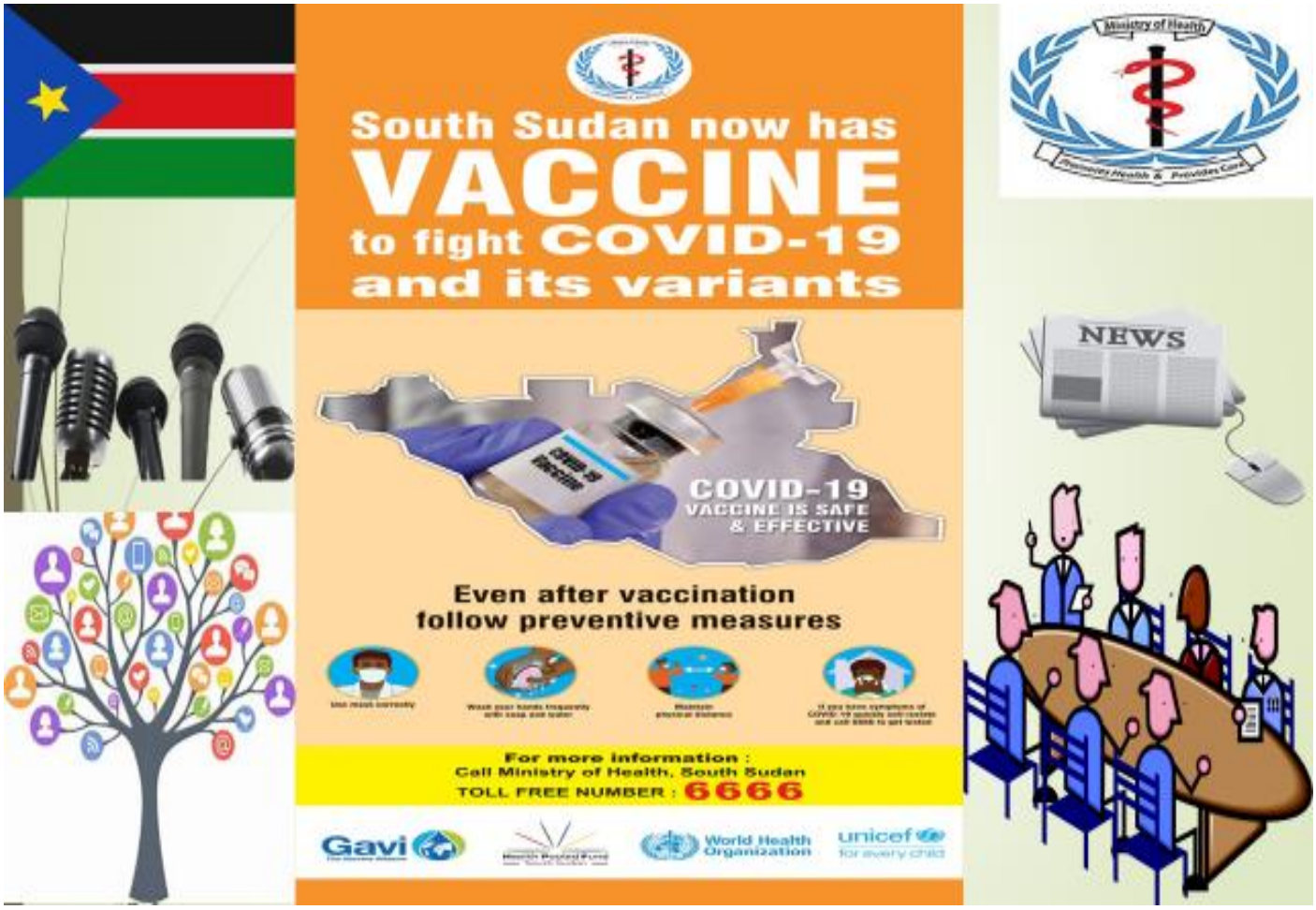
Republic of South Sudan

COVAX Communication Strategy

2nd Phase Vaccination



By

Risk Communication and Community Engagement (RCCE) Technical Working Group (TWG))

17th August, 2021

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Executive Summary

At the inception plan for the introduction of COVID-19 vaccine in South Sudan, communication strategy was developed to guide information dissemination associated with planned, coordinated and implemented mass vaccination. The communication strategy was constantly reviewed given the exigencies of the situations to the extent the first phase lasted – April to July 18th, 2021. Notwithstanding, the introduction of the vaccine came with new ways of conducting such activity. In the course of that implementation, lessons were learnt from all the approaches used to disseminate information on infection prevention and control of the COVID-19 pandemic and the eventual introduction of the vaccine.

The introduction of the vaccine witnessed an infordemic era in the country. An infordemic is an overabundance of information – good or bad – that makes it difficult for people to make decisions for their health. The situation led to adjustment of strategies, innovations and multifaceted ways with which effort were made to pass on accurate information on the vaccine introduction. Government policies like the extreme security measures that surrounded the preservation and transportation of the vaccine created internal delays that mounted pressure on the communication team to constantly explain to the general public the reasons for delays. Issues of anxiety, expectancy, suspicion and many other perceptions affected the demand generation for the intervention.

In all these situations, with the expected second phase of COVID-19 vaccination, the need to have the entire communication strategies reviewed to incorporate new lessons and possible new guide for the second phase cannot be over emphasized. This document therefore will attempt to briefly explain the context of COVAX facility of which the country is a beneficiary. Therefore, the new concept of communication strategies will start with specific emphases on the goals, objective of attaining the general goal of the strategies thereof.

Furthermore, the expected outcome of these strategies and the key areas to be addressed will be enumerated clearly. In this second phase several means will be used to meet the target audience. Several messages will be developed in general and translated to local languages to create demand for the covid-19 vaccination. The demand generation activities will also focus on specific groups by using activities like focus group discussion (FGD), surveys and other scientific methods Social mobilization activities will delve into tapping the community human resource by way of strengthening the existing community mobilization system. Therefore, the integrated community mobilization network (ICMN) will be empowered through refresher trainings, supportive supervision and intensified to ensure that the people continuously do the needful.

Specific focus will be paid to vaccine hesitancy. In this case, strategies like using the already vaccinated persons as community mobilizers, encouraging only vaccinated health workers be made vaccinators and other measure will be used to indirectly make health workers to get themselves vaccinated. In this phase adequate preparations for possible crises will be made and take special emphasis on the principles, risk communication structure and composition of the crisis communication teams of all levels including its compositions. Emphasis will be made on crisis emergency and risk communication principles.

Therefore, in this phase, efforts will be made to implement all the lessons learned and the innovation deployed to ensure that quality communication reach the entire populace at the right time. We will work round the challenges faced during the first phase. The national MOH will be supported to ensure that the coordination from national to lower level are more robust. Agencies and persons will be made to take responsibilities. The simple guide contained in this document will be utilized and followed to the letter so that the overall goal of the COVID-19 vaccination is achieved.

1.0. Introduction

COVAX is the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator. The ACT Accelerator is a ground-breaking global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. COVAX is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO.

It is one of the three pillars of the Access to COVID-19 Tools Accelerator, an initiative begun in April 2020 by the WHO, the European Commission, and the government of France as a response to the COVID-19 pandemic. COVAX coordinates international resources to enable low-to-middle-income countries equitable access to COVID-19 tests, therapies, and vaccines.

2.0. COVAX Communication

The outbreak of COVID-19 pandemic automatically evolved new operational reality that presents unique communication challenges as those involved try to adjust to a new operating systems within the environment. This unprecedented public health crisis affects all stakeholders, including patients and their families, employees, investors, customers/partners and regulators. As a result, tailored and informed messaging around safety, changes in SOPs, business impact and what companies are doing in response to this crisis for society at large became critical.

With the emergence of the pandemic external communications and new operational strategies was needed to contain the new information related to the disease. Therefore, proactive, consistent and clear external communication strategies was needed to help maintain a level of business continuity, demonstrate a commitment to all stakeholders (patients, health officials, local communities, employees, vendors, partners and investors), earn trust, and even strengthen and build relationships during this uncertain time.

