDUAL** level, individuals are likely to practise protective behaviors if they know the risks and how to protect themselves. At the **FAMILY AND PEER NETWORKS** level, the likelihood of individuals practicing protective behaviors increases if their family and friends also believe these behaviours are important and are supportive.

Individuals are influenced at the **COMMUNITY** level to practise protective behaviours if they see community leaders promote the behaviours and the community believes the behaviours are important and support is easily accessible. In like manner, influences at the **SOCIAL AND STRUCTURAL** level increases the likelihood of individuals practicing protective behaviors, when there are facilities in place to support the behaviors, such as laws and policies that promote norms around the protective behaviors.
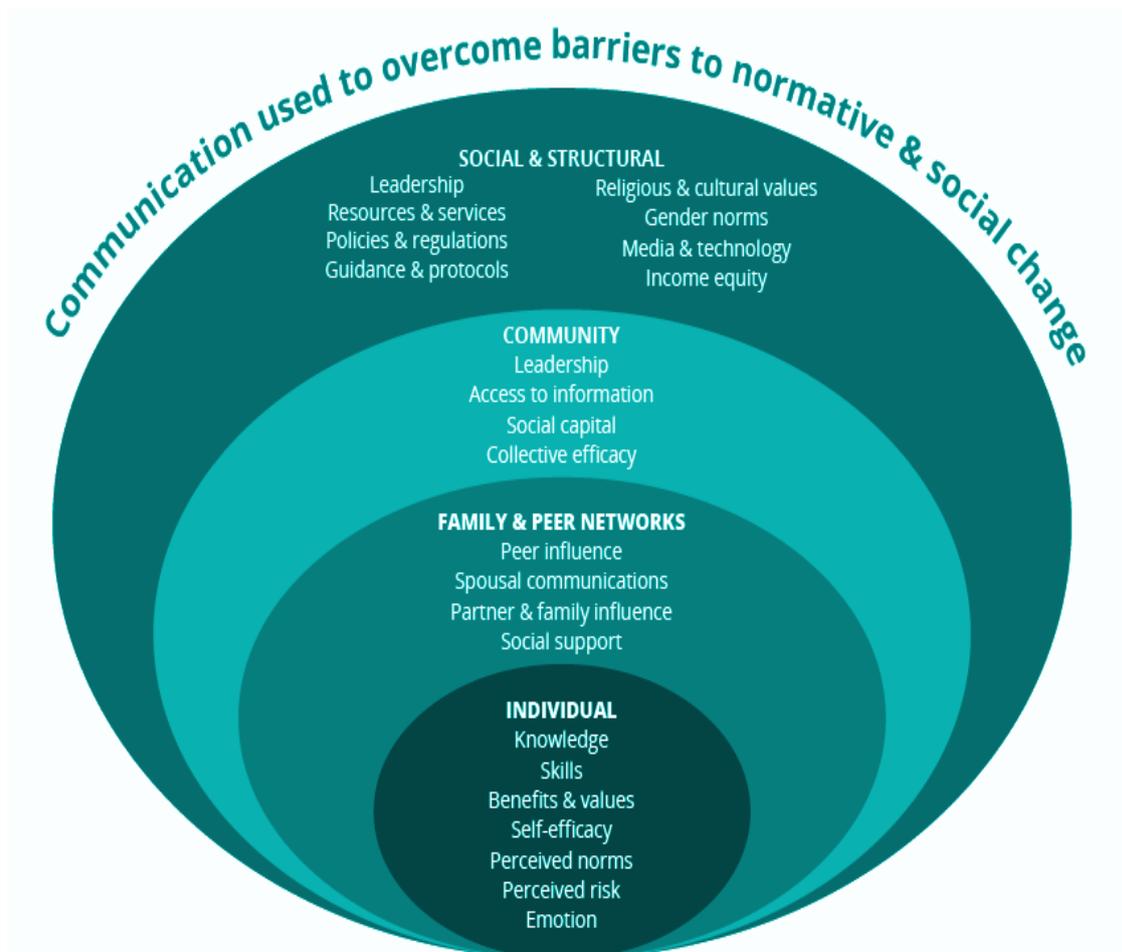
Figure 2: Socio-Ecological Model

8SBCC for Emergency Preparedness Implementation Toolkit. Accessed at <https://sbccimplementationkits.org/sbcc-in-emergencies/learn-about-sbcc-and-emergencies/what-is-social-and-behavior-change-communication/>

Theory of Change

Goal: "To strengthen, coordinate and deploy effective RCCE strategies to respond to the COVID-19 pandemic across all levels".

Within this theoretical framework, the strategy is focused on strengthening coordination and communication for an integrated RCCE system among all stakeholders; disseminate evidenced-based and culturally appropriate messages for the COVID-19 response for audiences; develop strategies, plans and guidelines for implementation, monitoring and evaluation of RCCE systems; strengthen community level implementation of the RCCE strategy; strengthen integrated rumor management through effective communication surveillance; and improve and sustain health literacy for COVID-19 at all levels.

The National Risk Communication Pillar will continue to coordinate and strengthen all partners at the national level; strengthen coordination at the state and local levels and ensure an integrated RCCE system is implemented at all levels. This will allow state and LGAs to take responsibility and implement a harmonized RCCE strategy assuming there is continued enabling political leadership and commitment of State and Local Government.

The risk communication pillar will provide technical support and build capacities of state teams to coordinate and implement a harmonized RCCE strategy; strengthen the generation and use of evidence to inform approaches and messages developed; and guide partners and stakeholders to support the state integrated RCCE strategy.

This will allow an inclusive approach and allow states and communities to address peculiarities based on their context; as a result, more community members will be reached and enabled to take preventive action; then communities will become increasingly aware and knowledgeable of COVID-19 leading to adoption of priority preventive behaviors to curtail the spread of COVID-19 in a sustainable approach

This strategy is designed to be flexible and adaptable throughout the COVID-19 risk response and will be made relevant to specific and emerging national priorities through periodic reviews, responsive feedback and audience polls/surveys.

The success of this strategy depends on the extent to which the Federal, State and LGA government continue to support at all levels; audience continued perception of the severity of the COVID-19 disease leading to sustainable uptake of preventive behaviors and the extent to which COVID-19 impacts negatively on their social and economic life.

Photo credit - NCDC

Photo credit - NCDC

"Take Responsibility"
National Flagship Campaign

Photo credit - Centre for Communication and Social Impact

The NCDC launched a national communication campaign with the theme "Take Responsibility", designed to motivate the audience to comply with a set of priority behaviours and interventions for ending transmission of COVID-19 in Nigeria. The purpose of the campaign is a call to all Nigerians at all levels to take responsibility to prevent and control the spread of COVID-19 in Nigeria.

This requires increasing Nigerians' sense of responsibility and ability to protect themselves, their families, and their community from COVID-19 infection.

Figure 3: Take Responsibility campaign brand

✓ Campaign Goal

To provide frequent, timely and actionable information to empower individuals to take individual and collective responsibility to prevent and limit the spread of COVID-19, by practicing priority health behaviours that protect themselves and their communities

Objectives

Increase stakeholders engagement with defined roles and responsibilities

Strengthen coordination capacity to promote ownership at subnational level for take responsibility campaign

It is important to note that theme *Take Responsibility* has the capacity to be modified to accomodate other taglines, making it more targeted; and to resonate with specific audiences.

Priority Audiences

The **_Take Responsibility_** campaign will define what it means to take responsibility at each level of the socio-ecological model.

1. **Individuals**
2. **Families and peer networks**
3. **Community leaders, structures, and health workers**
4. **Policy makers**

The priority audiences are individuals who are acting to protect themselves and their families. They are influenced by peer and family networks; community, religious, and traditional leaders and associations; and by the policies and enabling environment around them. While individuals **_"Take Responsibility"_** for protecting themselves, their families, and their communities, this campaign will also highlight what role each level of the socio-ecological framework is playing in **_"Taking Responsibility."_**

For example, an individual takes responsibility by physical distancing; a health worker by showing up to work caring for the sick; a religious leader by being a credible source of information and asking congregants to stay home; a policy maker such as Ministries, Departments and Agencies (MDAs) by leveraging on their mandates, strengths and existing structures thereby building resilient coordination mechanisms.

Priority Behaviors

The priority audience will:

- Share accurate information with friends and family to inform appropriate risk perception
- Isolate self for 14 days if exposed to someone who has tested positive for COVID-19
- Support and cooperate with health officials to test, trace and treat those that might have the infection
- Practice physical distancing (at least 2 meters between self and other persons)
- Regularly wash hands with soap under clean running water for 40 seconds
- Avoid touching your eyes, nose, and mouth
- Regularly disinfect frequently touched surfaces

- Practice respiratory hygiene when coughing and sneezing
- Wear a face mask, when in public, as an additional layer of protection to other aforementioned preventive measures
- Call the State Hotline or NCDC Hotline at 0800 9700 0010 when anyone needs help for COVID-19 like symptoms or has come in contact with a confirmed COVID 19 case.

It is important that messages around case identification and how to seek help be relevant to the phase of the epidemic or current realities on ground. For example, the call for action in the early phase of the pandemic when the disease transmission was associated with international travelers was around seeking help was initially,

Call your State or NCDC Hotline at 0800 9700 0010 when anyone experiences symptoms of COVID-19.

The most common symptoms of COVID-19 include fever or cough, and difficulty breathing. Anyone who is having these symptoms and has travelled abroad or has come in contact with a person with COVID-19 in the past 14 days should call the NCDC Hotline. NCDC will arrange for a sample to be collected and test it for COVID-19 for free.

These messages have since evolved over the course of the campaign.

Signs and symptoms that determine need for test and care have also evolved from fever or cough and difficulty in breathing to include sore throat and loss of smell and taste. Guidelines for care have also been updated to include home based care for mild symptoms. Anyone with some of the symptoms above will be advised to self-isolate and if symptoms worsen with difficulty in breathing they will need to be taken to the treatment center.

In addition, in states or cities that have gone to mandatory stay-at-home, lockdown, or other enforced limitations to movement and daily life, priority behaviors will include:

- Going out only when essential such as to buy food and basic necessities

- Obeying instructions such as wearing face masks and practicing physical distancing and adhering to all guidance given by government health authorities

- Be orderly to receive palliatives that might be given to the poor by government

Messages on **Stress Management** are important during the management of a pandemic response as the outbreak of COVID-19 may be stressful for people.

People might experience some of the following;

- Fear and worry about their health and the health of their loved ones

- Changes in sleep or eating patterns

- Difficulty sleeping or concentrating

- Worsening of chronic health problems

- Worsening of mental health conditions

To manage these do the following;

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.

- Take care of your body and exercise daily

- Eat healthy food and avoid diet that put you at risk

- Get enough rest and sleep

- Avoid panic and fear

- Connect with family and friends using technology.

In support of these behaviors, the campaign will also increase the realistic threat of COVID-19 severity while at the same time reducing hysteria due to fake news, modulating the threat perception to a realistic level. A priority behavior will be to stop the spread of fake news by checking with a credible source before sharing.

Photo credit - Bayo Omoboriowo

Photo credit - NCDC

Priority Actions and Phases of the Pandemic

There are different phases of the pandemic as listed by Africa CDC and some priority behaviors will need to be practiced all through, while others may be limited to certain phases[9] of the pandemic etc.

PHASE 0
No COVID-19 case

Activities would be geared towards preparedness. On the systems side, it is important to identify and activate central coordination , for services, screen at the point of entry, institute rapid response teams, improve surveillance, Infection Prevention Control (IPC) and clinical management while preparing laboratory facilities. These activities must be sustained through the phases of the response.

[9]Africa Centres for Disease Control and Prevention; Recommendations for stepwise response to COVID-19 By AU member states. Accessed at <www.africacdc.org>

PHASE 1
Early stage outbreak (Sporadic cases)

Activities would be directed at preventing further transmission. Extensive contact tracing and isolation and quarantine services should be activated. Community information should start with clear messages on simple doable actions to prevent further spread. A national emotive campaign should be flagged. Engage media early and onboard them as critical partners in the response. A key message here could be promoting the hotline of the NCDC and state counterparts to call if COVID-19 is suspected. Frequent handwashing, cough hygiene are key messages. Activate, advertise and continuously improve hotline facilities at National and state levels. Training for critical frontliners at systems and demand ends of the response should be activated.

PHASE 2
Expanding outbreak (Cluster of cases)

The aim is to curtail or slow down transmission. Refine messages to stem panic and fear. Encourage physical distancing and hand and cough hygiene. Activate messages to counter rumors and provide correct facts about COVID-19. Continue to trace, test and treat. Emphasize promotion and practice of IPC making essential Personal Protective Equipment (PPE) to safeguard health workers, put policies and guidelines in place and have mechanisms to ensure compliance. Address myths and misconceptions, rumors and deal with stigma. Have tailored messages for different audiences for example, Persons with Disabilities (PWDs). Key messages include need for prompt reporting, clarity on who can be tested and addressing rumors. Sustain activities to improve health systems especially for IPC and clinical management and leverage feedback to continuously improve hotline facilities at National and state levels.

PHASE 3 :
Advancing outbreak (Early phase of community transmission)

The intent is to curtail or slow down transmission and reduce the burden on health services. Effective coordination is critical at this time while systems improvement continues to be prioritized. Intensify trace and testing and keep communicating with the public to allay fears and panic, while continuing to build public confidence. Key messages include addressing stigma and promoting additional measures of protection such as wearing non-medical face masks. Key messages could include the need to encourage cooperation with government health officials while promoting wide adoption of priority protective behaviours.

