



# SOCIAL AND BEHAVIOR CHANGE (SBC) GUIDANCE FOR STRENGTHENING RELIGIOUS ENGAGEMENT IN POLIO OUTBREAK RESPONSE AND ROUTINE IMMUNIZATION

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## 1. Introduction and Purpose

Religious leaders are among the most trusted and influential figures in many communities and countries. Their role in shaping public opinion and guiding community behavior makes them essential allies in public health initiatives, including polio eradication efforts. To this end, they often participate in social and behavior change (SBC) activities in most polio-affected countries to increase awareness and **facilitate the** dissemination of information, manage vaccine refusals and hesitancy, and serve as frontline workers (**such as social mobilizers or vaccinators**). Therefore, Religious engagement should be understood as part of a broader **trust-building continuum**, where religious leaders act as critical intermediaries influencing social norms, risk perception, and caregiver decision-making.

However, despite these various actions involving religious leaders in the polio outbreak response, several challenges remain, including the different doctrinal perspectives and ideologies across religious groups, limited financial resources, the **limited capacity of some religious leaders to conduct behavioral root-cause analysis related to different types of refusals**, and the sustainability of their interventions beyond the polio response. In addition, the effectiveness of religious engagement varies considerably depending on the structure of partnerships **within countries**, the level of involvement and support provided to religious actors (**while some countries have formal partnerships, others engage religious leaders only for short periods during polio outbreak response campaigns, and some countries have no structured engagement mechanisms at all**).

The integration of these key actors should be an integral part of all phases of preparedness and implementation of the polio outbreak response, including the periods before, during and after polio vaccination campaigns to support actions not only for polio eradication, but also to strengthen routine immunization.

This document presents operational considerations and recommendations for the systematic engagement of religious leaders in responding to polio outbreaks. Its objective is to guide SBC teams on the main lines of action to be taken to strengthen advocacy, social mobilization, and the engagement of religious leaders in the polio outbreak response. It draws on best practices and lessons learned from several countries, as well as the results of a survey conducted in 13 countries in the ESAR, MENAR and WCAR regions on the engagement of religious leaders in polio vaccination campaigns and during routine immunization efforts. This document therefore translates global guidance into field implementation, helping countries plan, budget, train, and engage religious leaders in response to polio outbreaks.

## 2. Key factors for building trust between religious leaders and immunization services

The engagement of religious leaders in the polio outbreak response will help maintain and strengthen trust between immunization actors and parents/caregivers of children and community. In contexts where religious leaders hold differing or conflicting views on

vaccination, programs should avoid attempting to enforce uniform positions. Instead, they should engage supportive leaders as champions to establish positive norms, facilitate peer-to-peer dialogue between religious leaders and prioritize engagement in communities where resistance is operationally significant. This approach allows programmes to manage diversity in perspective while maintaining progress in priority areas.

Trust is a foundational element for the acceptance of vaccination services, particularly in settings affected by misinformation, vaccine hesitancy, and refusals. There are 5 key important principles that should guide efforts to build and sustain this trust: **selecting trusted influencers in churches and mosques, identifying trusted communication channels, ensuring early and transparent of information-sharing with religious leaders, promoting two-way communication, and strengthening coordination of public communication.**

**a) Choosing trusted influencers in churches and mosques**

Identification and engagement of the most influential men and women within faith communities is essential for effective interaction with community members and parents and caregivers and promoting confidence in vaccination services. This requires systematic and context-specific mapping of religious **leaders and influential faith actors at community level.** Women also play an important role as trusted influencers within churches and mosques and therefore should be fully integrated into engagement strategies. **Gender-sensitive approaches should guide the identification, selection, and engagement of these trusted influencers to ensure inclusiveness and effectiveness.**

Programmes should balance scale and depth in religious engagement. While broad outreach is important, deeper and more sustained engagement should be prioritized in high-risk areas where refusals and missed children are concentrated. This may require focusing resources on a smaller number of influential leaders who can support behavior change in priority communities.

**b) Choosing trusted communication channels:**

Defining the trusted channels that will allow religious leaders to interact more quickly and credibly with the members of their communities is a critical step that should not be neglected. For example, engagement should extend beyond messages delivered during sermons and include **the use of multiple faith-based and community communication platforms.** These may include digital platforms, denominational schools, religious radio and television stations, faith-based health facilities, and other existing institutional channels where **official information, public health guidance, and vaccination messages** can be disseminated in a timely and trusted manner.