Policy and Government Affairs - Since the start of the COVID-19 pandemic, government of South Sudan had variety of national policy directives that had affected stakeholders and activities operations. In view of the foregoing, the communication team had to:

- Provide real-time monitoring and analysis of policy changes and implications.
- Prepare scenario and crisis planning, as well as associated messaging;
- Engage with the media to correct the spread of misinformation, promote solutions, and keep stakeholders up to date;
- Leverage existing communication assets for thought leadership opportunities;
- Guide direct outreach to stakeholders; and
- Protect the overall reputation of UNICEF C4D.

However, facing the challenges caused by the COVID-19 pandemic requires focus at a time when uncertainty makes it particularly difficult to focus. Therefore, consistent, informed, accurate and actionable communication will provide support to the entire country – national, state, county and Payam levels.

3.0. South Sudan Communication Strategy

The previous vaccination/SIAs campaigns have brought forth multidimensional insights and immense lessons which are crucial to the effective roll-out of the campaign in the country and recommended certain changes in the communication strategy to address the challenges.

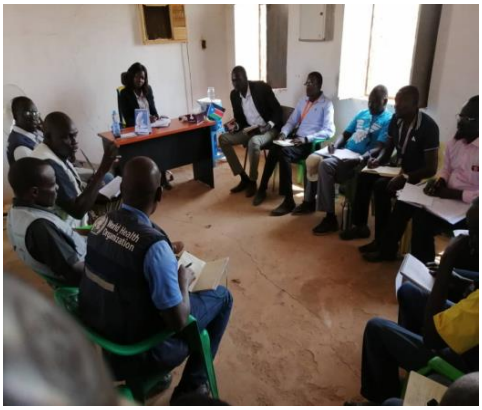
Engagement with the rural communities in South Sudan has become more tasking in recent times as a result of infordemic brought about by global digital age. An infordemic is an overabundance of information – good or bad – that makes it difficult for people to make decisions for their health. This situation has several medium with which all sort of information permeates the community members who in turn have no mechanism of sieving the fake and genuine information from the volume of information received. It is against this background that this document sets to put in place a strategic communication model that will steer the programme wheel and guide it towards its goals.

3.1. South Sudan Vaccine Communication overall goal/Objectives

Goal – disseminate real time, accurate and consistent information on the pandemic, risk of infection, and the vaccine t to earn trust, support informed decision making about taking the vaccine, and help reach the target of 95% COVID-19 vaccination coverage for the country.

Objectives – There are:

- Ensure that all eligible groups are informed and receive the vaccine with confidence
- Provide correct, consistent and timely information on the COVID-19 vaccine(s) (availability, safety, and timelines) and vaccination processes
- Manage mis/disinformation, myths, or misconceptions to reduce vaccine hesitancy.
- Share accurate information on COVID-19, including risk of infection in South Sudan, and promote social distancing and other infection prevention measures



4.0. Communication strategies

Communication planning is very important for successful COVID-19 vaccination campaign. This second phase activities planning should start with national social mobilization and communication refresher training of trainers (TOT) or briefing as was done in the first phase in line with the existing standard operating procedure (SOP).

The communication strategy for COVID-19 vaccination in South Sudan will support and encourage appropriate uptake of the vaccines by:

- Providing accurate and up to date information about the vaccine, including possible side effects, and vaccination efforts in South Sudan to the public.
- Addressing vaccine 'hesitancy' that could be due to misinformation or rumors around vaccine safety, efficacy, or availability and eligibility.
- Planning for crisis communication (e.g. severe AEFI) during the introduction and rollout
- Facilitating ongoing monitoring and evaluation to understand implementation status and adapt activities in real time.

4.1. Planning and Coordination – The national MOH will be supported to lead in working with all partners involved in planning and implementation of the COVID-19 vaccination activities. This will be done through;

- The weekly EPI TWG meeting
- Weekly SIA meetings

- Bilateral partner meetings

4.2. **Reach the people through all means possible** - The communication strategy that supports the COVID-19 vaccines rollout in South Sudan seeks to disseminate timely, accurate and transparent information about the vaccine(s) to alleviate apprehensions about the vaccine, address the information gap and ensure its acceptance and encourage uptake.

4.3. **All levels planning and coordination -** The strategy will also serve to guide national, state and district level communication activities, so that the information on the COVID-19 vaccines and vaccination process reaches all people, across all states and counties in the country.

4.4. **Multichannel approach -** A multimedia approach using a mix channels including mass media, social media, print, online, interpersonal communication and other existing community forums will be applied to ensure the wider range of reach and engagement.

4.5. **Confidence building -** The strategy also seeks to build trust and enable greater confidence in the COVID-19 vaccine amongst all people by employing transparency in communication, while also managing any mis/disinformation and Rumors around the COVID-19 vaccination in the country

4.6. **Science in communication art -** The effectiveness of this strategy will rely on the use of social science, knowledge attitude and perception (KAP) and community feedback to gather information and adapt plans, messaging and strategy as an in-process activity.

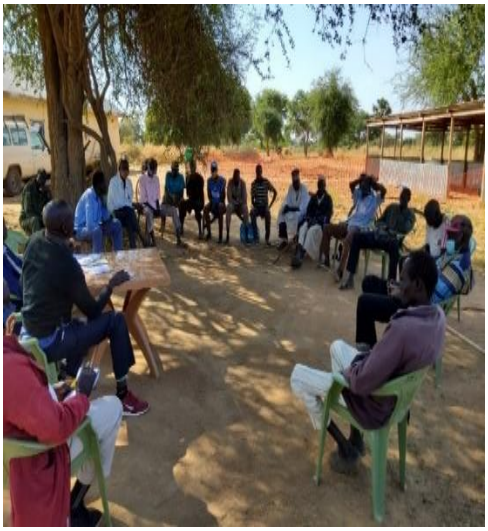
4.7. **Monitoring and Evaluation –** Ongoing monitoring and evaluation of communication activities and their outcomes will be prioritized.

- Prior to Phase 2 communication activities, baseline data will be collected that will be used to
- do an analysis of the contributions and gaps of communication activities in Phase 1
- contribution of such communication activity to other life savings interventions in the EPI of the country. In collaboration with state/county EPI Officer, the coverage of other routine interventions (Polio, measles, penta, etc.) can be determined prior to commencement of activity from the EPI monthly intervention reported data.
- Determine best practices from how Phase 1 activities were conducted and identify lessons learned and innovations to deploy to conduct and improve the present activities.
- Monitoring and evaluation plans will be developed and put in place to collect data and inform real time changes to Phase 2 vaccine communication plans and strategies, and identify additional lessons learned for use in future vaccination phases.

5.0. Expected activities supported by the communication strategy

- To support and encourage appropriate uptake of the vaccines by:

- Managing and mitigating any potential disappointment expressed by unmet demand for the vaccine or '**eagerness'** amongst people.
- Addressing vaccine '**hesitancy'** that could arise because of apprehensions around vaccine safety, efficacy; and any other myths and misconceptions.
- Planning for and mitigating unintended **crisis** (e.g. AEFI clusters, delay in vaccine rollout for certain population categories) during the introduction and rollout
- Providing specific messages on the vaccine, its risk and benefits, and vaccine rollout in local areas to target groups.