PHASE 4
Large outbreak with nationwide transmission (Late phase of community transmission)

The idea is to have higher recoveries from those affected. Community transmission is on a wide scale and is throughout or nearly all the country. Set up camps for community testing and ramp up facilities for isolation and treatment. Expand laboratory services, IPC and clinical care. Ensure all partners and stakeholders continue to work together.

PHASE 5
Period post the pandemic

This phase, signaled by a reduction in cases over time, will be characterized by continued health education activities spanning across the demand and supply side. All activities that will help sustain this welcome reduction in cases should continue. Messaging should encourage communities to be resilient, dynamic and adopt these hygiene practices and other safety measures as a social norm. Efforts on harvesting views and perceptions of the audience to feed into learnings should also be sustained.

Campaign Materials

A core set of materials with the messages will be developed. Materials will be pretested and tailored to the following sub-segmentation. Materials include radio and TV spots, video animations, print materials (leaflets, posters), stickers, social media banners etc.

1. High risk vs low risk population
2. Northern vs. Southern (and state-specific adaptation)
3. Urban, high-density, low-SES settings. For instance, what is practical by way of social distancing and hygiene recommendations for these audiences?
4. Rural settings
5. Populations with occupational risk; health workers in health facilities, Patent and Proprietary Medicine Vendors (PPMVs), community pharmacies and officials of institutions in the frontline of response
6. Population with special needs: Persons living with disabilities, persons in close settings (correctional homes), persons in Internally Displaced Persons (IDPs) camps, refugees, migrant workers, border communities, and persons in security compromised and difficult to reach areas.
7. Vulnerable populations: elderly, persons with non-communicable diseases, people who need palliative care, pregnant women, persons with immunosuppression etc

Refer to NCDC COVID-19 microsite and google drive link for access to comprehensive set of guidelines, advisories and campaign materials:

https://covid19.ncdc.gov.ng/

https://drive.google.com/drive/u/0/folders/1eYc4CRZtUd2ePQhi5ONR5P2nWs2U_F0c

At the onset, messages will not be segmented by other characteristics such as gender, age, religion, or ideational factors. This may be done in future. However, the creative approach for all materials will both reflect state or local context (in language, dress, etc.) as well as illustrate that all people – men, women, children, health workers, market vendors, imams, pastors, and elected leaders could be at risk of contracting COVID-19, have a role to play and will describe the actions they should be encouraged to take. Upon approval and production, materials are disseminated through the most appropriate channel considering the audience and the context or phase of the pandemic. At National level, there is massive leverage of radio and television through radio spots, dramatized radio jingles, public service announcements and endorsements by authorities. With the support of the Ministry of Information, these products enjoy massive airtime on all government owned stations. A coordinated media plan is drawn up to help track and document use of the materials.

Print materials are also produced to educate the audience and these are distributed to communities that require them at local levels. Strategies are adapted for compliance with lock down, partial lock down or free movement as the case may be. At community level all measures are in place to ensure volunteers and all those involved in information dissemination; National Orientation Agency, Health Promotion Officers and others wear appropriate PPE and have the necessary tools required.

Engaging Stakeholders and Partners - Community Engagement

Stakeholders are largely Government organisations, MDAs, people or organizations that have special connections to NCDC, the disease / event, affected members of the public, or the specific emergency while partners are organizations, agencies or groups that will be assisting in the response.

They include the Ministry of Information, Ministry of Health, Nigeria Centre for Disease Control, National Primary Health Care Development Agency and counterparts from the following sectors: Agriculture, Environment, Information, Education, Defense, Aviation and Transport and Para- Military/ Security Agencies. Others include National Orientation Agency, National Population Commission, Ministry of Women Affairs, Ministry of Foreign Affairs, Interior, National Aids Control Agency, Port Health Services, Federal Road Safety Commission, National Food, Drugs Administration and Control and National Quarantine Services, Development partners and other Professional Regulatory Bodies and Associations amongst others. Full list of teams at National, State and LGA with Terms of Reference are contained in annex 4 to annex 9.

All the stakeholders and partners must understand the importance of risk communication, how it can reduce transmission of disease to bring about reduction in threat and spread of the disease and enhance the risk reduction behaviours' in the community. Engaging and communicating effectively with partners and stakeholders is critical and requires careful coordination and collaboration as well as ongoing, two-way interaction with clear roles and responsibilities and single communication plan.
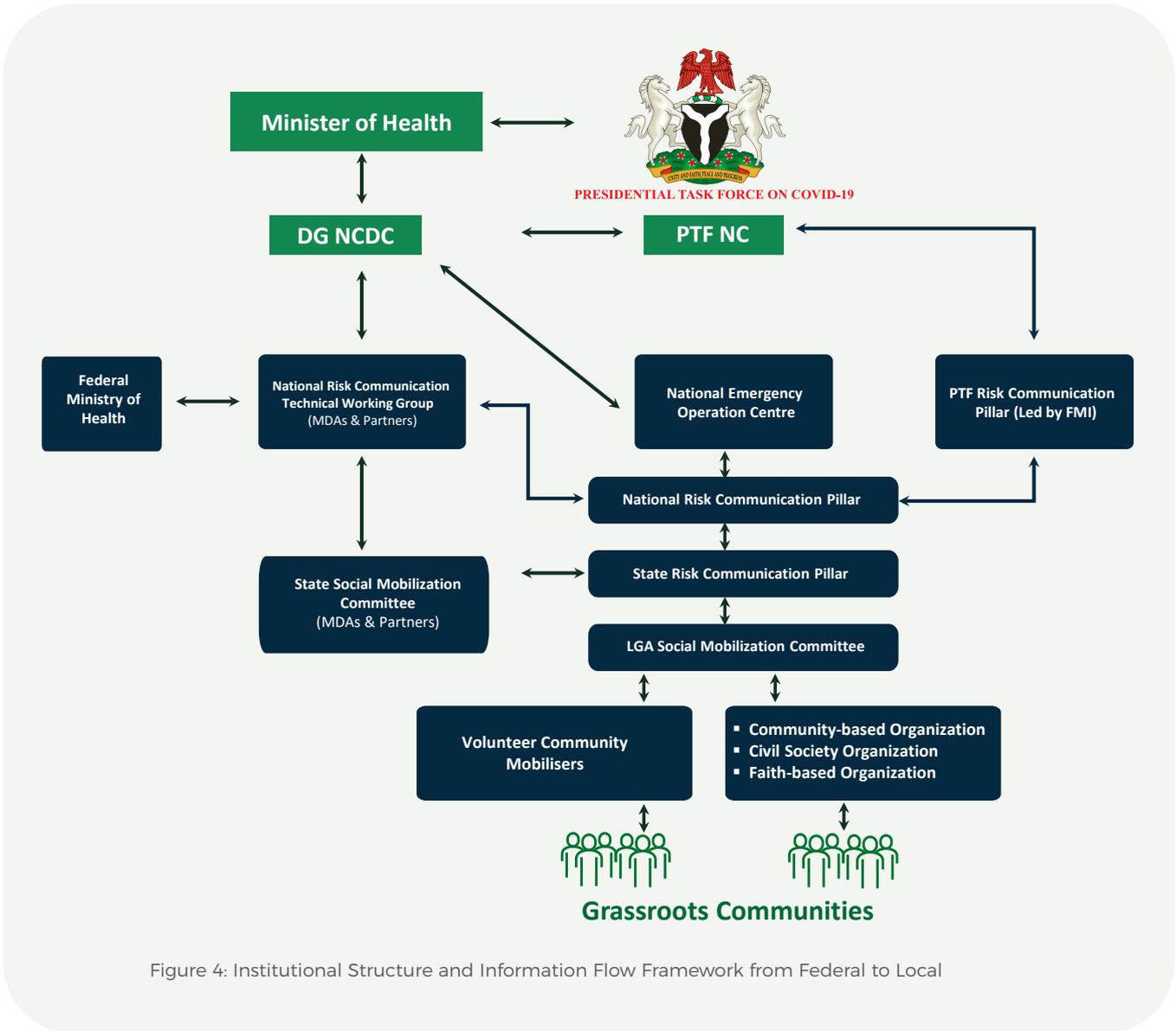
Figure 4: Institutional Structure and Information Flow Framework from Federal to Local

Four Pronged Sector approach to stakeholders engagement

Composition of sector	A sector is made up of relevant MDAs, partners and stakeholders; e.g the Education sector is made of FME, NUT, PTA,NUC,UBEC,SUBEC
Aim	To mainstream COVID-19 prevention into the policies and practices of sectors

Four pronged approach

- Support development of preventive guidelines by sectors

- Provide technical support to the sectors for implementing the guidelines

- Provide regular updates/ key messages to the sectors

- Establish feedback mechanism for tracking sectoral progress and shaping RCCE policies and strategies

The need to have a robust framework for multi stakeholder support for risk communication for COVID-19 cannot be overemphasized. Due to the scale of COVID-19 pandemic response in Nigeria, risk communication requires a multisectoral and multi-stakeholder approach through engagement of all relevant stakeholders at the state, LGA and community levels.

Building strong linkages among relevant MDAs and the RCCE pillar at NCDC for feedback into operations, dynamic and consistent messaging is instrumental to its ability to enable NCDC succeed in its coordination role. This role should be strengthened for optimization of initiatives, efforts, and available technical, financial and material resources from all sectors as well as building future long term capability to respond to future outbreaks.
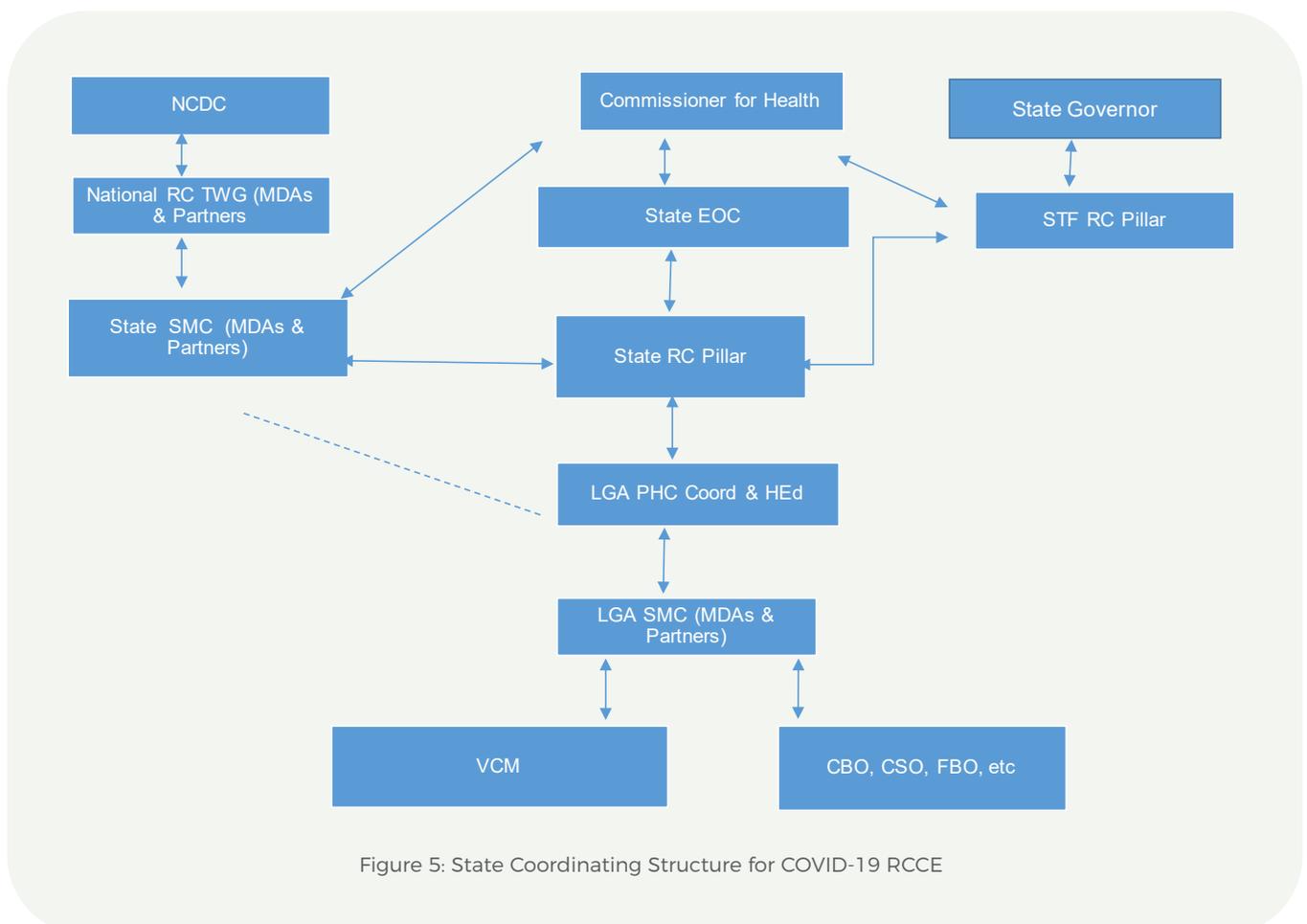
Figure 5: State Coordinating Structure for COVID-19 RCCE

The FMOH through the NCDC has core functions of risk communication needs assessment, strategy development, message design and coordination.