**c) Early and transparent information -sharing with religious leaders:**

Religious leaders should be engaged as strategic allies through the provision of timely, accurate, and verifiable information on Polio outbreaks and immunization within their communities.

Official updates, technical information and key messages should be shared with them immediately following confirmation of a new outbreak. enabling them to understand the situation and support community engagement from the outset. To institutionalize this process an SBC focal point for faith-based engagement should be designated at the national and sub national (provincial) levels to ensure regular coordination and timely information flow. In turn, religious leaders can reinforce transparency, address concerns, and relay accurate information to their communities.

**Common pitfalls to avoid in religious engagement include:**

- Engaging religious leaders only immediately before campaigns without sustained relationship-building
  - Relying solely on high-level leaders with limited community interaction
  - Using generic messaging that does not reflect local concerns or beliefs
  - Treating religious leaders as message disseminators rather than partners in dialogue
- Avoiding these practices is essential to ensure meaningful and effective engagement.

**d) Two-way communication:**

Establishing interactive communication platforms with religious leaders is essential to facilitate two-way communication and strengthen mutual understanding. This may include WhatsApp groups, creating a digital feedback platform, chatbot **mechanisms**, holding periodic **dialogue** meetings, **and other structured communication forums**. Such platforms should not only serve to transmit information but also provide opportunities to capture the perspectives, concerns, and recommendations of religious leaders, thereby informing more context-appropriate approaches to community engagement and response implementation

**e) Coordination of public communication:**

Conveying consistent and coherent messages is essential to maintaining trust between immunization actors, partners, religious leaders and community members. Clear, evidence-based, Question -and -answer(Q&A) oriented communication materials and messages on polio and vaccination should be developed and shared with religious leaders to ensure alignment in messaging, and communication. Through established communication channels, regular updates should be provided, especially during periods of heightened concern or crises—to **maintain message consistency, credibility, and public confidence**.

Adherence to these five principles will contribute to building, maintaining, and strengthening trust between parents and caregivers—through their religious leaders—and **immunization service providers, thereby supporting both polio outbreak response and routine immunization efforts**.

**3. Recommendations to mobilize and engage religious leaders.**

To effectively mobilize and engage religious leaders, **specific strategic actions should be systematically implemented in countries responding to polio outbreaks.**

Below mentioned actions are essential to strengthen the contribution of faith actors to both outbreak response and routine immunization efforts.

- ✓ Formalizing and institutionalizing partnerships with religious leaders and faith-based organizations
- ✓ Integrating routine Expanded Programme on Immunization (EPI), supplementary immunization activities (SIAs), and polio response priorities into a faith-based leaders' action plans.
- ✓ Strengthening the capacity of religious leaders and their designated representatives through continuous orientation, training, and supportive supervision
- ✓ Promoting and strengthening gender-sensitive approaches in the engagement of faith actors
- ✓ Addressing resistance, hesitancy, and misinformation through dialogue, trust building and inclusive engagement mechanisms
- ✓ Allocating dedicated resources for Church and Mosque **to support church- and mosque-based engagement** activities
- ✓ Developing a Digital Community Engagement (DCE) Plan tailored for Religious Leaders and faith networks

Religious engagement should be differentiated based on roles and levels of influence to ensure more effective deployment:

- **Strategic-level leaders** (national councils, senior clerics): advocacy, public endorsement, alignment with government
- **Community-level leaders** (imams, pastors, local scholars): direct engagement with caregivers, sermons, refusal conversion
- **Institution-based actors** (faith schools, madrassas, church networks): access to children and families through institutional platforms

Clearly defining these roles helps avoid overreliance on symbolic engagement and ensures that activities are aligned with operational needs.

#### **a) Formalizing and institutionalizing partnerships**

Systematic and sustainable engagement of religious leaders is strongly encouraged as part of the SBC strategies in the context of polio outbreak response and routine immunization. To ensure more effective action by religious leaders, before, during, and after vaccination campaigns, partnership agreements should be formally established between religious institutions, the Ministry of Health and relevant partners.

For better management of resources and stronger integration of interventions, these partnerships should be multisectoral in nature and extend beyond the polio outbreak response, to encompass broader child's health and well-being priorities.

Partnership agreements should be established at the national level with **senior religious leadership and faith-based institutions**, while ensuring that implementation mechanisms are clearly defined for **district, sub-district, and community levels**.