- Collating all rumors associated with COVID-19 vaccine introduction nationwide.
- Developing and use all available tools to dispel rumors.
- Conducting appropriate knowledge, attitude and perception survey in order to understand the reasons for vaccine acceptance, hesitancy, and refusal.
- Using focus group discussion (FGD), community rapid assessment (CRA), health worker surveys, and other relevant means to investigate reasons for acceptance, refusal, and hesitancy

6.0. Key areas to be addressed under the strategy

6.1. The **Communication objectives** of the COVID-19 vaccination campaign are:

- Ensure that all eligible groups receive the vaccine with confidence
- All people get correct information and are not influenced by mis/disinformation, myths or misconceptions
- Hesitancy of public is addressed on the COVID-19 vaccination process
- Provide correct, consistent and timely information on the COVID-19 vaccine(s) (availability, safety, and timelines) and vaccination processes
- Generate awareness and understanding of the phased approach of prioritizing target groups
- Address low-risk perception of the infection amongst people and build an enabling environment to adopt and maintain COVID-19 appropriate behaviors, especially among those not yet able to be vaccinated, to reduce any risks of infection
- Promote social distancing and other measures along with the COVID-19 vaccination in the country

7.0. Target Audience for phase 2

- Healthcare workers (principally doctors and nurses though also inclusive of community-based social mobilizers, healthcare workers
- Elderly persons, i.e. those aged 65 years and above.
- Persons with co-morbidities - Persons with Diabetes, Person with HIV/AIDS

- Refugees, internally displaced persons
- Other essential workers outside of the health and education sectors (e.g. members of the police force) in areas with high transmission (e.g. at South Sudan borders, entry points)
- Earning Population (25-40 years)
- Wholesale and retail market attendants
- Private clinic workers
- Pharmacists – drug store operators

Target audience for Communication for COVID-19 vaccination campaign

Primary: Beneficiaries	Secondary	Tertiary
Health workers including social mobilizers	Faith based leaders and institutions	Minsters, political leaders, Line Ministries
Elderly Population	Community chiefs	Media/Journalist
Person with Diabetes/HIV/AIDS	Payam Chiefs	Public health experts
People living in IDPs	Women and youth groups	Media/Journalists
Earning population	NGO/INGOs/ CBOs	Local celebrities
Wholesale and retail market attendants	Super markets and other daily or cyclical market operators	ICMN IPs community mobilizers
Private clinics workers	Private clinics nurses, laboratory attendants, etc.	ICMN IPs community mobilizers
Pharmacists	Pharmacist/drug stores attendants	ICMN IPs community mobilizers
Teachers	School administration	Ministry of Education, etc.

8.0. Information on COVID-19 Vaccine

Messaging and materials will provide, but not be limited to, the following information

- **Approval Processes**
  - Clinical trial
  - regulatory approvals
  - South Sudan approvals
- **Vaccine**
  - Efficacy
  - importance of getting both doses for the best protection
  - Safety, including possible side effects
- **Vaccination**
  - *Eligibility criteria and pre-condition*
  - vaccination process, including registration
  - where to get the vaccine
  - Post vaccination care and support, including how to report adverse events

- **Implementation updates**
  - Current status of national vaccination efforts, including the number of doses given, percent of people vaccinated (national, state), etc.
  - Outcome of investigations on adverse event following immunization (AEFI)
  - Possibility of introducing another brand of COVID-19 vaccine in the country

9.0. Demand generation activities on COVID-19 Vaccine

Based on the learnings of previous national immunization campaigns and Phase 1 of COVID-19 vaccination, eight key elements of the strategy have been developed in order to support the rollout of Phase 2 COVID-19 vaccine at the national and state level:

- Advocacy
- Capacity Building
- Mass media including social media
- Social mobilization and community engagement
- Crisis communication plans
- Focus group discussions (FGDs)
- Baseline survey for all activities

9.1. Advocacy

Advocacy is a well-defined process based on demonstrated evidence to influence decision-makers, stakeholders and audiences to support and/or implement policies or actions related to the advocacy goal. Programme Advocacy reaches out to decision makers and community partners to boost them participation in local actions and programme decisions in support of COVID-19 vaccination campaign. Programme advocacy is used at the local community level to convince opinion leaders about the need for local action.

Advocacy seeks to ensure strong commitment by the stakeholders. Advocacy is a well-defined process based on demonstrated evidence to influence decision-makers, stakeholders and audiences to support and/or implement policies or actions related to the advocacy goal. Advocacy efforts will aim to engage the maximum number of people by promoting the benefits of COVID-19 vaccine and support in building an enabling environment. Various stakeholders and experts will lead the advocacy campaigns at national, state and district level.

9.2. Media Advocacy

Media advocacy helps in creating an enabling environment for the acceptance of COVAX vaccine in the country. Media plays a critical role in any public health initiative. In case of the COVID-19 campaign, it has an important role in creating and influencing perceptions of public on the campaign. For COVID-19 vaccination, advocacy should be done by MOH and SMOHs, along with key partners like WHO, UNICEF, CSOs, INGOs etc. to ensure that COVID-19 vaccination campaign information reaches the eligible population, as well as the public to raise awareness and reinforce messaging, this increasing vaccine acceptance.

9.3. Advocacy with public representatives and key government officials

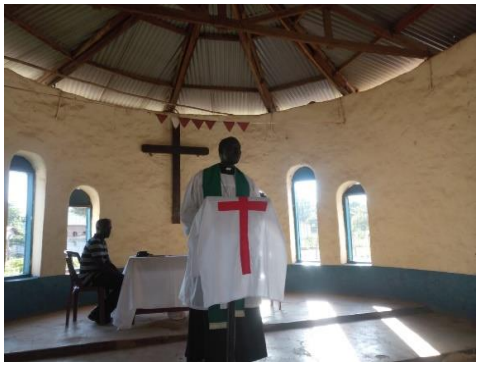
Advocacy meeting must be planned for the government officers at State, Country and Payam level, to see that the offices are very well briefed on the objectives of the campaign. The expected support from government officers should also be highlighted. Local public representatives (Ministers), DGs, Count Commissioners must be brief well in advance about the need and planning for COVID-19 vaccination in the country.

9.4. Advocacy with Lobby Groups

a) Identify all the lobby groups existing at the state level, provide information, and establish an understanding about their position on COVID-19 vaccination.

b) Seek guidance from National level – MOH to develop state level Interventions to actively engage with the lobby groups and address any questions or concerns

9.5. Advocacy with Influencers



a) Religious leaders including a close partnership with South Sudan council of churches, Islamic council, community leaders, Teachers, celebrities, sports persons and other possible celebrities.

b) NGOs, CBOs and faith-based organizations.

c) Traditional Healers: In some parts of the country especially in rural and tribal areas, traditional healers play a major role and influence the decisions of the parents, caregivers and community members at large.

9.6. Advocacy with various line Ministries

- Advocacy also to be directed towards Line Ministries and as they can influence the primary beneficiaries directly.
- FAQs for Line Ministries have been developed and should be shared with concerned line ministries so that they can deal with the queries of the public
- Prepare an advocacy plan that outline activities to reach out to the relevant groups using tools and materials.
- Additionally, media resources will be assessed and adapted for Phase 2 COVAX messages.

Partners and States should document the advocacy efforts and lessons learnt for the future and share them with the national team.

9.7. Key Components of the Advocacy Strategy

- Advocacy efforts will aim to engage the maximum number of people by promoting the benefits of COVID-19 vaccine and support in building an enabling environment.
- Various stakeholders and experts will lead the advocacy campaigns at national, state and district level. These include (but are not limited to):

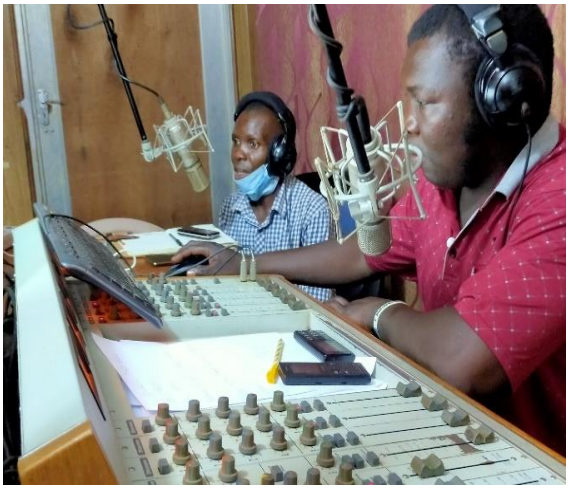
- Parliamentarians
- ICC members
- National Health ministers and deputy ministers
- Under secretaries
- Ministers of other Line ministries
- State Governors
- State directors
- State Ministers
- County commissioners
- County executive directors
- Directors General (DG)
- Development partners including NGOs/INGOs
- Faith based organizations like SSCC and Islamic council
- Paramount chiefs, Payam & BOMA chiefs
- Women and youth chiefs