To support the delivery of its core functions, the following tasks are articulated below:

- Risk Communication Systems strengthening through developing guidelines and SOPs and risk communication capacity in Nigeria

- Transforming scientific information into consistent health communication and ensuring messaging across MDAs and all levels are consistent with the national approach

- Provision of technical support to the states to implement risk communication strategies at the grassroots through LGAs

- Leverage on the strengths and mandates of relevant MDAs through multi-sectoral collaboration in fulfilling its communication roles for outbreak preparedness and response in the country.

- Obtain feedback of RCCE activities from MDAs and stakeholders

- Share feedback with EOC and PTF to inform decision making

- Escalate challenges to PTF for high level solution

At subnational level NCDC through RCCE Pillar:

- Shares RCCE guidelines and SOP for the response with the states

- Provides technical support to the states to implement risk communication strategies at the grassroots through LGAs

- Ensure a multisectoral and multi-stakeholders approach through engagement of all relevant stakeholders at the state and community levels

- Share communication materials with the states for adaptation to local needs

- Ensure alignment with national strategy

- Obtain feedback of RCCE activities at the state level

- Share feedback with EOC and PTF to inform decision making

- Escalate challenges to PTF for high level solution.

The relevant MDAs are to:

- Sensitize the relevant stakeholders in their sectors to understand the outbreak and what measures are adopted to control it

- Promote adoption of safety measures by the stakeholders as prescribed by FMOH and NCDC

- Urge the stakeholders to disseminate key messages to their staff, family and the community

- Liaise with NCDC to build capacity of stakeholders where necessary

- Mobilize support for stakeholders to facilitate adoption of the desired behavior

- Facilitate participation of their state counterparts in State activities

- Provide feedback to NCDC on their activities.
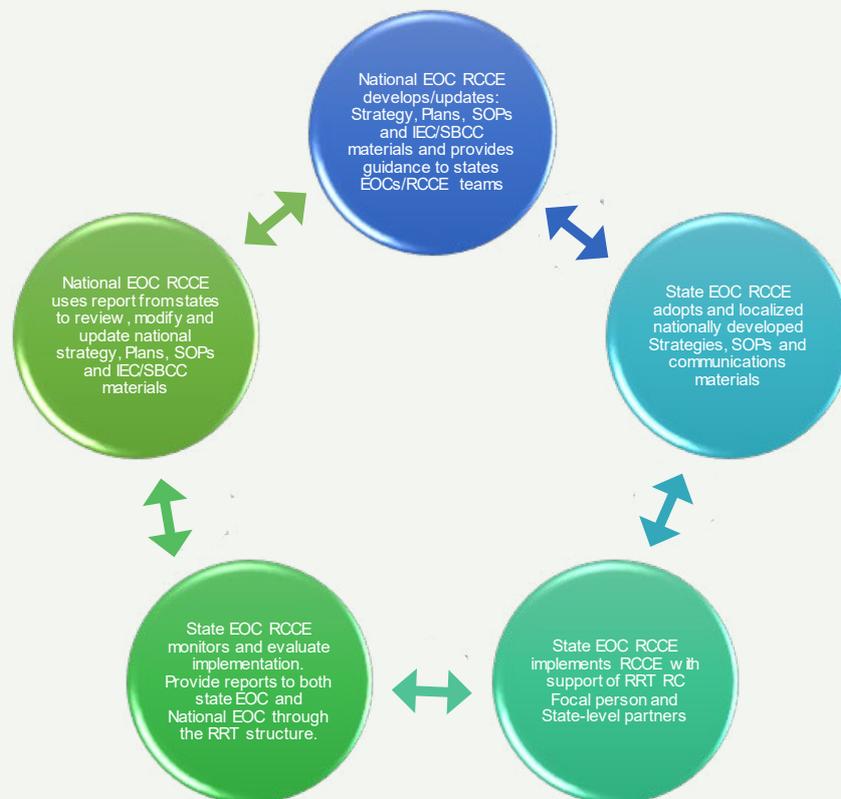
Figure 6: National and State level RCCE Relationship Matrix

A table showing the role of MDAs and Stakeholders is included in Annex 10

Photo credit - NCDC

Engaging the Media

The media is a strategic partner in the pandemic response and their engagement should be early and sustained. The Federal Ministry of Information with oversight plays a critical role to harness and coordinate media resources. Journalists should be updated frequently while their capacities should be built to report accurately.

Roles of RCCE Stakeholders and Partners

While these roles are captured by the 5Ms; model, map, mobilize, mitigate and monitor, detailed composition of stakeholders and Terms of Reference at various levels spanning national to LGA can be found in Annexes 4-10.

- **Model** - Practice and demonstrate preventive measures

- **Map** - Leverage on existing systems including audience and reach

- **Mobilize** - Share and promote *#TakeResponsibility* message using existing channels, approaches and opportunities

- **Mitigate** - Ensure people understand the situation and use information in a way that will enable them minimize the impact of the disease (existing channels, approaches and opportunities)

- **Monitor** - Collaborate and provide regular community feedback (update, challenges, opportunities) to NCDC and all other stakeholders/partner.

Capacity Building

The RCCE pillar in collaboration with stakeholders and partners identifies critical groups whose capacity needs to be built in risk communication. Training content is developed and adapted to suit the training needs of the identified audience. Audiences to be trained are drawn from national, state and LGA levels. Training formats include face-to-face, virtual training, interactive voice response using mobile curriculum or a combination of these, depending on what the context of the pandemic permits. During these trainings, safety measures should be put in place, including physical distancing, hand washing and wearing of face masks.

Photo credit - Babafunke Fagbemi, CCSI

Training content includes:

- Introduction to risk communication
- Roles and responsibilities of stakeholders and partners
- Introduction to Take Responsibility campaign
- Effective communication during the pandemic
- Priority behaviors and messages
- Addressing rumours and stigma
- Communication for education
- Whole of society approach to COVID-19 response
- Monitoring, evaluation and documentation.

Audiences that should benefit from this training include health promotion officers, social mobilisation committee members,spokepersons, security agencies, community stakeholders, civil society organizations, religious leaders, traditional leaders/rulers journalists, staff of regulatory agencies and other MDAs etc.

Photo credit - Babafunke Fagbemi, CCSI

Photo credit - Michael Ajuluchukwu

Photo credit - Babafunke Fagbemi, CCSI

Photo credit - NCDC

Engaging Opinion Leaders and Trusted Voices

According to Resolve to save lives findings of the opinion polls conducted in March 2020, Nigerians are highly influenced by Health Workers (72% of respondents) followed by Religious, Community and Traditional Leaders (65%). The campaign will leverage this trust to deliver messages that are perceived as credible and result in the adoption of behaviors to prevent and control COVID-19. These trusted voices will be engaged in the design and delivery of messages through an integrated mix of media channels, including radio, television, and social media. Also, the campaign will develop and distribute customized talking points and briefing materials to prepare them to talk to their

constituencies more accurately and effectively on COVID-19 issues.

The types of Opinion Leaders and Trusted Voices will include:

- **Health Professional Association Leadership.**
- **Religious Leaders** of all faiths.
- **Community and Traditional Leaders**
- **Key Market place and Trade Association Leaders** operating in high density settings, such as markets and transport hubs, etc.

- **Youth leaders**
- **Social Media Influencers and Popular Entertainment Personalities** such as celebrities, musicians, social media stars, On-Air-Personalities, etc.
- **News media.** The news media is a crucial platform.
- **CSOs, FBOs etc**

Communication Channels

Adopting a multimedia approach, the "Take Responsibility" campaign will be implemented on multiple, mutually reinforcing communication channels, including:

Mass Media. Audio and low-resolution video that can be broadcast on radio, internet, social media and television platforms

Mobile. SMS and IVR messages and those hosted on "on-demand platforms" sent by telecoms as part of Corporate Social Responsibility. Localized mobile units (megaphone on motorcycle, pickup truck, etc.) for communities in remote areas.

Digital. Social media and Internet. The official handles of the institutions in the frontlines of the pandemic should share social media compliant messages with the public. Use of infographics is highly recommended including short animated video messages. Working closely with the telecommunication industry SMS compliant message characters should be sent on an agreed basis to inform the public and remind them of key recommended behaviours. These messages will be revised weekly to ensure their relevance while continuous adaptations to align with message requirements of the pandemic phases are key. See additional information below.

NCDC Call Centre. At National and States, messaging at the Call Centres will be aligned with the Take Responsibility messaging. For instance, if there is an opportunity for people to listen to the audio spots while they wait. Operators would have their skills enhanced and given simple talking points to support their tasks. Getting feedback from the call center would be helpful to shape messages to the public.

Daily Press Briefing. The Presidential Task Force (PTF), the highest body in charge of this response will hold daily briefings to provide the public with relevant and timely information, drive public advocacy and engage

with the media. This is an opportunity to provide clarification to burning issues and update the public with information on the efforts of the government, while also encouraging support from the vibrant private sector and other relevant stakeholders.

Media Engagements and Chats. It is important to hold regular engagements on media stations and programs especially the reputable and popular ones for news and health related information. Credible spokespersons should be engaged following established guidelines. Advisories from NCDC and FMoH should guide the content of discussions with the sole purpose of addressing concerns from the public. Verified information should be shared by print newspapers and online formats. Misinformation should be addressed and debunked in a timely manner by a recognized and respected authority.

Print Media. Social behaviour change materials in print format should be produced for literate audiences. Materials should be highly visual and should contain information required and relevant to the different audiences.

Social and Community Mobilization. Through Interpersonal Communication channels, discussions and activities that align with the phase of the pandemic should be conducted. Community structures will lead this response with support from relevant government and partner agencies.

Digital Media

Knowing that 88% of all households across Nigeria own a mobile phone[10] (DHS Nigeria 2018), using short mobile messages, the campaign can reach the millions who do not have regular access to the internet with the critical messages that are shared regularly on other online platforms.

Messages are developed each week which reflect current realities and relate to the different phases of the outbreak response in Nigeria. Topics include: general prevention, rumour response and government guidelines/restrictions in line with our "Take Responsibility" campaign. The communications team provides content for 3-5 SMS that shared with each of the mobile network providers weekly to be disseminated to: 1 million per day (Airtel network), 20 million per day (MTN network), 13 million per day (9mobile network), and 9 million per day (Glo network). Furthermore, simple messages that will influence social and behaviour change will be recorded as audio in different local languages and disseminated as PUSH or PULL messages via mobile networks. The message development will be guided by information from rumour management and social media monitoring and will focus on specific themes - prevention, addressing rumour, and government guidelines/restrictions.

Photo credit - NCDC

Community Engagement

Community engagement is central to public health interventions and more so in a pandemic that has community transmission as one of its phases. Community engagement is a strategic process with the specific purpose of working with identified groups of people, whether they are connected by geographic location, special interest, or affiliation to identify and address issues affecting their well-being. It seeks to better engage the community to achieve long-term and sustainable outcomes, processes, relationships, discourse, decision-making, or implementation. For risk communication, this involves engaging those affected, in understanding the risks they face and involving them in response actions using approaches that are relevant, practicable, and culturally acceptable. Approaches will also help communities and individuals in making informed decisions to reduce the health risks and mitigate the impact of the threats.

The overall goal of community engagement: to provide people with the information and options they need to make decisions and take actions that save lives and lead to recovery. Credibility, respect, and honesty are non- negotiable in all communications, however, there may still be a group that has a bitter attitude toward or is holding a grudge against the response. Trying to win them over would be a waste of time and resources in an emergency. Aim to prevent harmful rumors or misperceptions from having a negative impact on your messaging to larger populations.

Implementing a localized approach to containment and mitigation measures, by designating levels of response based on a risk assessment of geographical areas, such as LGAs, wards, or communities, will allow states work through PHCs in targeting and tailoring effective public health responses to areas that need them most while minimizing the impact on other parts of the state with lower levels of transmission.

Decentralizing the response and making it more LGA-focused will enable contextualization of response effort considering population densities, mobility and access patterns, environmental conditions, as well as socio-economic, political and cultural factors that could drive or curb virus transmission.