9.8. Capacity building of key stakeholders

- Since the vaccine for COVID-19 is new, it will be important to orient and train all those stakeholders who will be responsible for the implementation of communications actions, in both urban, rural areas and IDPs.
- Communications training will be carried out in line with the training modules that have been developed to plan and implement communications actions at all levels.
- States will be required to identify training mechanisms to reach the extensive network of frontline workers, health care providers, community-based volunteers, influencers and other stakeholders in remote areas to ensure outreach to the last mile, while also ensuring an equal focus on the urban areas and the IDP camps and other hard to reach locations.
- Capacity development of key frontline staff and gatekeepers (health practitioners, call center operators, community health workers, media personnel, leaders of CSOs and FBOs etc.).
    - These groups will acquire knowledge on the COVID-19 vaccine and obtain interpersonal communication skills to engage effectively with the primary and secondary audiences.
    - The following cadres will be trained to support the implementation of the communications plan:
        - Communication team members at National, State and county levels
        - Various stakeholders
        - Community leaders
        - Payam and other chiefs
        - Top Government officials NGOs/CBOs
        - Key Officials from various line Ministries
        - CSOs, CBOs, FLWs, Influencers, Youth Networks,

- Volunteers, Women Networks Religious
- Institutions and leaders
- Staff of COVID-19 National Helpline Call Centers (6666) and (2222

9.8.1. Mass media including social media:



Mass media component will focus on well-crafted campaigns that combine radio talk shows in programmes and radio spots on both state and community stations.

Mass media will be used to both provide information, as well as a call to action during the campaign. The radio talk shows will be organized from various national and vernacular radio stations focusing on the need and importance of COVAX vaccination in the country.

Radio Jingles will be played from all radio stations in targeted states as the Jingles will be produced in 10 widely spoken languages of the country**.**

Mass media component will focus on well-crafted campaigns that combine radio Talk shows in programmes and spots on both state and community stations. Mass media will be used to both provide information, as well as a call to action during the campaign

9.8.2. Social media: social media platforms will be used to re-enforce other channels. Innovative use of mobile technologies will be explored to improve frequency of messaging and ensure efficient communication during COVID-19 vaccination campaign. The use of SMS reminders could be explored with the help of vaccinators to trace the beneficiaries for vaccination.

10.0. Social mobilization and community engagement

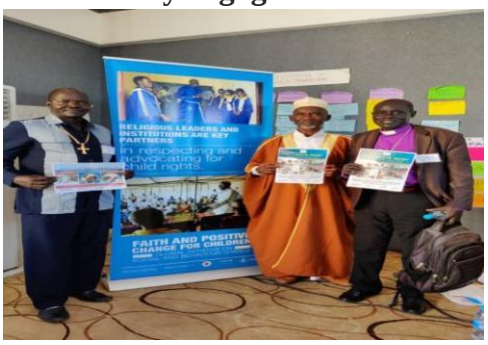
Social mobilization actions will focus on risk communications and community engagement. It will respond to perceptions of communities and health service providers on the COVID-19 vaccines and ensure that all people understand the vaccine and the vaccination process correctly with the aim of increasing vaccine uptake.

10.1. The social mobilization and community engagement plan will focus on:

- Promoting vaccine uptake, addressing vaccine related questions, concerns, and misinformation that may lead to vaccine hesitancy on the other.
- The social mobilization and community engagement plan will be contextualized to state and community requirements, and address state-specific variations and vulnerabilities such as urban-rural,
- IDPs, Urban pockets and hard to reach pockets. While social mobilization actions will reach public across all categories, it will specifically

focus on motivating and supporting the priority groups for COVID-19 vaccination and their family members through community consultations and inter-personal communication during the campaign.

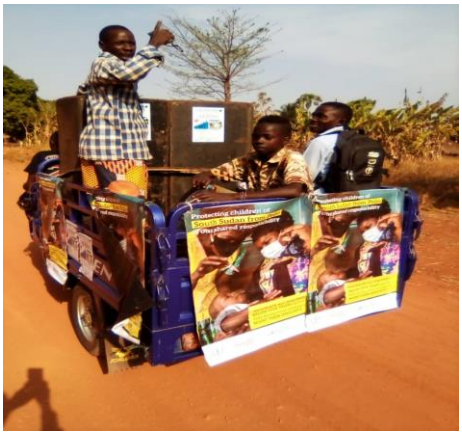
10.2. The key stakeholders identified for social mobilization and community engagement are:



- Community-based organizations, NGOs/INGOs Alliances
- Community leaders and chiefs
- Health functionaries and teachers
- Faith-based institutions and networks
- Social mobilisers of various NGOs/CBOs working in the field
- Youth and women networks
- BOMA health workers

10.3. **Social mobilization infrastructure.**

- Evidence and prior experience in the country suggests that using multiple behavior change communication approaches and channels to change behaviors is more effective than using just one.
- The social mobilization activities will include;
    - community meetings,
    - participatory activities,
    - traditional media group performances,
    - rallies,
    - talk shows,
    - Making announcements,
    - Boda Boda shows,
    - road shows
    - home visits.

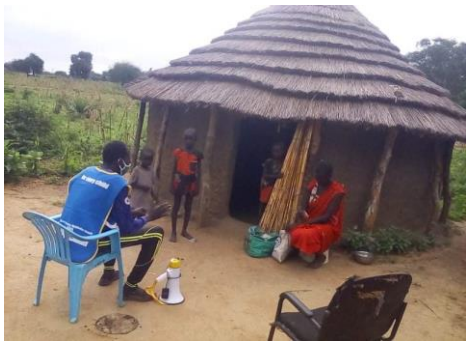


- Interpersonal communication and group consultations, following COVID-19 prevention guidelines, will be organized using frontline functionaries and local influencers to engage people to provide information and dispel misconceptions and fears regarding the vaccine and the vaccination process.
- Communications materials and tools like posters, banners, leaflets, pamphlets, FAQs, interactive videos will be widely used for easy communication.
- Community engagement activities through Mobilisers, and BOMA health Initiative workers and IPC during household visits, community and health facility events, will be given priority while mass media and IEC materials will be used to reinforce these community engagement activities

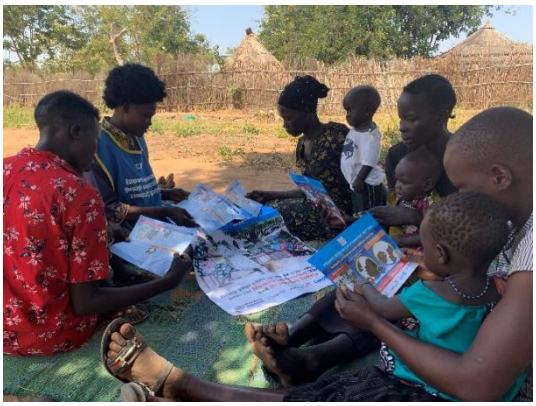
10.4. **Community mobilization:**

The community mobilization component will engage relevant NGOs, FBOs, CBOs, community-based volunteers, and other civil society groups to roll out the communication Plans

- **Interpersonal Communication**; interpersonal communication (IPC) will be used to engage in dialogues to influence knowledge, attitudes and practices of specific audiences at the community level IPC will help with increasing demand for COVAX services, correcting misconceptions, and promoting acceptance and utilization of the available preventive measures. IPC activities will take place at health facilities, local settings like churches, water points, and marketplaces, and in IDP communities



- **Tapping into Community Systems;** To continue ensuring COVID-19 vaccination - prepared communities, it will be necessary to tap into the administrative (e.g. village health committees) and traditional systems (e.g. traditional birth attendants) and Traditional healers that support communities. This will ensure that implementing partners better understand and adapt to cultural barriers to COVID-19 prevention and vaccination.



- The community will be on the center stage of COVID-19 vaccination services in the country as there will be consultative dialogues and discussion on the timings, venue, communication material etc. required for conducting campaigns in various communities

11.0. Crisis and Risk Communication Plan for COVAX campaign

11.1. The Ministry of Health with support from UNICEF, WHO and other partners will conduct a countrywide COVAX second phase vaccination programme in 2021. Health care workers and the general eligible public will be targeted for the vaccination.