Community engagement
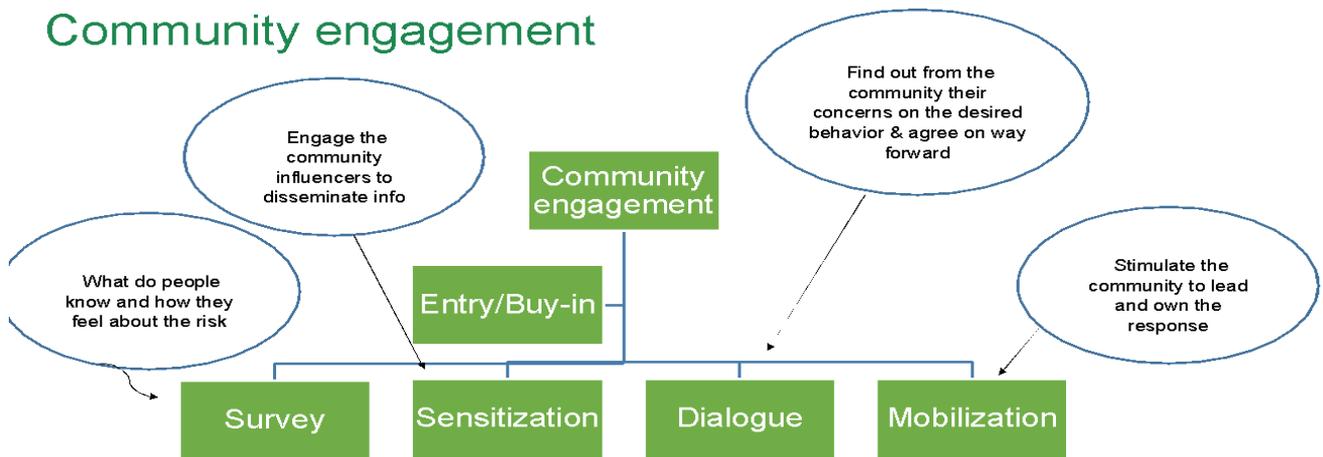
Figure 7: Community Engagement

Photo credit - NCDC

Photo credit - National Orientation Agency

Community Engagement Strategies

- Community entry and buy-in: **Consulting** the community as part of a process to develop government policy, or build community awareness and understanding

- Survey: **Understand** what people know and how they feel about the risk and their perceived self-efficacy to act, as this will inform and guide implementation (community dynamics, power relations, sources of information, beliefs and practices, available resources)

- Sensitization: **Involving** the community through a range of mechanisms to ensure that issues and concerns are understood and considered as part of the decision-making process

- Dialogue: **Collaborating** with the community by developing partnerships to jointly formulate options and provide recommendations

- Social Mobilisation: **Empowering** the community to make decisions and to implement and manage change through social mobilization committees including influential leaders and various existing community based networks such as CDAs, CBOs, FBOs, CSOs, NGOs, relevant MDAs, women and youth groups, agricultural extension workers etc. Members supporting mobilization include relevant PHC Agriculture, Women Affairs, Education, Environment, Information departments.

Principles of Community Engagement

- Establish relationships, build trust, work with formal and informal leaders, seek their commitment for mobilising the community.

- Map and leverage existing community engagement mechanisms (e.g. for polio, immunisation campaigns, community volunteers) and community structures (e.g. village or ward development committee members).

- Recognise and respect diversity; and ensure that the most vulnerable are reached and engaged.

- Identify, mobilise assets and strengths in developing the community's capacity and resources to make decisions and take action.

Community Engagement Structures and Channels

The communication channels for community engagement will involve leveraging on community structures and social networks to share accurate and up-to-date information about COVID-19 through varying channels such as mobile phones, megaphone, interpersonal communication while practicing all major preventive measures and ensuring social distancing. See annex 2 for an assessment matrix to guide community entry by volunteers and supervisors.

Existing community structures that can be leveraged upon include, but not limited to:

· Community leaders

· Religious and traditional leaders (District heads)

· Town announcers

· Community orientation and mobilization officers

· Village Development Committee members

· Ward Development Committee members

· Community volunteers

· Community based organizations

· Traditional Birth Attendants

· Traditional barbers

· Artisan/youth groups/associations.

· Celebrities and other popular stars willing to offer their support pro bono.

Using videos, audio recordings, short message services, flip charts, posters, storytelling, music, animations and other communication materials, the key messages can be delivered via these channels:

1. Motorized campaign

2. Street to street campaign using a megaphone

3. Fixed loudspeakers e.g place of worship or barracks

4. Social media platforms e.g. WhatsApp, Telegram, Zender and Bluetooth to share low resolution videos including locally produced songs on handwashing etc.

5. Mobile phones e.g. Interactive voice messaging like Airtel 321

6. Interpersonal communication such as house to house visits, group discussions, or one on one while maintaining or practicing preventive measures.

7. Leverage on indigenous communication with town announcers using local instruments.

Feedback

It is important to generate feedback from the audience to get additional information to identify and address critical gaps and demonstrate openness. The quality of interpersonal interaction during community engagement can often be measured by the quality of discussions that take place. Ask questions to discover the explicit wants, needs, and desires of your stakeholders. Remember that non-verbal feedback should also be observed.

Protective measures to observe during interpersonal communication

- **Before the activity (house visit, compound meeting, community dialogues)**

  - Conduct daily safety risk assessment (see annex 2) before going into the community

  - Avoid wearing jewelry, watches or other things that would need to be cleaned afterwards

  - Make sure you have face mask and sanitize

- **During the activity**

  - Wear a face mask

  - Wash your hands with soap and running water (or hand sanitizer) every hour

  - Do not enter the homes

  - Avoid shaking hands or other physical greetings or contact

  - Maintain physical distance of 2 meters from the next person while conducting activity

  - Avoid gatherings with more than 10 persons

  - Refer all suspected COVID-19 cases for testing

- **After the activity**

  - Avoid embracing family members when you return home

  - Designate a space at home for removing and cleaning clothing and shoes

  - Immediately wash your hands with soap and running (or use hand sanitizer)

  - Clean all communication materials used during the activity (pens, flipchart, referral forms and other items) with household detergent or disinfectant

Dynamic Listening and Rumour Management

Emergency or crisis situations are characterized with uncertainties, rapidly emerging situations, heightened public concern, fear and panic leading to high demand for information by the general public. The speed with which things evolve and information is demanded results in gaps between demand and provision of information. These gaps create room for individual assumptions for explaining the situation. These assumptions often are not correct and therefore constitute the source of misconception, misinformation, etc. This has been shown to increase the risk of transmission of the disease or cause another crisis that can take resources meant for outbreak and therefore make the outbreak difficult to control.

Integrated rumour management system is made up of a combination of web based and community-based approaches of detecting, investigating and addressing circulating misinformation and myths among the general public.

The phases of rumour management include detection, collation, investigation, analysis, content development, dissemination and feedback.

Detection: Rumours are detected in various formats: text, video, audio, image, voice notes etc.

- Electronic-based detection involves the use of search engine to monitor conversations on media and all social media platforms. Signals relating to circulating misinformation, misconception, risky behavior or any other comments that contradicts established facts are picked up via social media scanning, State Ministry of Health and sometimes the event based surveillance system. The signals are forwarded to the rumor management team of risk communication pillar of NCDC. Other signals detected by individuals or group are also forwarded to the rumour management team.

- Community based detection involves identification of any signal relating to circulating misinformation, misconception, risky behavior or any other comments that contradicts established facts by dedicated

individuals, groups or community-based networks. Offline approaches such as community listening and tracking sources are used. The signals are then shared with the social mobilization committee or a dedicated team.

Collation of signals: Collation of signals is done for both web-based and community-based approaches. The signals are then classified based on defined criteria and then documented in a rumour log according to the categorization it belongs. The variables on the rumour log include source, URL, estimated impact, prioritisation, response by NCDC, responseby others, recommended actions and comments.

Rumours are categorised using the following definitions:

Risky behaviour The behaviour of the people may increase the risk of the disease or cause more harm than the disease can cause.	**Misconception** When there is error in thinking with respect to the cause of the disease.	**Misinformation** When wrong information is given by what is happening.

Speculation Forming of a theory or conjecture without firm evidence.	**Disinformation:** When misinformation is provided to deliberately mislead the people.	**Mistrust** Lack of trust in the Government.	**Fact** Rumour verified as true.

Photo credit - https://www.gettyimages.com/
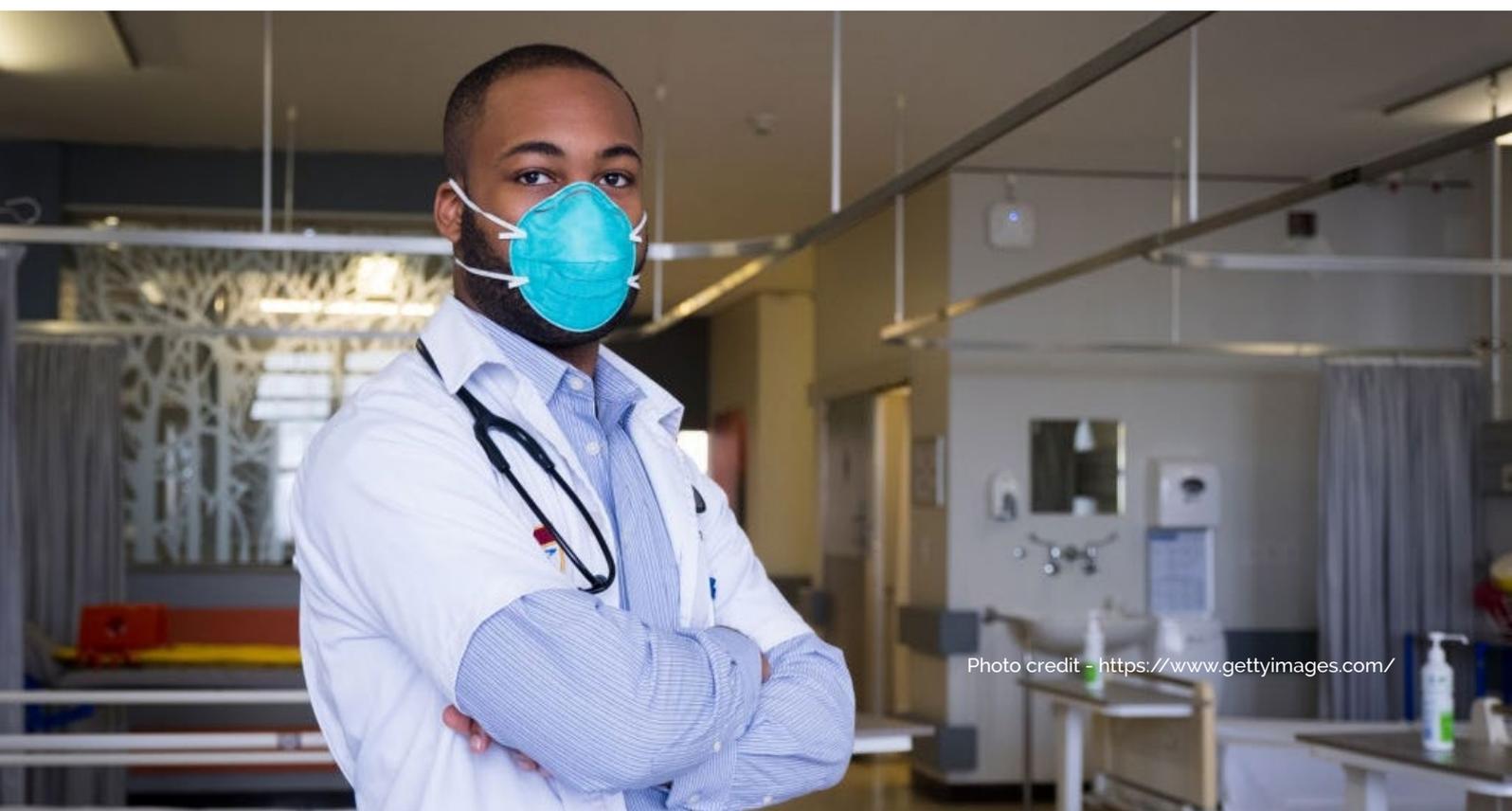
Investigation: Each signal either from media or community networks is investigated for its source, motives, scientific basis and validity. The investigation is conducted by organizations with a reputation for fact-checking. Priority is given to signal investigation based on

- Category: Signals relating to risky behavior, misconception, disinformation/misinformation.

- Potential impact of the signal: Signal that can increase the transmission of the Coronavirus, make work difficult for the responders or affect public trust for government / responding agency

Analysis: The prioritized signals are then analyzed for their potential impact on the outbreak/ response, degree of spread and acceptability to the public. Recommendations are then made based on findings of the analysis to guide decisions.

Decision making: Immediate decisions can be made by the rumour management team at NCDC level or Social Mobilization Committee at the subnational level, if the following conditions are met:

- The signal has been answered by published FAQ, guidelines and advisory on the website of WHO, FMOH or NCDC. Scientific article published in a reputable journal.

- Official pronouncement has been made by government on the matter.

- The signal has been debunked earlier but it is recirculating.

Escalation to EOC is considered when signals have to do with EOC or field operations involving case management, surveillance, laboratory etc. When the signals involve high level intervention or political issues, recommendations are made for escalation to the DG of NCDC or Minister or the presidential task force/ president to respond.

Content development: Decisions made either by rumour management team or EOC/DG/ Minister then guide development of content for responding to the rumour. The appropriate format is also used. Approval is then sought for the framed messages. For community based approach, framing the message may be responsibility of the State Health Educators (SHE)

Dissemination: Approved messages are then disseminated through the various platforms: WhatsApp, twitter, Facebook, websites, electronic and non-electronic media. At the community level, town announcers, dialogue meetings or motorized campaign can be used to disseminate correct messages or debunked rumour to the people

Feedback: The media and social media platforms as well as community networks are then followed up to understand the reaction of the public to the response and adjust accordingly.

Coordination and communication matrix for rumour response

Process	Responsible MDA
Detection	NCDC State Ministry of Health (Health promotion officer, Health educators) Partners
Collation	NCDC (Risk communication team)
Investigation	NCDC Partners
Analysis	NCDC
Decision making	PTF NCDC National EOC State Ministry of Health State EOC
Content development	NCDC State Ministry of Health Partners NOA
Dissemination	NCDC State Ministry of Health Partners NOA

Stigma

Addressing and managing rumours is a way to reduce the burden of stigma. It is expected that people who are associated with the disease get stigmatized in a pandemic situation.   Regular and proactive communication with the public and at-risk populations can help to reduce stigma, build trust and increase social support and access to basic needs for affected people and their families. Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. Accurate information can help alleviate confusion and avoid misunderstandings. The language used in describing the outbreak, its origins, and prevention steps can reduce stigma[11].