- The vaccination will be conducted in the fixed posts in the Ministry of Health's health facilities and in the health, facilities supported by NGO partners. In addition to the fixed posts, there will be outreach posts in communities.
- As part of the COVAX campaign, it is important to prepare to respond to any event that may arise during the campaign and require a crisis communication response.
- In the context of immunization, a crisis is a situation when there is a rumor or actual incident following immunization that may cause a negative effect on the vaccine uptake; people may lose confidence in the vaccine and refuse to accept it.
- In worst case situation, there may be death of a person after being vaccinated, although at the time the cause will likely be unknown and an investigation will be needed to determine if it was vaccine related.

- Whatever may be the reason for the situation, there will be a crisis-and an urgent need to communicate effectively to mitigate the damage it could do to the programme and subsequently to the health of the population.
- Events that may require crisis communication can include, but are not limited to:
    - a severe adverse event following immunization (AEFI), which is defined as those events that result in hospitalization or death and/or require treatment with prescription drugs. Sever AEFIs may or may not be caused by the vaccine. Such events are extremely rare and occur at rates that are a small fraction of the rate of complications caused by the disease itself. These may include; high fever (> 38O C), convulsions, sepsis, abscess, and anaphylactic reactions
    - extreme rumors that cause disruption to vaccination activities.
    - efforts by anti-vaccine groups who may have an interest in demotivating people from going for vaccination and can publish anti-vaccine sentiments in the media.

12.0. General principle to follow on crisis communication

Usually the crisis communication is not given as much attention as it should get. There may be inadequate capacity among health staff at various levels to respond to crisis or following adverse events following immunization. There may be lack of preparedness in terms of planning or being ready to respond to the situation. Therefore, a careful plan to deal with crisis communication is very important.

- The main thing to keep in mind in a crisis is to be transparent about the situation and provide correct information quickly to minimize the negative impact of the situation.
- The team responsible for the crisis communication must be well informed about the crisis situation and must immediately act on the role assigned to them.
- Everyone associated with the planning of the COVID-19 campaign, should strictly inform the crisis management team about the situation in case of any issues and refer inquiries to the designated spokesperson(s).
- The spokesperson(s) should be forthright in dealing with media questions. However, responding to some questions that should be simply avoided including:
    - Financial estimates of damage
    - Insurance coverage
    - Speculation as to the cause of the incident
    - Allocation of blame
    - Anything “off the record”

13.0. Reporting and Investigation of AEFI

13.1. AEFI affairs - Information regarding AEFIs, mild and severe, observed at or reported to the vaccination post must be recorded on the daily tally sheet and line listed in the AEFI line-listing form. All incidents of AEFI must be followed up and investigated by the surveillance focal person in the County with regards to person, time, place and severity of event, as part of AEFI surveillance. The County surveillance focal persons fill the AEFI investigation form and submit the details to the focal person (CHD) at the County level who sends a report to the state level. The information should be sent to the National level on the same day.

National level should send teams to conduct more detail investigation when required. At the conclusion of the program, all investigated cases of reported AEFI must have their investigations concluded in terms of ascertaining exact cause(s) of the AEFI and provide action points to prevent future occurrence where applicable.

13.2. Effect of serious AEFIs

- Serious AEFI can undermine COVID-19 vaccination exercise by influencing eligible participants and the community to lose confidence in the benefit of immunization.
- Therefore, it is important that COVID-19 vaccination programs managers monitor AEFIs and ensure that appropriate actions are taken and adequate communication given to the community where it occurred.
- Vaccinated people should follow the steps given to them at the time of vaccination to report all AEFIs following vaccination.

14.0. Risk/Crisis Communication structures:

14.1. **Planning and coordination -** It is critical to either establish or activate crisis communication structure prior to vaccination activity and identify spokesperson for various level – national, state county or Payam' It is far better to be proactive rather than being reactive when the issues arise. Therefore, the need to have these level of responsible levels and focal person cannot be over emphasized.

14.2. Composition of national level AEFI Committee

- The national level should have national AEFI Committee made of independent medical officers, pathologist, laboratory etc. and representative from national MOH and partners (UNICEF, WHO, HPF and others.
- Spokesperson (Ministry of Health or a neutral person-a public health specialist, medical doctor or anyone who is respected and well known and credible)- The Minister or any other designated spokesperson by the Ministry.
- DG/EPI manager
- Head of Health Promotion Unit
- Members of existing health promotion/communication sub-group (UNICEF, WHO and other partners?)-names and contacts of the members
- Someone from the pharmaceutical company involved in the campaign

14.3. Composition of state level AEFI Committee

State committee membership is made up of state AEFI trained officials and partners based in the state. The main responsibility of the state team is to coordinate, train, supervise, monitor the COVID-19 vaccination. The team should be comprised of:

- State AEFI committee chairman – Medical Doctor/Clinician
- State EPI Officer/Manager
- State Disease Surveillance Officers
- State Health Educator
- Partners – (WHO, UNICEF, IPS, Reps of Line Ministries, Traditional/Religious leaders, Youth Organizations, etc.

14.4. Composition of County level AEFI Committee

The team should be comprised of:

- Director, County Health Department – Chairperson
- County EPI Supervisor
- County Disease Surveillance Officer
- County Health Educator
- Implementing Partners in the county

14.5. Composition of Community level AEFI Committee (Payam)

- Each Payam/community has a designated Payam focal Person (PFP) who should be a health worker like nurses or midwives, preferable residing in the particular Payam.
- The person is expected to be the most experienced health worker among the team supervisors.
- In addition, Traditional Leaders (TL) and vaccination team members are expected to actively participate at this level.

15.0. Communication tree/Crisis and emergency risk comm. (CERC) principles

15.1. Crisis and emergency risk communication (CERC) principles

The crisis communication team should also Follow crisis and emergency risk communication (CERC) principles when communicating:

- Be first
- Be right
- Be credible
- Express Empathy
- Promote Action
- Show Respect

15.2. Communication tree - Determine and decide beforehand:

- Who will communicate if any crisis arises?
- How will it be relayed to other members?
- How quickly will the team meet and where?
- Decide beforehand and agree so that everyone is clear and will act immediately
- Have phone numbers of all the members.

16.0. Roles and responsibility of crisis communication team leadership and spokespersons:

- Head of the Health Promotion Unit/RCCE TWG Chair will
    - lead on organizing emergency communication meetings at MoH.
    - Ensure crisis communication planning and implementation actions are appropriately conducted
- Spokesperson (who will have been oriented/trained beforehand) will
    - be the one to speak to the media with the press release.

- respond to media questions using the frequently asked questions, fact sheets and relevant documents as back up material

17.0. Preparations before COVID-19 vaccination campaign:

- Be fully informed about the vaccine
- Orient/train spokespersons on how to communicate in case of a crisis
- Ensure that crisis communication will be part of health workers' training at all levels-keep it simple and do not create panic. It is about being ready to respond to crisis-not to create fear of possible AEFIs
- Understand what the media is looking for and what media can do
- Form good relationship with the media: supply accurate stories and facts on immunization from time to time
- Have a draft press release ready beforehand.
- Develop a set of messages on dos and don'ts beforehand for the spoke person
- Develop and provide factsheets and relevant questions and answers about COVAX vaccination to spokespersons beforehand.
- Inform the public about the vaccination campaign using both traditional and new media by emphasizing key messages and by answering frequently asked questions.

18.0. Managing the media before COVID-19 vaccination campaign:

18.1. Note that understand what the media will look for:

- The dramatic
- Accuracy and simplicity
- Statistics with explanation, if possible
- Context (part of a wider picture)
- Comments or explanation from the highest authority possible
- Controversial issues
- To investigate both sides of a story
- A timely response

18.2. Prepare for media brief or response to inquiry:

Prepare the content of the press release/message dissemination as per the following:

- WHO - is affected/is responsible?
- WHAT - has happened? What is being done?
- WHERE - has it happened?
- WHEN - did it happen? -will more information be available/shared?

18.3. Preparation beforehand:

- Develop a close relationship with key media people, especially who focus on health reporting and know whom you can contact immediately if something happens
- Provide orientation to media before the commencement of vaccination
- Focus on the need to verify news before disseminating

- Emphasize on the role of the media and media ethics-it helps to work with media association
- Give functional phone number of a focal points in the Ministry who can be contacted by the media in case of possible Rumors/stories on AEFI

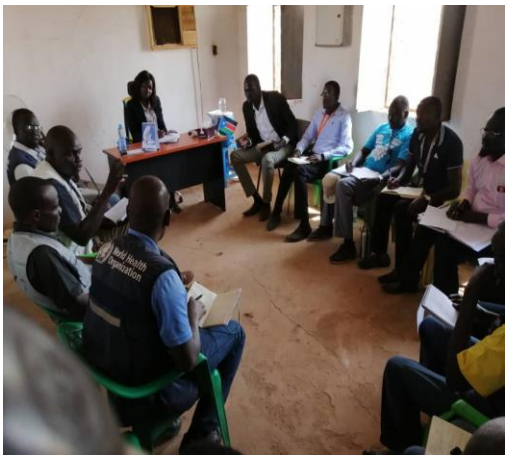
19.0. In case of crisis during COVID-19 vaccination campaign:

19.1. Once there is a crisis, do the following:

- Activate the communication tree to inform all members
- Meet immediately and discuss on and agree on key steps and messages and channels
- Depending on the seriousness event, organize a press conference immediately to inform media about the event and what actions are being taken by the Government
- Update the pre-written press release and Release it through relevant media. In the case of SSD, which media would be the best?
- the national level will provide guidance to the district on what messages to give at state level

19.2. Crisis at state level:

- Social mobilisers should always be vigilant about possible Rumors or AEFI and report to the health facility in-charge
- The spokesperson at the community level should talk to the affected person or their care giver and re-assure them about the COVID-19 vaccine being safe



- Do not let Rumors float around-be compassionate but honest with the public. In low trust, high concern situations, empathy and caring often carry more weight than numbers and technical facts.
- Do not give false messages and false promises
- Admit uncertainty
- Convey that the AEFI will be reported and investigated fully
- keep the community informed with follow-up information

19.3. National crisis response team

Name	Agency	Phone No.	Email address
National level			
Spokesperson, Dr. Atem Nathan, Director General Primary Health care	N.MOH	+211 925578012	atemanyuom628@gmail.com
George Awzenio Legge, EPI Manager	N. MOH	+211-0924324875	georglolegge@gmail.com
Ms. Mary Obat Head, Health Promotion Unit, MOH	N. MOH	+211- 924887006	mobat_43@yahoo.com

UNICEF Representative - Yves Willemot, Chief, Communications	UNICEF	+211 912 176 145	ywillemot@unicef.org
WHO Representative	WHO		
State level			
Spokesperson - EPI Manager (SMoH)	SMOH		
Health Promotion Officer (SMoH)	SMOH		
WHO State Focal Person	WHO		
UNICEF Health Specialist	UNICEF		
County level			
Spokesperson - County Health Supervisor	CHD		
County EPU focal point	CHD		

20.0. Innovations to be deployed from lessons learned from first phase

20.1. Coordination - among various stakeholders, are crucial, Formation of Technical working groups and coordination and synergy among various working groups is pivotal for good quality coverage and ownership of the programme.

- **House to house mobilization** - As per the feedbacks of the previous Immunization campaigns, ccommunity engagement through House to house mobilisation has proved to be the most effective tools in the previous campaigns
- **Faith based organization mobilization** - with proper engagements will work with faith-based organisations (FBO) and youth groups to deal with vaccine hesitancy in the country.
- We will be using radio messaging in local languages because the female literacy is quite low, and radio has proven to be the key source of information for the people.
- IEC materials are used sparingly for visibility and based on team distribution, for a display in few other strategic locations such as schools/ HF/ admin offices, market places/ border entry points/ markets,
- ICMN network is already working in all 10 states and have around 2000 Mobilisers
- Involvement of religious leaders and youth in community engagement activities through regular dialogue through various meetings,
- One-on-one interactions and briefing by ICMN members working as community mobilisers, Payam Supervisors and County supervisors. They also will make sure that all the stakeholders in the catchment areas are incorporated in COVID-19 vaccination sensitization team

21.0. Simple guide for effective community engagement

21.1. Background - Experience has shown that most communities in South Sudan require several engagements before considerable impart is observed. However, the outcome of a single endangerment to sensitize and encourage community member to access specific health interventions has always been slow. Therefore, the need to develop effective community engagement strategies guide cannot be over emphasis. It is therefore important to use the following identified "Seven Strategies for Effective Community Engagement."

21.2. Know your Purpose, Product and Process.

- What is your purpose for engaging citizens?
- What is the product that the citizens are to create that will fulfill the purpose?
- What is the process the citizens need to undertake to create the product?
- Use this information in planning the citizen engagement activity.

- Communicate this information to the citizens during the citizen engagement activity. Also communicate scope (what is included and what is specifically excluded) and time-frame.

21.3. Utilize stakeholders to attract stakeholders.

- Determine the various views and demographics that must be represented.
- Identify two or more key stakeholders who might serve as catalysts for attracting others.
- Meet in advance with key stakeholders to seek involvement in attracting the participation of other stakeholders.'

21.4. Establish and maintain a consensus-focused process.

- Gain agreement on a decision making process. While majority-rules and full consensus are options, consider *5-Finger Consensus* to gain agreement without having to water-down solutions that have wide support. *(See related article in our Resource Library.)*
- When disagreements occur, start with agreement, isolate the area of disagreement, fully delineate alternatives, and use the appropriate consensus building strategy: (strengths and weaknesses, merging, converging, weighted score.)
- If possible, prioritize to provide focus; permit "group lobbying" before prioritizing.

21.5. In every meeting, I-E-E-I!

- The first 15-20 minutes of a meeting must grab the attention of the participants:
  - **Inform** the participants about what is going to happen.
  - **Excite** them about the process by giving them a clear vision of the overall result to be achieved and the benefits to them.
  - **Empower** them by discussing the important role they play in the process, the reason they were selected, the authority that has been given to them, etc.
  - **Involve** them in the process by having them speak as early as possible (e.g., asking the key issues they want to see addressed.)
- Set appropriate expectations: make sure they know what is reasonable and what is NOT reasonable to expect from the process.

21.6. Utilize a level-setting mechanism to educate all participants.

- Level-setting mechanisms might include: speakers, videotapes, articles, role-plays.
- Provide a level-setting mechanism to establish a common foundation of knowledge on the subject area prior to any discussion of the current state; consider using a level-setting mechanism to establish a common glimpse of future possibilities.

21.7. Use facilitation techniques to manage the discussions.

- Use checkpoints and round-robins to keep the session moving and all engaged.
- Use starting and reacting questions to engage the group; probe for clarification and challenge when appropriate; use redirections to by-pass irrelevant discussions.
- Use ground rules, such as "Take a stand," "Question then respond" and "End point first," to maintain a cooperative and focused atmosphere.

21.8. Prevent, detect and effectively resolve dysfunctional behavior.

- Identify potential dysfunction during session preparation.
- Execute prevention strategies to avoid dysfunction.
- Actively look for signs of dysfunction early in the meeting.
- Cleanly resolve dysfunction utilizing the four-step formula: approach privately, empathize with the symptom, address the root cause, get agreement on the solution.