Figure 8: Steps to addressing stigma

Monitoring and Evaluation Plan

A systematic approach to monitoring and evaluation of risk communication activities is essential in identifying unintended consequences of the disseminated messages, emerging questions, concerns, misconceptions, rumours and fears among the targeted population. (India National risk communication plan, 2016).

The M&E plan is designed to effectively track and evaluate the five key pillars of the integrated risk communication model.

Goal: To strengthen, coordinate and deploy effective RCCE strategies to respond to the COVID-19 pandemic across all levels.

Theory of change for COVID-19 Risk Communication

Strategic objectives	Input/Activities	Outputs	Outcomes	Goal
To strengthen coordination and communication for an integrated risk communication system among stakeholders	• RCTWG Meetings • Training of relevant MDAs & partners • Capacity building for high-level members of government on Communications • Program review & planning	• Increased functionality of coordinating mechanisms • Increased capacity of representatives from relevant MDAs and partners • Increased Resource Mobilization for RCCE	• Community members engaged by Partners collaboratively • Individuals identify trusted sources of information on covid-19	• Individuals practice priority health behavior towards covid-19 containment • Communities implement strategies to strengthen covid-19 containment • Improved efficiency of Risk Communications in Nigeria
To develop and disseminate evidenced-based messages for the covid-19 response for specific audiences in Nigeria	• Identification of core messaging issues • Monitoring of emerging issues • Design and develop messaging outputs • Media and telecommunications outputs aired	• Messages developed, translated and aired • Media platforms disseminating messages • Media briefings conducted	• Individuals have correct information about covid-19	
To develop strategies, plans and guidelines for implementation of risk communication systems	• Strategies and plans, including M&E plans developed • Guideline and SOP development	• Guidelines and SOPs developed	• Healthcare workers and community members reached with guidelines developed collaboratively	
To strengthen community level implementation of risk communication strategies	• State teams trained • State plans developed • Community mobilisers trained and engaged • Walk-through community engagement activities conducted • Town announcements conducted	• States implementing risk communication activities • Health workers trained on RCCE for covid-19 • Social mobilization and community engagement activities conducted • Community stakeholders trained and engaged on RCCE for covid-19	• Community members adapting National guidelines	
To strengthen integrated rumour management through effective communication surveillance	• Rumors monitored from community • Rumors monitored from social media • Rumor logs are populated and disseminated to content development team	• Rumor managed within 48Hrs • Feedback obtained from communities • New media outputs developed in response to feedback	• Individuals with authority to initiate appropriate action on a priority health behavior	

Figure 9: Theory of Change for COVID-19 Risk Communications at Current Risk Level (30th April, 2020)

Data Collection tools and Analysis plan

Quantitative and qualitative data collection methods will be used to collect data to respond to performance indicators, responsive feedback and learning questions.

Qualitative methods: In-depth interviews using mobile phones or digital technology such as zoom will be used to collect responses from targeted respondents at the state and national levels.

Quantitative methods: Interactive voice response (IVR), mobile data collection using ODK, will be used to collect quantitative data. In addition, media tracking logs, and other customized data collection tools will be used to collect information on media coverage, media products disseminated etc. Also, social media analytics will be used to collect both quantitative and qualitative information from relevant audiences.

Analysis: Qualitative data will be analysed with qualitative analytical software (e.g. ATLAS.ti) using thematic

and content analysis procedures, while quantitative data will be exported using quantitative analytical software (STATA/SPSS) for analysis. Typically, analysis will be simple, descriptive and univariate. Key findings and recommendations will be leveraged on to review existing messages and strategies, identify gaps and adapt messages and strategies to suit current realities.

Ethics: Consent will be obtained from all eligible participants as the recording will request the participants to either opt-in or opt-out of the survey. Interested participants who pick the opt-in option will proceed to participate in the surveys. Adequate ethical measures will be adopted to engage respondents including vulnerable populations.

Photo credit - https://www.gettyimages.com/
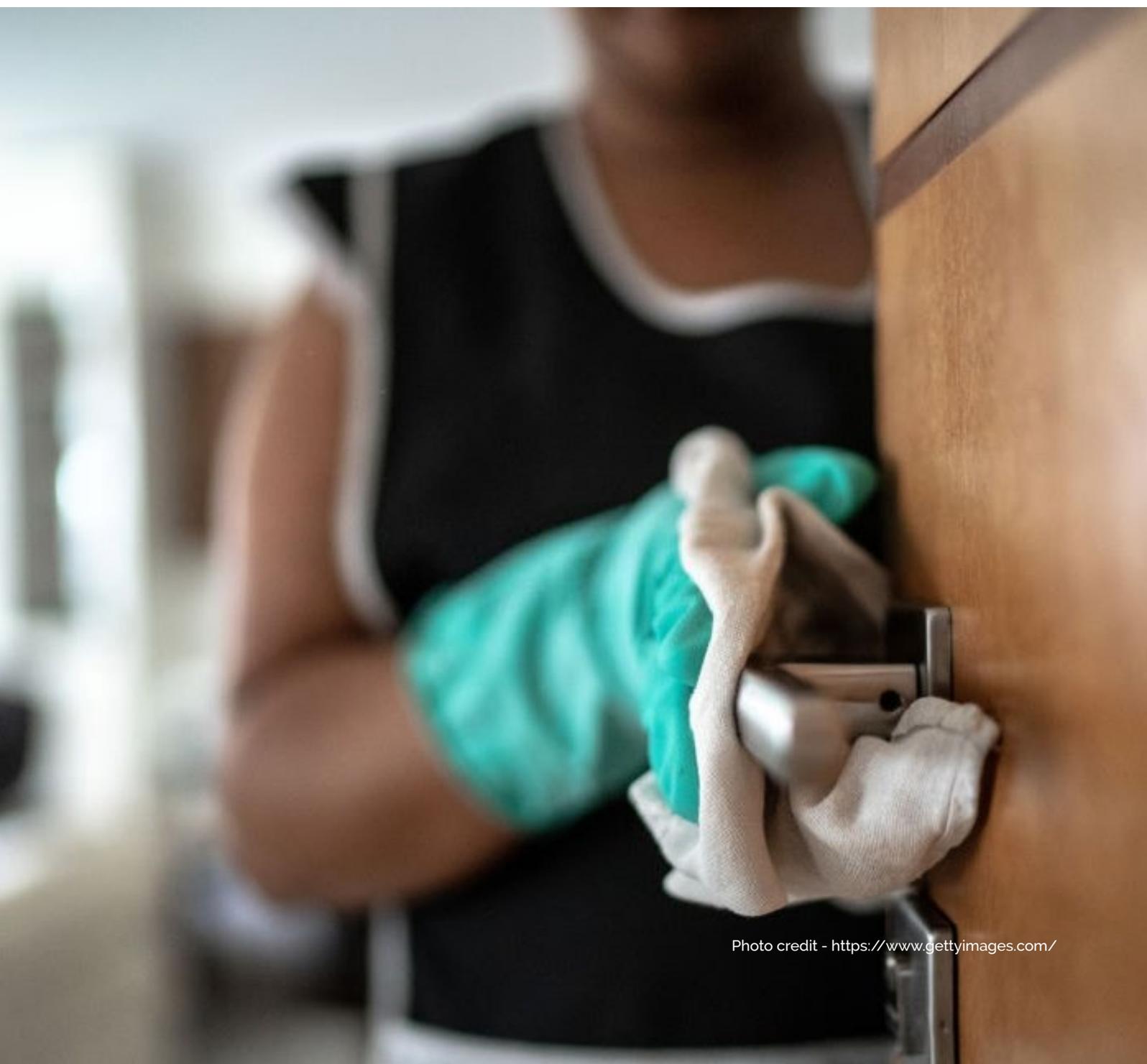
Data Flow and Triangulation process

Routine subnational level data will be collected using mobile data reporting kit especially for output level indicators. Most outcome-based indicators will be collected using surveys. Focal persons will be identified in each state, ideally the state health promotion officers will be engaged to provide routine data. However, state nuances will be taken into consideration in identifying ideal focal persons for data reporting.

This plan also recognizes data collected by other partners using various sources. These data will be requested by the risk communication pillar and triangulated with routine and non-routine internally sourced data to strengthen evidence for decision making. These external sources of data will include data from UNICEF U report, CCSI's audience perception surveys, Opinion Polls etc.

Data Use Plan

All collated data will be validated, analyzed, triangulated and used to review existing strategies, materials and approaches. These include available materials for training, radio programs in major languages and local dialects etc. Key findings and recommendations will be shared with the risk communication team to make evidence informed decisions. Based on this, the risk communication pillar meeting will include periodic review of data to inform interventions and materials adaptation to ensure appropriate messages are disseminated to the target population.

Responsive Feedback Mechanism and Documentation of Lessons

The risk communication Pillar will integrate feedback to ensure that the intervention is implemented in such a way to benefit all groups. Mobile data collection will be used at state level to harvest feedback on audience perception, misconception, misinformation, risky behaviour and challenges experienced in the community over COVID-19 pandemic. The feedback will be triangulated from various sources and synthesized, responses will be provided to each state based on their specific context. In addition, various knowledge management approaches will be used to identify and collate lessons learned while addressing the Covid-19 pandemic. Approaches will include: after action reviews and pause and reflect sessions etc.

Archiving and Documentation

All activities, achievements and lessons learnt will be documented in a virtual repository. Also, all materials produced (print and electronic) will be archived using a consistent file naming structure. Materials log will be created to track materials produced and version modification across the phases of the pandemic.

> Recommended file naming structure:
>
> **Format: Date_Filename_version e.g. 240420_RadioJingle_Title_yoruba_final**
>
> Note: avoid spaces, instead of a space use an underscore (_)

Photo credit - https://www.gettyimages.com/

Annexes

The NCDC microsite and google drive for COVID-19 has a comprehensive repository of guidelines, advisories and campaign materials which is frequently updated.

The microsite can be accessed at **https://covid19.ncdc.gov.ng/**

The google drive can be accessed at

https://drive.google.com/drive/u/0/folders/1eYc4CRZtUd2ePQhi5ONR5P2nWs2U_F0c

Annex 1- Key Messages by Phase of Epidemic Response

These messages are arrayed generally by stage of the epidemic response as experienced by the audience:

1. No to few limitations on gatherings, work, and school
2. Stay-at-home order or lockdown in effect
3. Lifting of restrictions with planning for re-imposition of restrictions through the different infection waves

The messaging from the earlier response phases are still relevant in the latter phases, but the frequency and intensity of those messages would reduce as the new messages are intensified.

1. Messaging for states/cities with no to few limitations on gatherings, work, and school

This first phase is likely to be early to mid-stages of the outbreak in any given location, where there are sporadic cases or clusters of cases. However, the level of shut-down may not reflect the state of the outbreak communities experience, i.e. a community may have no cases but be under full lockdown, or have community transmission without being aware of it.

The key behaviors for this stage are addressed with common messaging approaches:

Knowledge and Risk Perception

• Share solid, true information with appropriate risk perception with friends and family

• Low risk does not mean NO risk.

These messages are arrayed generally by stage of the epidemic response as experienced by the audience:

1. No to few limitations on gatherings, work, and school
2. Stay-at-home order or lockdown in effect
3. Lifting of restrictions with planning for re-imposition of restrictions through the different infection waves

The messaging from the earlier response phases are still relevant in the latter phases, but the frequency and intensity of those messages would reduce as the new messages are intensified.

2.   Messaging for states/cities with no to few limitations on gatherings, work, and school

This first phase is likely to be early to mid-stages of the outbreak in any given location, where there are sporadic cases or clusters of cases. However, the level of shut-down may not reflect the state of the outbreak communities experience, i.e. a community may have no cases but be under full lockdown, or have community transmission without being aware of it.

The key behaviors for this stage are addressed with common messaging approaches:

Knowledge and Risk Perception

*   Share solid, true information with appropriate risk perception with friends and family
*   Low risk does not mean NO risk.

Physical Distancing:

*   Isolate themselves for 14 days if they been exposed to someone who has tested positive for COVID-19 or recently returned from a location with high number of confirmed cases
*   Practice physical distancing (2 meters)
*   Greetings without hugging, kissing, or hand shake during this period of pandemic (there are numbers of people who can be infected but asymptomatics, contact tracing found confirmed cases who infected by asymptomatic persons)
*   Avoid mass-gathering and practice physical distancing, wear face masks, practice hand and cough hygiene in religious worship sites, sport events, schools, workplaces, markets, etc.

Hygiene:

- Regularly wash hands with soap for 20 seconds

- Avoid touching your eyes, nose, and mouth

- Practice respiratory hygiene when coughing and sneezing

- Regularly disinfect frequently touched surfaces

- Ensure safe disposal of mask

Care Seeking:

- Call the NCDC Hotline at 0800 9700 0010 or state hotlines when anyone experiences fever, dry cough, and tiredness

Messages will be designed to include these elements (in separate messages as necessary for the channel):

- Any necessary information and knowledge

- A clear call to action or desired action response

- Framing of social/normative support for the desired action

All messaging will include a source for verifiable information (i.e. "for more steps you can take, go to covid19.ncdc.gov.ng") and a tagline that reinforces self-efficacy (i.e. #Take Responsibility, do it for you and the rest of us).

Messaging for Knowledge and Risk Perception

Information

- The COVID-19 pandemic around the world and in Nigeria changes rapidly.

- False information and rumors may be started by people with a misunderstanding or by people who are intentionally misleading.

- Other people who mean to be helpful may spread this false information.

- Rumors and false information can be reduced by double checking with NCDC.gov.ng, WHO.int, and other credible websites before sharing information that seems extraordinary.

- Most people (80%) experience mild cases of COVID-19 and recover without

hospitalization. About 1 in 6 becomes seriously ill and has difficulty breathing. Serious illness can lead to death.

- People 65 years of age and older, as well as those with other medical conditions like high blood pressure, heart problems, or diabetes are more likely to become ill.

- Do not discriminate against persons that have COVID. They are going through a lot already. They need your support and care.

Call to Action

- Verify all information; Use and share only credible news

- Think before clicking. Think before sharing

- Beware of false experts

- You can help your family and community manage COVID-19 with simple, effective steps. #Take Responsibility.

Social/normative support points

- Learning about COVID-19 from respected sources is responsible

- My family and community need me to know the real risk about COVID-19, and what to do about it[12].

Messaging for Distancing:
Information

- If you have been in contact with someone with COVID-19 you may have caught it. Staying home for 14 days will help stop the spread.

- You can infect others with COVID-19 before you show symptoms.

- COVID-19 is spread through droplets in coughs and sneezes.

- Staying 2 meters away from people protects you and them.

- Distancing will slow the spread of COVID so we can take care of our community when people get sick.

- A good source of information is covid19.ncdc.gov.ng

Call to Action

---

[12]https://covid19.ncdc.gov.ng/

- If you have been in contact with someone with COVID-19, stay home for 14 days

- Stay 2 meters away from everyone who doesn't live in your house

Social/normative support points

- My (religious or traditional leader) approves of me distancing

- I am showing my care for my community's health workers by distancing

- It is my responsibility to take action to protect myself, my family, and my community

- My friends/neighbors all are practicing distancing.

Messaging for Hygiene:
Information

- COVID-19 is caused by a virus that is spread by coughs and sneezes

- Covering coughs and sneezes with your bent elbow or by wearing a face mask limits how much the virus can travel

- The virus infects you when it gets into your eyes, nose, or mouth, usually from your own hands

- Washing your hands with soap for 20 seconds, not touching your face, and disinfecting frequently touched surfaces like doorknobs can protect you

- COVID-19 can survive on many surfaces for hours and even days which creates the risk of exposure even when there is nobody around Surfaces include door handles, counters or similar flat surfaces, elevator buttons, light switches, etc. Cleaning alone is not sufficient to remove the risk of COVID-19. Use a cleaning solution with household bleach or at least 70% alcohol to disinfect surfaces.

Call to Action

- Wash your hands, cover your cough, and disinfect surfaces

Social/normative support points

- My friends and family are being extra careful with hygiene

- Handwashing, covering coughs, and disinfecting shows my care and respect for elders, who are most at risk

Messaging for Care Seeking:

Information

- Symptoms of COVID-19 include fever, dry cough, and difficulty breathing.

- Anyone who experiences these symptoms and who has travelled abroad or come in contact with a person who has COVID-19 in the last 14 days should call the NCDC Hotline at 0800 9700 0010

- NCDC will arrange for a sample to be collected and test it for COVID-19 for free.

Call to Action

- Call the NCDC Hotline if you have COVID-19 symptoms and have been exposed to someone with COVID-19

Social/normative support points

- Calling the Hotline rather than rushing to the clinic shows my caring for our health workers

- Getting tested if I need to is a way of protecting my family and my own health.

3. Messaging for states/cities with stay-at-home order or lockdown in effect

Once states or cities go into stay-at-home or lockdown, they need to understand all the previous messages plus a new set to help manage isolation, anxiety, and threats to livelihoods and food security.

In this phase, previous messaging about Distancing and Care Seeking should be replaced. New messaging for those two areas are:

Distancing:

Information

- Instructions on when leaving home is allowable under lockdowns (tailor to context)
- When you go out during lockdown, continue to practice physical distancing
- If a family member is sick or suspected to be infected with or without symptoms should practice physical distancing at home and separate all utensils, and follow rigorous hand hygiene and sanitization of surface areas.
- Staying at home is important to reduce transmission, even those who may be low risk, should not engage in mass gathering at home (eg. youth should not use this school closedown to hold parties at home or having playdates for children in large gatherings).

- Encourage online/virtual social connection as an important part of a supportive system to prevent depression and other harms to emotional and social well-being. (psychosocial support)

Call to Action

- Tailor to specific instructions, such as "stay inside your house at all times, other than going to visit, attending parties etc"

Social/Normative Support Points

- My religious leader expects me to adhere to the stay-at-home order
- My friends and neighbors count on me to stay-at-home, and they would not approve of my disobeying the order

Care Seeking:

Information:

- When and where to get tested
- When to go to a facility
- Care of COVID-19 symptoms at home
- Protecting non-infected members of the family when there is COVID-19 in the house

Call to Action

- Tailor to specific instructions, such as "take care of people with mild COVID-19 symptoms at home. There is no need to see a health care provider unless…"

Social/Normative Support Points

- Example: I am able to care for someone in my family with mild COVID-19 symptoms at home. These will depend on the actual call to action

In addition, new messaging should be added on managing isolation, anxiety (mental health) and threats to livelihoods and food security.

Mental Health:

Information

The outbreak of COVID-19 may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones

- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions

Call to Action:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body
- Eat healthy food. Try to eat well balanced food and try to avoid Sodium as it Sodium increases blood pressure, which raises the risk for heart disease and stroke.
- Exercise daily
- Take plenty sleep

4. Messaging for states/cities lifting restrictions with planning for reimposition of restrictions as waves of infection pass through

Messages for this phase will be developed as the situation evolves, tentatively in May/June 2020.

ADDITIONAL MESSAGE CONSIDERATIONS

Addressing Stigma

Decrease negative perceptions towards specific groups of people

- While certain individuals may be more susceptible to critical cases of COVID-19, anyone can contract the virus. It is not limited to certain age groups, ethnicities, or races.

- Healthcare workers are providing a valuable service to our community. We appreciate their dedication and sacrifice to treat our fellow citizens and ensure the disease does not spread further.

Ensure regular and proactive communication with the public and at-risk populations can help to reduce stigma, build trust and increase social support and access to basic needs for affected people and their families. Stigma can undermine social cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. Accurate information can help alleviate confusion and avoid misunderstandings. The language used in describing the outbreak, its origins, and prevention steps can reduce stigma.

Annex 2- Ten daily risk assessment questions[13]

—

The daily safety risk assessment should be reviewed by supervisors along with the volunteer before the volunteer is sent into the community.

Important Information to consider:

Is anyone in your household experiencing symptoms of COVID-19 such as fever, difficulty breathing, or coughing? If yes, you should not conduct house-to-house visits to avoid risk of spreading the disease to others. Also notify the health system, isolate the sick person, have the patient wear a mask, seek testing if available, observe other household members for symptoms, and remain home for at least 14 days to avoid spreading the disease.

1. Does your government allow house-to-house visits?

2. Does your NGO/INGO allow you to conduct house-to-house visits?

3. Can the volunteer practice social distance during house-to-house visits?

4. Can the volunteer avoid large gatherings?

5. Does the volunteer have hand sanitizer and a face mask?

   - If you answer NO to any of the above questions, STOP. Do not conduct house-to-house activities.

   - If you answer YES to ALL of the questions above, PROCEED:

6. Can this activity be done remotely through mobile messaging such as SMS, WhatsApp, Telegram, radio, leaflets, mobile phone or posters to avoid personal contact?

7. Can this information be disseminated by phone or any other means to an influential leader who can communicate to community members while practicing social distancing and safe communication practices?

8. Can this information be disseminated using a loud speaker mounted to a vehicle, motorbike or bicycle?

9. Can the information be disseminated using a megaphone?

[13]CORE Group Polio Project, (2020). COVID-19 House-to-House Community Outreach Protocol April 11, 2020. Retrieved from https://coregroup.org/wp-content/uploads/2020/04/House-to-House-Protocol-4-16-revised_Branded1534.pdf (Accessed 27, April 2020)

10. Can the number of households visited and days or hours worked be limited to minimize exposure?

- If you answer NO to any of the above questions, PROCEED with safe house-to house visits and minimize direct contact when possible.

- If you answer YES to any of the above questions, conduct surveillance and health promotion at a distance.

Annex 3- Tools for Community Engagement

Tool to Receive Feedback

During feedback, you can ask leaders the following questions:

What is most important to your community when faced with COVID – 19?

- Is it working together?

- Is it prioritizing what is best for the community as a whole?

- Is it avoiding conflict?

- Is it fair and equal distribution of solutions and resources?

- Is it ensuring everyone has a voice?

- Is it fully exploring all reasonable alternatives?

What are the specific risks associated with the alternative solutions?

- What are the risks and benefits to your community when faced with this current problem?

- What consequences are you hoping to avoid?

- What do you see as the worst outcome for you (or your community)?

- What courses of action do you believe could lead to this outcome?

- What are the risks and benefits to your community for each of the alternative solutions available?

What are the specific benefits associated with the alternative solutions?

- What benefits would you (or your community) expect if we chose this solution or policy?

- Expressing the benefits makes it easier to understand how a strategy can solve the problem. Strategies may be refined once benefits are understood.

Ask questions about the benefits while looking for the right solution.

Understand Anger in the Context of an Emergency such as the COVID – 19 Pandemic

Three basic circumstances can give rise to anger:

· When people have been hurt.

· When people feel threatened by risks not of their own making.

· When people sense their fundamental beliefs are being challenged.

Different situations and ways we engage can increase the intensity of anger. When people feel powerless, manipulated, ignored, lied to, or treated unfairly, their anger builds. Avoid defining anger as either rational or irrational. Your opinion or judgment about others' anger can lead you to dismiss or belittle their genuine concerns. This will only increase discord and injure your credibility.

Practice Active Listening

Active listening, paying close attention to what someone is telling you and asking questions to ensure deeper comprehension, helps you understand communities' needs. Asking questions can demonstrate a commitment to serving the community and prompt people to give you useful feedback. To engage in active listening do the following;

· Manage the flow of conversation carefully by calling on people one at a time.

· Listen for both intent (feeling) and content (facts).

· Ask questions to make sure you understand and indicate your interest in what is being said.

· Pay attention to who is speaking: What are his or her qualifications on this subject?

· What are his or her incentives for talking about this?

· Is this person speaking as a representative of other groups, such as a community leader or member of an advocacy group?

Avoid Common Mistakes

When communicating with communities, try to avoid these common mistakes:

Inadequate accessibility	There is a tendency during a crisis to engage in internal decision-making. This may make your organization seem inaccessible. Provide information openly and maintain avenues for communities to ask questions.
Lack of plain language	Officials often use jargon in high-stress situations. Unfortunately, this may make messages more difficult to understand and cause frustration.
Lack of empathy in the response	Communities need to know that response officials understand at a very human level what they are experiencing.
Paternalistic attitudes	Acting paternalistic means behaving as if you and your organization know what is best for others. This attitude may seem arrogant to stakeholders who already feel powerless.
Lack of opportunity for input in decisions	Those who have been most affected by a crisis want to participate in key decisions. The opportunity to provide input can help offset feelings of being powerless. Make communities part of the response process and decision-making.

Annex 4 - Composition of National Risk Communication TWG

- Federal Ministry of Health
- Nigeria Centre for Disease Control
- Federal Ministry of Agriculture and Rural Development
- Federal Ministry of Environment
- Federal Ministry of Information
- National Orientation Agency
- Federal Ministry of Education
- Federal Ministry of Interior
- Federal Ministry of Defense
- Federal Ministry of Women Affairs
- National Quarantine services
- Federal Ministry of Aviation
- Federal Ministry of Transport
- National Primary Health Care Development Agency (NPHCDA)
- Port Health Services
- National Agency for the Control of AIDS
- National Population Commission (NPC)
- Para- Military/ Security Agencies
- National Emergency Management Agency (NEMA)

- Office of the National Security Adviser (ONSA)
- National Environmental Regulatory Agency (NERA)
- National Food, Drugs Administration and Control (NAFDAC)
- Nigeria Metrological Agency (NIMET)
- Development Partners (WHO, CDC, UNICEF and others)
- Other Relevant Professional Regulatory Bodies and Associations
- Nigeria Police Force
- Federal Road Safety Commission
- Federal Fire Service
- Federal Ministry of Youth and Sports Development
- National Youth Service Corps (NYSC)
- Federal Ministry of Transport
- Federal Ministry of Water Resources
- West African Health Organization
- Africa Centres for Disease Control and Prevention

Annex 5- TOR for National Risk Communication TWG

The National Risk Communication Technical Working Group domiciled in NCDC headed by the head of risk communication unit shall:

- Establish and implement emergency plans and responses aligned to the national risk communication strategy

- Review situation arising from COVID-19 pandemic

- Develop / update RC guidelines and relevant IEC materials and share with states and post on websites

- Build capacity for States and other relevant stakeholders on risk communication and Community engagement for COVID-19 containment

- Review the risk communication strategy and plan with regard to the COVID-19 pandemic

- Engage the concerned line ministries / departments/ agencies to deploy the approved risk communication strategies

- Line ministries/ departments/agencies to provide feedback on their activities to NCDC for informing decisions and strategies

- Liaise with the state governments through the State Social Mobilization Committee to support the state in the review of situation, strategy and plan as well as addressing challenges

- Receive and analyze data from states and share findings with EOC, States and stakeholders.