22.0. Collaborative national activities for COVAX

Collaborative Activities with National MOH/Implementing Partners (IPs)			
Audience	**Desired Action**	**Modalities of Engagement**	**Tools Required**
Policy makers	• Review and support for COVID-19 campaign	Meetings/briefing sessions	• Background material on COVID-19; • Information on variant • Opinion articles; • State specific 1st phase coverage data
Media	• 2nd phase awareness COVID-19 vaccination • Knowledge and benefits of 2nd dose • Tackling rumors and limiting sensational reportage of AEFI	Media briefings/workshop	• Media kit containing: • Press release; • Start off vaccination ceremony • State specific 1st phase coverage data
FBOs/Influencers briefings.	• 2nd phase awareness COVID-19 vaccination • Knowledge and benefits of 2nd dose • Advocacy with the community about COVID-19	Meetings/ briefing /Community engagements	• Letter from National MOH, • Fliers highlighting their roles and responsibilities; • FAQs

23.0. National Level ACSM/Engagement activities for COVAX

Social Mobilization, Risk Communication and Community engagement Activities for COVEX			
National level			
Activities	**when**	**Responsible person**	**How**
Advocacy/Mid Media campaign			
Media Briefing	Two weeks before	MOH/UNICEF/WHO	UNICEF/MOH to send Invitation to journalists, Prepare talking points, PPT, Key Messages, Prepare Media information pack
Orientation of FBOs, Meeting with the Religious leaders on COVID-19	Two weeks before	MOH/UNICEF/WHO	MOH to send Invitation, Prepare talking points ,PPT, Key Messages
Advocacy Meeting with Mothers Union and other CBOs for sensitizing them for COVID-19 vaccination	One week prior	MOH/UNICEF	MOH to send Invitation Prepare talking points, PPT, Key Messages
Press release	One weeks before	MOH/UNICEF/WHO	Prepare draft press Release
Social Mobilization			
Meeting with Civil society organizations, women groups, teachers,	One week prior	MOH/WHO/UNICEF	UNICEF/MOH to prepare the PPTs and key messages
Meeting with organized forces and other stake holders	One week prior	MOH/WHO/UNICEF	MOH with support from WHO/UNICEF
Capacity Building			
Review media kit for journalist	Two weeks prior	UNICEF/WHO/MOH	Standard guidelines, to be approved by RCSMCE TWG
Briefing of the Media by spokes person	One weeks before	UNICEF/WHO/MOH	PPT, fliers, factsheet

Review Training package for front Line workers, key messages, Flyers etc.	One week Month prior	UNICEF/MOH	Use of SOPs
Briefing of the Media spokes person	One weeks before	UNICEF/WHO/MOH	PPT, fliers, factsheet
IEC /BCC			
Review of IEC/BCC materials	Two weeks prior	UNICEF/MOH	Consultative process to be approved by EPI TWG
Printing and packaging of IEC/BCC Material	Two weeks prior	UNICEF/MOH/WHO	Consultative process to be approved by EPI TWG
Distribution Plan of IEC	One weeks prior	UNICEF/WHO	Planning to be done with Health section of UNICEF
Review talking points for radio talk shows and jingles	Two weeks month Prior	UNICEF/WHO/MOH	Consultative process to be approved by EPI TWG
Crisis Communication & AEFI Management			
Review of AEFI guidelines	One month prior	WHO/MOH	SOPs to be followed
Review Risk Communication plan	One Month prior	UNICEF/WHO/MOH	Consultative process to be approved by EPI TWG
Activation of AEFI committee	One Months prior	WHO/WHO/MOH	Consultative process to be approved by EPI TWG
AEFI reporting Formats	One months prior	WHO/MOH	Consultative process to be approved by EPI TWG
M& E			
Review communication monitoring tools (Formats,)	One week prior	UNICEF/WHO/MOH/JSI	Consultative process to be approved by EPI TWG
Deployment of the Monitors	One weeks prior	MOH/WHO/UNICE	Standard protocols to be followed
Post evaluation	Immediately after the campaign	CORE	Standard Monitoring tools to be used for the exercise
HIS	One week after campaign	UNICEF/ MOH	Documentation of best practices
Intra campaign activities			
Launching/ Flag off Ceremony	TBD	UNICEF/WHO/MOH	RCSMCE TWG to take lead after meeting with Minister for finalizing date and venue
Weekly follow up of AEFI cases	Ongoing	WHO/MOH	On Going activity
Weekly review AEFI meetings	Weekly	WHO/MOH	Ongoing activity
Monitoring of Communication and social Mobilization activities	ongoing	UNICEF/MOH/SMOH	Orientation of Monitors done during implementation training
Data Collection	ongoing	UNICEF/WHO/MOH	SOPs to be followed
Mid round review meetings	TBD	UNICEF/WHO/MOH	Data and coverage to be shared and discussion on areas of improvement
Post			
Post campaign Review meeting	TBD	UNICEF/WHO/MOH	Data and coverage to be shared and discussion on areas of improvement
Documentation of Lesson Learned and Human-Interest stories	Immediately after campaign	UNICEF/WHO/MOH	Process Documentation

24.0. State Level ACSM/Engagement activities for COVAX

Community Engagement, Social Mobilization and Communication Activities		
State Level		
Advocacy		
Activities	**when (**indicate date here**)**	**Responsible person**

Advocacy meeting with legislators, political and key stakeholders	Two weeks prior	State MOH/C4D Officer
Media briefing	One weeks Prior	State MOH/C4D Officer
Meeting with the religious leaders	One week prior	State MOH/C4D Officer
Press release	One week prior	State MOH/C4D Officer
Identification of state brand ambassador for the campaign	One weeks prior	State MOH/C4D Officer
Inter Departmental coordination meetings	Regular	State MOH/C4D Officer
Social Mobilization/Mass media		
Activation of State social mobilization and communication sub committees	Should always be there	State C4D/SMOH
Sharing of Radio talk show points and jingles with radio stations	One Month Prior	State C4D/SMOH
Review of Social mobilization and communication plan at state level	Two weeks prior	State C4D Officer
Identifications of Media Spokes Person	Two weeks Prior	State MOH/C4D Officer
Orientation of Payam chiefs, BOMA Chiefs, Women group leaders and other stakeholders	Two weeks prior	State MOH/C4D Officer
Ensure weekly meetings	Regular	State C4D Officer
Develop communication crisis plan in coordination with partners	One week Prior	State C4D Officer
Capacity Building		
Review talking points for radio talk shows and jingles in local languages	One Month Prior	State MOH/C4D Officer
State level refresher TOT	Two weeks Prior	State MOH/C4D Officer
Identification and training of state level monitors	Two weeks Prior	State MOH/C4D Officer
AEFI/Crisis Communication		
Activation of AEFI committee	One Month Prior	State MOH/C4D Officer
Sharing AEFI reporting Formats with the National level	Weekly	State MOH/C4D Officer
Monitoring and Supervision (M& E)		
Review State level Supervision plan	Two weeks Prior	State MOH/C4D Officer
Monitoring of Radio Messages and Talk shows	ongoing	State MOH/C4D Officer
Deployment of Supervisors/Monitors	One week prior	State MOH/C4D Officer
Intra- campaign Activities		
Launching Ceremony	Opening day	State MOH/C4D Officer
Weekly follow up of AEFI cases	Weekly, ongoing	State MOH/C4D Officer
Weekly review AEFI meetings	Weekly	State MOH/C4D Officer
Monitoring of Communication and social Mobilization activities	One week before and during the campaign	Supervisor/Monitors
Data Collection	During campaign	State MOH/C4D Officer
Mid round review meetings	Mid campaign	State MOH/C4D Officer
Post campaign activities		
Documentation of Lesson Learned and Human-Interest stories	During Campaign and after campaign	State MOH/C4D Officer
Post campaign Review meeting	One week after Campaign	State MOH/C4D Officer
Sharing of monitoring Finding with National level	Two weeks after campaign	State MOH/C4D Officer
Appreciation letter to good performing, officers, vaccinators, mobilisers, supervisors etc.	Three weeks after campaign	State MOH/C4D Officer