Annex 6 - Members of State Multi-sectoral Multi-Hazard Social Mobilization Committee

- Ministry of Health

- Ministry of Information

- Ministry of Environment

- Ministry of Education

- Ministry of Women and Child Development Affairs

- Ministry of Local Government and Chieftaincy Affairs

- Ministry of Finance, Budget/Planning

- Ministry of Religious Affairs (as applicable)

- Ministry of Agriculture and Rural Development

- Ministry of Transport

- Ministry of Women Affairs and Poverty Alleviation

- Other relevant stakeholders in Disease Control and Prevention

- State Primary Health Care Board

- State Agency for the Control of AIDS (SACA)

- National Orientation Agency

- Development Partners.

- State Emergency Management Agency (SEMA)

- Para Military /Security Agencies

- Ministry of Youth and Sports Development

- National Youth Service Corps (NYSC)

Annex 7- TOR of State Multi-Hazard Multi-sectoral Social Mobilization Committee

——

The existing State SMC domiciled in the State Ministry of Health shall be expanded to be multi-hazard and multi-sectoral and shall:

- Establish and implement emergency plans and responses aligned to the national risk communication strategy

- Review situation arising from COVID-19 pandemic

- Review the risk communication plan with regard to the COVID-19 pandemic

- Engage the concerned line ministries / departments/ agencies to deploy the approved risk communication strategies

- Provide technical advice for the development/adoption of risk communication messages and channels of communication for all the types of audiences and the additional sources of information based on the type of emergency

- Support the LGA to review their risk communication plan as may be required

- Adapt or adopt risk communication guidelines and relevant IEC materials from NCDC

- Build capacity for LGAs on risk communication and community engagement for COVID-19 containment

- Provide feedback to the state EOC and National Risk Communication TWG through the national Risk Communication Pillar for COVID-19 EOC

- Mobilize necessary resources for risk communication and deploy available financial and material resources to the LGA for risk communication and community engagement interventions for containment of COVID-19 in the state

Annex 8- Members of LGA Multi-Sectoral Multi-Hazard Social Mobilization Committee

- Director, Primary Health Care (DPHC)

- Department of Agriculture

- Department of Women Affairs and Poverty Alleviation

- Health promotion officers

- Local Government Immunization Officer (LIO)

- Disease Surveillance and Notification Officer (DSNO)

- Monitoring & Evaluation Officer (M&EO)

- Cold Chain Officer (CCO)

- National Orientation Agency (NOA) Community Mobilization Officers

- Environmental Health Officer (EHO)

- Traditional/Religious leaders in the communities

- Resident key partners and stakeholders in the health sectors in the LGA.

- Community Based Organisations   (CBOs)

- Local Government Committee on AIDS (LACA)

- Faith- Based Organisations (FBOs)

- Ward Development Committees (WDCs)

- Village Development Committees (VDCs)

- Civil Society Organisations (CSOs)

- Community Influencers (CI)

- National Youth Service Corps (NYSC)

- Other Relevant Professional Regulatory Bodies and Associations at LGA level.

Annex 9 - TOR of LGA Multi-Hazard Multi-Sectoral Social Mobilization Committee

—

The existing State SMC shall be expanded to be multi-hazard and multi-sectoral and shall:

• Establish and implement emergency plans and responses aligned to the national and state risk communication strategy

• Review situation arising from COVID-19 pandemic

• Review the risk communication plan with regard to the covid-19 pandemic

• Engage the concerned departments to deploy the approved risk communication strategies

• Distribute key IEC/ BCC messages at the Local Government Ward Levels.

• Identify appropriate channels of communication for messages suitable for communities in view of literacy level, translation in local languages to ensure acceptance and, compliance of the RCCE messages.

• Work with various civil society organisation and groups in the communities to plan and implement risk communication and community engagement interventions for containment of COVID-19 in the communities.

• Track and report risk communication and community engagement interventions in the LGA to the State Risk Communication and Community Engagement Committee.

Annex 10- Roles of MDAs and Stakeholders

S/N	Name	Category	Sector	Mandate / Interest of Stakeholder	Strength/ Influence of Stakeholder in the community	Outcome of stakeholders primary action	Role	Effect of intervention on stakeholder's interest
1	WHO	Partner	Health	Support for surveillance and risk communication	Mobilization of resources, advocacy	Prompt detection of cases. Providing accurate information to the public	Technical support	Reinforcing
2	UNICEF	Partner	Health	Support risk communication and IPC	Mobilization of resources, advocacy	Awareness, cultural and behavioural change	Technical and financial support	Reinforcing
3	National Orientation Agency (NOA)	Government	Information	Public orientation	Network of community mobilization officers with linkage with communities in all the states of the federation	Awareness, cultural and behavioural change	Technical and manpower support	Optimizing
4	Red cross	Partner	Health	Risk communication, active case search and contact tracing	Social capital and resource mobilization	Awareness, cultural and behavioural change	Technical, material, manpower, and financial support	Reinforcing
5	National Primary Health Care Development Agency (NPHCDA)	Government	Health	Basic healthcare provision and community through state PHC boards	Network of PHC structures across the country. Grass toot structures for polio eradication campaign	Improved healthcare access and community participation	Technical, material, manpower, and financial support	Reinforcing
6	Ministry of Information	Government	Information	Awareness creation, amplification of key messages and information dissemination through state owned and private media stations	Relationship with the media	Informed public and gaining public trust	Promote adoption of safety measures and disseminate key messages within the ministry. Amplify messages and provide leadership direction for COVID-19 risk communication at PTF level	Optimizing
7	Ministry of Environment	Government	Health	Monitoring of hazards, development of policies and enforcement of environmental laws	Enforcement of environmental laws	Healthy environment		Reinforcing
8	Ministry of Agriculture	Government	Agriculture	Food safety, animal health surveillance, farmers education	Mobilization of farmers, Agric Extension workers and community development associations (CDAs)	Informed/ organized farmers and improved nutrition		Reinforcing
9	Ministry of Local Government and Chieftaincy Affairs	Government		Inclusive, effective and efficient governance in the LGAs	Mobilization of LGA chairmen and traditional rulers	Committed traditional ruler and LGA participation		

S/N	Name	Category	Sector	Mandate / Interest of Stakeholder	Strength/ Influence of Stakeholder in the community	Outcome of stakeholders primary action	Role	Effect of intervention on stakeholder's interest
10	MTN	Private	Communication	Awareness creation	Can leverage on community intervention programmes for promoting behavioural change and mitigating effect of Lockdown	Community ownership		
11	Ministry of Education	Government	Education	Sensitization of the students and teachers, safety and infection control in schools	Community leaders and parents through PTA	Safe school environment, informed students, teachers and communities	Awareness creation, promote school IPC and disseminate information to parents through PTA network	Reinforcing
12	National Emergency Management Agency (NEMA)	Government	Humanitarian	Monitoring of hazards, development of policies, awareness creation, planning and responding to disasters. Coordination of humanitarian component and all sectors during disaster.	Relationship with network of responders. Can mobilize NGOs, CBOs, development partners and other agencies of Govt in disaster response	Efficient disaster management and minimal humanitarian impact of disaster	Stakeholders and resource mobilization. Manage humanitarian component of large outbreak through multisectoral coordination	Reinforcing
13	Nigerian Medical Association (NMA)	Professional Association	Health	Promote best practices and better patient outcome	Highly trusted by members of the public and can mobilize their members to support the response	Improved treatment outcome, safe practices and informed audience	Mobilize public and private doctors to support dissemination of key messages where we practice	Reinforcing
14	Breakthrough Action-Nigeria (USCDC/USAID)	Partner	Health	Promote social and behavioural change and promote effectiveness of the risk communication pillar	Can mobilize support in 14 states of the federation where they have offices and have established relationship	Awareness creation, enhanced performance through capacity building	Technical, material, manpower, and financial support	Reinforcing
15	Centre for Communication and Social Impact (BMGF)	Partner	Health	Promote social and behavioural change and promote effectiveness of the risk communication pillar	Can mobilize support in 12 states of the federation where they have offices and have established relationship	Awareness creation, behavioral change and enhanced performance through capacity building	Technical, material, manpower, and financial support	Reinforcing
16	The Challenge Initiative (TCI)	Partner	Health	Promote social and behavioural change	Can mobilize support in 7 states of the federation where they have offices and have established relationship	Awareness creation, behavioral change and enhanced performance through capacity building	Technical, material, and financial support	Reinforcing
17	IPPG	Government	Energy	Awareness creation	Can mobilize support for awareness in the oil sector	Awareness creation, behavioral change in the oil sector	Production and airing of jingles. Printing and distribution of IEC materials	Reinforcing
18	Pop Media	Partner	Health	Promote social and behavioural change	Can mobilize support in 2 states of the federation where they have offices and have established relationship	Awareness creation, behavioral change and enhanced performance through capacity building	Technical, material, and airing of jingles	Reinforcing

S/N	Name	Category	Sector	Mandate / Interest of Stakeholder	Strength/ Influence of Stakeholder in the community	Outcome of stakeholders primary action	Role	Effect of intervention on stakeholder's interest
19	BBC Media Action	NGO	Communication	Awareness creation	Collaborate with a network of media stations	Informed audience	Support dissemination of key messages	Reinforcing
20	Ministry of Defence	Government	Security	Territorial integrity, peace and stability	Penetration of security compromised areas	Informed audience in security compromised areas.	Promote adoption of safety measures and disseminate key messages in the security ecosystem. Conduct RCCE in security compromised environment	Reinforcing
21	Ministry of Interior	Government	Security	Law enforcement	interactions with inmates	Informed colleagues and immates	Promote adoption of safety measures and disseminate key messages in the security ecosystem. Conduct RCCE in security compromised environment	Reinforcing
22	Ministry of Police Affairs	Government	Security	Law enforcement		Informed colleagues and immates	Promote adoption of safety measures and disseminate key messages in the security ecosystem. Conduct RCCE in security compromised environment	Reinforcing
23	Ministry of Women Affairs	Government	Social	Promote Welfare of women and children	Can mobilize women group at the grassroot level	Increased women role in the community	Engage and support the women groups to promote adoption of safety measures and disseminate key messages in the community	Reinforcing
24	National Agency for the Control of AIDS (NACA)	Government	Health	HIV free society	Can influence a network of CSOs in the community	Improved community participation, reduced stigma	Engage and support the CSOs to promote adoption of safety measures and disseminate key messages in the community	Reinforcing
25	National Malaria Eradication Program (NMEP)	Government	Health	Malaria free society	Can mobilize a network community volunteers	Awareness about malaria and adoption of malaria preventive measures	Engage and support the community mobilizers to promote adoption of safety measures and disseminate key messages in the community	Optimizing
26	Ministry of Transport	Government	Transport	Efficient and safe transport system	Have relationship with NURTW	Awareness and adoption of recommended safety measures by transporters and passengers	Engage and support the transporters to promote adoption of safety measures and disseminate key messages to passengers and the community	Reinforcing
27	Ministry of Aviation	Government	Aviation	Promote awareness and compliance with health and safety measures in the aviation sectors	Can influence travelers, crew members and airport staff	Awareness and adoption of recommended safety measures by all workers & business operators in the aviation industry and travellers	Engage and support the workers, business operators in the aviation industry to promote adoption of safety measures and disseminate key messages to passengers and the aviation community	Reinforcing

S/N	Name	Category	Sector	Mandate / Interest of Stakeholder	Strength/ Influence of Stakeholder in the community	Outcome of stakeholders primary action	Role	Effect of intervention on stakeholder's interest
28	National Agency for Food and Drug Administration and Control (NAFDAC)	Government	Health	Drugs and food safety	Relationship with food and drugs manufacturers and dealers	Safe consumption of food and drugs	Approve trial and use of all medications and processed food that are utilized for the control of outbreaks	Reinforcing
29	Nigerian Meteorological Agency (NiMeT)	Government	Technology	Weather forecast		Enhanced preparedness for reduction of likelihood or impact of disaster through weather forecast	Share data from weather forecast to guide preparedness	Reinforcing
30	Medical and Dental Council of Nigeria (MDCN)	Government	Health	Regulation of medical practices	Relationship with medical practitioners and associations	Awareness and adoption of recommended safety practices by doctors. Good interpersonal skills, patient doctor relationship and public relations	Engage and support the medical practitioners to promote adoption of safety measures and disseminate key messages to patients and the community	Reinforcing
31	Veterinary Council of Nigeria (VCN)	Government	Agriculture	Regulation of veterinary practices	Relationship with veterinary practitioners and association	Awareness and adoption of recommended safety practices by veterinarians. Good interpersonal skills and public relations	Engage and support the veterinary practitioners to promote adoption of safety measures and disseminate key messages to clients and the community	Reinforcing
32	Pharmaceutical Council of Nigeria (PCN)	Government	Health	Regulation of pharmaceutical practices	Relationship with pharmacists	Awareness and adoption of recommended safety practices by pharmacists and patent medicine vendors. Good interpersonal skills, patient doctor relationship and public relations	Engage and support the pharmacists and technicians to promote adoption of safety measures and disseminate key messages to patients and the community	Reinforcing
33	Nursing Council of Nigeria (NCN)	Government	Health	Regulation of nursing practices	Relationship with nursing professional group	Awareness and adoption of recommended safety practices by nurses and midwives. Good interpersonal skills, patient nurse relationship and public relations	Engage and support the nurses to promote adoption of safety measures and disseminate key messages to patients and the community	Reinforcing
34	ECN	Government	Health	Regulation of environmental practices	Relationship with environmental health officers association	Awareness and adoption of recommended safety practices by environmental health officers. Good interpersonal skills, public relations and efficient conduct of duty	Engage and support the Environmental Health Officers to promote adoption of safety measures and disseminate key messages to households, organizations and the community	Reinforcing

Annex 11- KPIs

Objectives	Indicators (National)	Indicators (State)	Indicators (LGA)
Does the state have a functioning risk communication structure and strategic plan?	Proportion of states with risk communication and community engagement plan	Proportion of LGAs with risk communication and community engagement plan	Proportion of LGAs with risk communication and community engagement plan
	No of States trained on risk communication for COVID-19 containment	No of LGAs trained on risk communication for COVID-19 containment	No of wards trained on risk communication for COVID-19 containment
Has the state adapted and translated IEC materials for COVID-19?	Proportion of key languages per geopolitical zones with translated messages	Proportion of key languages in the state with translated messages	Proportion of key languages in the LGA with translated messages
Have the adapted IEC materials been distributed to strategic points [POE, health facilities, communities, etc.] and disseminated to the public?	Proportion of States in the country with distributed IEC kits	Proportion of LGAs in the state with distributed IEC kits	Proportion of wards in the LGA with distributed IEC kits
Is there a mechanism in place to manage rumors and misinformation (such as rumour monitoring tools, hotline)?	Proportion of risky behaviour and misconception addressed within 48hrs	Proportion of risky behavior and misconception addressed within 48hrs	Proportion of risky behaviour and misconception addressed within 48hrs
Is there a plan in place to regularly update the public on COVID-19	Proportion of scheduled media appearances performed	Proportion of scheduled media appearances performed	Proportion of scheduled sensitization performed
			No of people reached during sensitization
Is there a mechanism in place to engage affected community in the containment of outbreaks?	Proportion of States with target groups engaged in the affected community	Proportion of LGAs with target groups engaged in the affected community	Proportion of target groups engaged in the affected community
Is there a mechanism in place to coordinate all stakeholders for consistent messaging, synergy and resource optimization	No of Stakeholders that get regular information on COVID-19	No of Stakeholders that get regular information on COVID-19	No of Stakeholders that get regular information on COVID-19
	No of Stakeholders that participate in the communication activities	No of Stakeholders that participate in the communication activities in the state	No of Stakeholders that participate in the communication activities in the state

Annex 12- Indicator Matrix

Indicator Name	Definition	Levels	Data Source
Risk Communication Systems			
Number of staff trained as master trainers on risk communication for covid-19 containment disaggregated-state	Total number of persons trained on risk communication as master trainers across the 36 states + FCT	Output	Training database
Number of state teams trained during step down training on risk communication disaggregated by gender and LGA	Total number of persons trained by master trainers on risk communication in each state and FCT	Output	Training database
Number of Guidelines/SOPs developed as part of the covid-19 response	Guidelines and Standard operating procedures developed at the national level to guide risk communication efforts at national and subnational levels	Output	Document archive
Proportion of states scoring >67% of the implementation of risk communications readiness and response activities	Numerator: Denominator:	Intermediate Outcome	
Internal and Partner Communication and Coordination			
Number of stakeholder's meetings held (physical)	Total number of face to face stakeholder's meetings conducted at the national and subnational	Output	Meeting report
Number of stakeholder's meetings held (virtual)	Total number of virtual e.g. via zoom etc. stakeholder's meetings conducted at the national and subnational	Output	Meeting report
Number of partners supporting risk communication at national	Total number of partners-donors, private, international NGOs etc. supporting risk communication work at the national level	Output	Partners' Mapping database
Number of partners supporting risk communication at sub-national levels	Total number of	Output	Partners' Mapping database
Public Communication			
Number of people reached through mass media (TV, radio, social media) activities on risk communication for covid-19	Total number of people reached with covid-19 containment messages disaggregated by mass media type		Media coverage
Number of radio stations airing jingles on Covid-19	Total number of radio stations airing jingles on Covid -19 stations		Media Tracking

Indicator Name	Definition	Levels	Data Source
Number of calls during a call-in radio programme on Covid-19	Total number of persons calling in during a radio phone-in programme on Covid -19	Output	Media Tracking
Proportion of scheduled media appearances conducted	**Numerator:** Number of media appearances conducted **Denominator:** Total number of media appearances planned based on the media schedule	Output	Media Tracking
Proportion of states who have received IEC kits from NCDC	**Numerator:** Number of states who have received IEC materials from NCDC **Denominator:** 37 (states +FCT)	Output	IEC distribution log
Number of media briefings conducted	Total number of media briefings conducted	Output	Media Tracking
Proportion of sampled individuals who have heard Covid-19 containment messages via radio jingles	**Numerator:** Number of individuals who have heard about covid-19 containment messages via radio **Denominator:** Total number of individuals surveyed	Intermediate Outcome	Survey
Proportion of individuals who have heard Covid-19 video jingles	**Numerator:** Number of individuals who have heard about covid-19 video jingles **Denominator:** Total number of individuals surveyed	Intermediate Outcome	Survey
Proportion of sampled individuals who practice priority health behavior towards covid-19 containment	**Numerator:** Number of individuals who practice healthy behavior in line with Covid-19 containment messages **Denominator:** Total number of individuals surveyed	Behavioural Outcome	Survey
Proportion of sampled individuals who have accurate information on Covid-19	**Numerator:** Number of individuals who have correct knowledge about Covid-19 **Denominator:** Total number of individuals surveyed	Intermediate Outcome	Survey
Proportion of individuals whose only source of information on Covid-19 is from NCDC/FMoH/SMoH	**Numerator:** Number of individuals who report NCDC/FMoH/SMoH as their only source of information on Covid-19 **Denominator:** Total number of individuals surveyed	Intermediate Outcome	Survey

Indicator Name	Definition	Levels	Data Source
Proportion of states who have translated IEC materials into dominant languages	**Numerator:** Number of states including FCT who have translated IEC materials into at least 3 dominant languages **Denominator:** 37 (states+FCT)	Output	Mobile data (ODK)
Proportion of states who have distributed translated IEC materials by dominant languages	**Numerator:** Number of states including FCT who have distributed translated IEC materials **Denominator:** 37 (states+FCT)	Output	Mobile data (ODK)
Number of mass media sources tracked for correct dissemination of messages on covid-19 containment	Total number of mass media sources tracked to ensure they are correctly disseminating information on Covid-19	Output	Media monitoring log
Communication engagement with affected communities			
Proportion of states engaging community influencers to disseminate messages on covid-19 containment	**Numerator:** Number of states who are engaging community influencers (religious leaders, community leaders) to disseminate messages **Denominator**: 37 (states+FCT)	Output	Mobile data (ODK)
Number of states conducting social mobilization activities at LGA levels	Total number of states conducting social mobilization activities at the LGA levels	Output	Mobile data (ODK)
Number of states conducting social mobilization activities at ward levels	Total number of states conducting social mobilization activities at the ward levels	Output	Mobile data (ODK)
Dynamic listening and rumour management			
Number of rumours logged disaggregated by sources/channels	Total number of rumours captured using the integrated rumour management systems disaggregated by sources e.g. WhatsApp, Facebook, Twitter etc.	Output	Rumour log
Proportion of rumours/misconception addressed within 48hrs	**Numerator:** Number of rumours/misconceptions ddressed **Denominator:** Total number of rumours/misconceptions logged	Outcome	Rumour log

Annex 13- Names and Organization of PTF RCCE pillar Members

S/No	Full Names	Organization
1	Joe Mutah	Federal Ministry of Information and Culture
2	David Akoji	National Orientation Agency (NOA)
3	Dr. Anis Siddique	United Nations Children Emergency Fund (UNICEF)
4	Dr. Rufus Efushi	United Nations Children Emergency Fund (UNICEF)
5	Ngele Ali	UNDP
6	George E. Edokpa	Ministry of Foreign Affairs
7	Dr. Yahya Disu	NCDC
8	Awele Okigbo	Credo Advisory/Comms Consultant
9	Mrs. Hauwa Suleiman	FCT Administration
10	Ize Adava	Rep, Civil Society
11	Salawu Nuhu Ozigi	Association of Local Governments of Nigeria (ALGON)
12	Debby Nongo	United States Agency for International Development (USAID)
13	Tolu Ogunlesi	State House
14	Rabi Abdallah	Nigerian Television Authority (NTA)
15	TERZUNGWE Wua	Radio NIGERIA
16	Sumaila Mustapha	News Agency of Nigeria
17	Ladi Aiyegbusi	Federal Ministry of Health
18	Mohammed Sabo	National Primary Health Care Dev. Agency (NPHCDA)
19	Amara Nwankpa	Shehu Musa Yar'Adua Foundation
20	Oluwatoyin Ade	National Agency for Control of AIDs (NACA)
21	Ukwori Ejibe	NCDC
22	Dr Yinka Falola- Anoemuah	NACA
23	Dr Halilu Usman	United States Center for Disease Control (US CDC)
24	Foyeke Oyedokun-Adebagbo	United States Agency for International Development (USAID)
25	Dr. Sule Ahmed	NSCIA
26	Miriam McGrath	UK Cabinet Office
27	Adam Cohen	UK Cabinet Office
28	Dr Edor Paul Joseph	USAID/Breakthrough Action Nigeria
29	Dr Eno'bong Idiong	USAID/Breakthrough Action Nigeria
30	Faramade Oluwaseun Alalade	USAID/Breakthrough Action Nigeria
31	Charles Ugwuanyi	USAID/Breakthrough Action Nigeria
32	William Tsuma	UNDP
33	Modupe Idowu	Credo Advisory
34	Henry	Credo Advisory
35	Chimezie Anueyiagu	NCDC

Annex 14- COVID-19 National EOC Risk Communication Pillar Members

S/N	Name	Organization
1.	Abara Erim	NCDC
2.	Abiodun Egwuenu	NCDC
3	Abiola Sanusi	Riplington Education Initiative
4.	Aguocha Natty	NCDC
5.	Aisha Inuwa	NCDC
6.	Alalade Oyinloluwa	NCDC
7.	Babafunke Fagbemi	Centre for Communication and Social Impact (CCSI)
8.	Bashir Tahir	NCDC
9.	Boboye Onduku	Blo'comms
10.	Buchi Onyegbule	None
11.	Chijioke Kaduru	NPHCDA
12.	Chimezie Anueyiagu	NCDC
13.	Disu, Yahya	NCDC
14	Dotun Sangoleye	EpidAlert
15.	Dr Doyin Odubanjo	Nigeria Academy of Science
16.	Emeka Oguanuo	NCDC
17.	Fatima Shuaibu	NCDC
18.	Florence Amasa	NCDC
19	Hadiza Saad	NCDC
20.	Hannatu Bello	NCDC
21.	Hannatu Janada Dimas	Nigeria Security and Civil Defence Corps
22.	Idoko Simon	NOA
23.	Jeremiah Agenyi	NCDC
24.	Joseph Edor	BA-N
25.	Kennedy Abiahu	FMOH
26.	Lydia Nyam	FMARD
27.	Ladi-Bako Aiyegbusi	FMOH
28.	Maureen Rumun Kajo	FMARD
29.	Michael Ajuluchuku	NPHCDA
30.	Michael Okali	NCDC
31.	Miracle Rufus	NCDC
32.	Mukhtar Muhammad Aji	NCDC
33.	Muktar Aji	NCDC
34.	Natty Aguocha	NCDC
35.	Nnaji Martha	NCDC
36.	Ntekop Violet Akaninyene	Federal Ministry of Women Affairs

S/N	Name	Organization
37.	Okali Michael	NCDC
38.	Olayinka Umar-Farouk	Breakthrough ACTION-Nigeria (BA-N)
39.	Ore Akomolafe	NCDC
40.	Oyeronke Oyebanji	CEPI
41.	Patience Adejo	Nigeria Health Watch
42.	Paul Majam	NCDC
43.	Prince Agala	NCDC
44.	Rufus Eshuchi	UNICEF
45.	Samantha Ilori	NCDC
46.	Sarah Peter	NCDC
47.	Sufiyanu Abubakar	NCDC
48.	Tijesu Ojumu	NCDC
49.	Uche Iwuozor	NCDC
50.	Uche Nwagboso	Tony Blair Institute (TBI)
51.	Ukwori Ejibe	Tony Blair Institute (TBI)
52.	Usman Adekanye	Ministry of Defence Health Implementation Programme
53.	Vera Usigbe	National Assembly
54.	Vivianne Ihekweazu	Nigeria Health Watch
55.	Yinka Falola-Anoemuah	NACA
56.	Zainab Seze	FMARD

Risk Communication and Community Engagement Strategy

COVID-19 Prevention and Control in Nigeria