25.0. County Level ACSM/Engagement activities for COVAX

Social Mobilization and Communication Activities

County level		
Advocacy		
Activities	**when (indicate date here)**	**Responsible person**
Identification of Brand Ambassador for the COVID campaign	Two weeks	CHD/ICMN Officer
Advocacy meeting at County level	Two weeks before the campaign	CHD/ICMN Officer
Advocacy during social gatherings for Information Dissemination	Two weeks	CHD/ICMN Officer
Social Mobilization/mid media		
Review of social mobilization and communication plan at Payam level	Two weeks Prior	CHD/ICMN Officer
Sharing of Radio talk show points & jingle with radio stations	Two Weeks prior	CHD/ICMN Officer
Megaphone announcements	One week prior and during the campaign	CHD/ICMN Officer
Sensitization meeting with Payam Chiefs, County Chiefs, BOMA chiefs, religious Leader and other key stakeholders	One week prior	CHD/ICMN Officer
Engagement of faith Based organization	One week Prior	CHD/ICMN Officer
Capacity Building		
Refresher Training of Health workers	One weeks Prior	CHD/ICMN Officer
Briefing of Community Mobilisers, Payam supervisors, County supervisors on IPC and BCC activities	One weeks	CHD/ICMN Officer
IEC /BCC		
Distribution of IEC material from the State level	One week prior	CHD/ICMN Officer
Finalization of IEC distribution plan	One week prior	CHD/ICMN Officer
Display of IEC material	Three days prior to sessions	CHD/ICMN Officer
AEFI/Crisis Communication		
Activation of AEFI committee	Two Weeks Prior	CHD/ICMN Officer
Reporting of AEFI	During the campaign	CHD/ICMN Officer
Deployment of AEFI reporting tools	During the campaign	CHD/ICMN Officer
Monitoring and Evaluation (M&E)		
County level supervision plan	Two weeks Prior	CHD/ICMN Officer
Monitoring of the communication activities	During campaign	CHD/ICMN Officer
Intra campaign activities		
Radio Talk shows	One week Prior and throughout campaign	CHD/ICMN Officer
Monitoring of Communication activities	ongoing	CHD/ICMN Officer
County level start ceremony	On campaign start day	CHD/ICMN Officer
Reporting of all AEFIs	During campaign	CHD/ICMN Officer
Daily Evening review meeting	During Campaign	CHD/ICMN Officer
Post campaign activities		
Post round review meeting	After campaign	CHD/ICMN Officer
Documentation and lessons learned / sharing good practices	One week after campaign	CHD/ICMN Officer

26.0. Payam Level ACSM/Engagement activities for COVAX

Social Mobilization and Communication Activities		
Payam level		
Pre-Campaign		
Activities	**when (**indicate date here**)**	**Responsible person**
Church/Mosque Announcement	One week prior	ICMN Com. Mobilizer/CHD
Payam Advocacy meeting with Religious Leaders, women group leaders and community Leaders	One week prior	ICMN Com. Mobilizer/CHD
Megaphone announcements, public address system in schools, cattle Camps and water Points	One week prior and throughout campaign	ICMN Com. Mobilizer/CHD
Display of IEC material, and House to house Mobilization for date notification	Three days prior	ICMN Com. Mobilizer/CHD
IPC for date notification	Two days prior	ICMN Com. Mobilizer/CHD
Mobilization of beneficiaries to vaccination sites	ongoing	ICMN Com. Mobilizer/CHD
Intra campaign activities		
Individual Meetings with various stakeholders	Two weeks before the campaign	Vaccinator/CHD
Monitoring of activity	One week & during campaign	Vaccinator/CHD
Reporting of all AEFIs	During Campaign	Vaccinator/CHD
Rumor Tracking and dispelling rumors	During campaign	Vaccinator/CHD
Pre-Campaign IPC with Target families	During campaign	Vaccinator/CHD
Post campaign activities		
Documentation	One week after campaign	ICMN Officer/CHD
Follow up with key influencers thanking them for support	One week after campaign	ICMN Officer/CHD

27.0. Framework for demand generation activities

Framework for risk communication and community engagement (RCCE) prioritized activities for COVID-19 vaccination demand generation

S/No	Activity concepts	Updated Approach	Activity to be conducted
1	Systematically collecting, analyzing, understanding, and acting on the drivers and barriers of vaccine acceptance and uptake at population level, including health and front-line workers	• Develop approaches to change the negative thinking and feelings of people on the Covid -19 vaccine • Confidence building strategies to improve the knowledge base of people on the COVID-19 vaccine • Conduct addition surveys to generate more hesitancy issues of more groups in the communities through digital means	• Disseminate clear information through trusted sources • Use those already vaccinated as channels on vaccine safety, • Herd immunity emphasis on HW through sensitization / briefings • AEFIs and IPC to be so that they are able to clearly communicate these to their patients.

2	Developing systematic approaches for social listening for immunization and broader health to help identify and mitigate risks and rumors related to COVID-19 vaccine	• Provide medium of getting accurate information on the COVID-19 vaccine and vaccination • Develop a two ways communication strategies • Adopt means of dispelling rumors from online social platforms, rumor tracking tool, • Strengthening rumors strategies from the communities	• Strengthen and utilize existing radio listening platforms at the community to improve the knowledge base of the community • Use experts to conduct more discussion sessions with various group • Engage a fully immunized community elder to dispel rumors and crate confidence in the community
3	Designing behaviourally informed interventions/ complementary RCCE and social listening approaches with strong linkages with each other	• Use of role models – important figures with the community and those based outside to talk to them remotely	• Identify influential person • Conduct sensitization discussion
4	Conducting community mobilisation and developing communication materials to combat vaccine hesitancy and build confidence in COVID-19 vaccines	• Concentration on the limited nurses for COVID-19 vaccination should be lifted •	• Advocate to the operations to include regular community vaccinators as COVID-19 vaccination • Provide IEC materials in local languages • Photo-speak should be considered in IEC materials at the community level • Utilization of matured, fully immunized adults as community mobilizers
5	Community engagement approaches in partnership with CSOs to reach marginalised and vulnerable groups, especially in under-served areas and use it as an opportunity to improve uptake of routine immunisation	• Improve the PD of ICMN partners to include under-served and deprived community •	• Designate some mobile community mobilizers for the task to reach the under-served and deprived population • Provide engagement materials like radio, IEC materials, etc. as tools for community mobilizers

6	Holistic and human centered communication interventions harnessing the power of available mediums and platforms.	• Evidence informed strategies: FGD with - health workers, comorbidity persons, persons more than 65 years, person in LTCS like IDPs, Cattle camps, etc.	• Conduct FGD with managers of health workers, health care facilities in charge of comorbidity persons, managers/ IPs
7	Quick learning assessments to ensure quality, reach and cost effectiveness of demand interventions.	• quick assessment on the knowledge level of the community on a particular intervention	• Integration of knowledge base finding while conducting focus group discussion to provide information gap for re-planning of activities
8	Tackling gender barriers to COVID-19 vaccine deployment	• Target group education and sensitization of target group	• Advocacies to husbands/Men on the need to reduce the level of influence on women decision to take the vaccine • Make available accurate information on the perceived believe that the vaccine will affect fertility, etc.
9	• Work with religious leader's networks to counter and address misinformation around vaccines	• Strengthen partnership with the religious leaders network at all levels	• Strengthen and empower (train and provide IEC material) national SSCC, ICSS and their state and counties branches to preach to their congregation the importance of the vaccination • Improve on feedback mechanism with the helpline/hotline 2222 being anchored by SSCC.
10	• Scale up behavioural interventions that promote vaccine confidence amongst health care workers to get vaccinated and recommend communities to take the vaccines.	• Sensitization workshop for health care workers • Provide quick answers pamphlet to explain the issue of infertility	• Conduct more live radio spot during peak hours • More interactive session on radio programs – question and answer sessions • Feature fully immunized persons who on live shows • Testimonials by both genders on the efficacy of the vaccine and protection

			• Provide quick answers pamphlet to explain the issue of infertility
11	Establish monitoring and supervision framework.	• Engagement of ad-hoc independent monitors per county	• Engage independent technical supervisors to penetrate the communities and provide counselling and disseminate accurate messages • Independent monitor will be trained to provide additional technical support to the lowest level residents on accurate information.
12	Capacity building for state C4Ds and ICMN/ managers and officer.	• Refresher trainings for all line participants in the business of demand generation across the county.	• Conduct refresher training for national officers, state C4D Officer and managers of ICMN implementing partners • National officers will develop training cascading materials • National office will provide the funds required to conduct these activities

28.0. Conclusion

It is obvious that the introduction of COVID-19 vaccine in South Sudan encountered many obstacles than anticipated. Those scenarios gave rise to some level of departure from the planned communication strategies laid before the commencement of the vaccination exercise. In view of that many alternative and innovative means were used to achieve the same purpose. However, in all, the outcome of the vaccination clearly showed that the demand generation team worked very hard to achieve the 96% cumulative coverage nationally.

For the second phase of the vaccination, all the lessons learned during the first phase are documented here to be used as handout/reference document in the course of planning, coordination and implementation of advocacies, communication and social mobilization activities that will generate the desired demand for the COVID-19 vaccine. It is anticipated that they may be subsequent phases of the vaccination that will equally call for a review of this document.