Engagement with religious leaders should be informed by available social and operational data. This includes **using IM and social data to identify communities where religious beliefs contribute to refusals, prioritizing engagement in areas where misinformation or trust deficits are most pronounced and continuously updating engagement strategies based on feedback from frontline workers and community insights**. This ensures that religious engagement is targeted, adaptive, and responsive to evolving challenges.

### **Recommendations:**

- ✓ Conduct stakeholder mapping: to identify national councils, denominations structures, mosque/church networks, seminaries, and women and youth faith groups; while documenting their geographic reach, influence, and communication channels
- ✓ Define a clear value proposition & alignment framework: by identifying and defining shared outcomes (child well-being, disease prevention, duty to protect the vulnerable).
- ✓ Establish a partnership between the Ministry of Health and the Ministry of Religious Affairs (for countries where this ministry exists to strengthen coordination and policy alignment for faith engagement in immunization.
- ✓ Designate a Religious Affairs Officer at the Ministry of Public Health or the SBC coordination structure to facilitate regular interaction and maintenance of partnership and collaboration with faith-based organizations
- ✓ Establish formal agreements with faith-based organizations and umbrella religious bodies to ensure structured collaboration clear roles and responsibilities and long-term institutional commitment.
- ✓ Create national and subnational platforms for religious engagement, ensuring representation across faiths, denominations and sects  
Map the communication channels used by religious congregations to identify the most trusted mechanisms for information sharing and interaction with communities and establish direct partnerships with faith-based media as strategic allies in information dissemination and in addressing rumors and misinformation.
- ✓ Map religious organizations with broad social influence and large constituencies and influence across major denominations and develop partnership with them to support mobilization for childhood immunization activities.
  - b) **Integrating routine EPI, supplementary immunization activities (SIAs), and polio response into a faith-based leaders' action plans.** To make the actions with religious leaders sustainable as part of the polio outbreak response, it is important at the

beginning of each year to develop a **structured calendar of engagement activities with religious leaders**, rather than mobilizing them on an ad hoc basis only a few days before the start of vaccination campaigns.

This activity calendar should include routine EPI vaccination activities and supplementary immunization activities (SIAs), and other priority public health interventions beyond polio, such as **vaccination campaigns against measles, cholera, and mpox. Broadening the scope of engagement in this way helps religious leaders as continuous partners in public health promotion rather than campaign-specific actors throughout the year.**

Such integration will help reduce **financial and operational constraints**, while enabling the implementation of activities throughout the year. The action plan should remain **flexible and adaptable**, with periodic updates to reflect evolving programme priorities, vaccination schedules, and emerging public health events in the country.

#### **Recommendations:**

- ✓ Develop an annual timeline of activities at the national level ***to be adapted and operationalized at subnational and*** community levels with religious leaders. This timeline should consider activities before, during and after the polio vaccination campaign. In this context, it is important to develop a checklist of activities to be implemented with religious leaders ***across all phases of the campaign cycle***
- ✓ Establish rapid communication platforms such as WhatsApp communities or other digital coordination channels, with religious leaders, to ensure their early involvement from the planning phase of campaigns to foster ownership, timely information sharing, and alignment with community values.
- ✓ Invite religious leaders or their designated representatives to the communication and coordination meetings within polio emergency operations centers (EOC), **particularly with communication or SBC coordination committees**. In this context, **health focal points within religious congregations or faith-based institutions may also play an important role and should be considered for participation.**
- ✓ **c) Strengthening the capacity of religious leaders and their representatives**

Building the capacity of religious leaders and their representatives in polio outbreak response, routine immunization, interpersonal communication, behavioral root-cause analysis of refusal types and SBC strategies will strengthen their scientific and technical understanding of the urgency of stopping ongoing outbreaks. Training should not only target religious leaders themselves, but also those responsible for health and education and community outreach within their faith-based institutions, ensuring that they fully understand the disease, outbreak response strategies, vaccination schedules, and the risks associated with non-vaccination.

#### **Recommendations:**

- ✓ Conduct training need assessment for religious leaders to identify knowledge gaps related to Polio, routine immunization, vaccine safety, digital literacy, and areas of influence within communities.
- ✓ Update training modules and organize training workshops that combine scientific knowledge and religious teachings, to help religious leaders to confidently promote immunization at all levels (National-Regional-District and Health facility levels).
- ✓ Organize targeted capacity-building sessions for those responsible for health and education within religious confederations and faith-based institutions to strengthen their understanding of polio outbreak response efforts and encourage their support for vaccinating children in faith-based schools and hospitals.
- ✓ Develop and distribute IEC materials that reflect religious perspectives and are suitable for use in sermons, social media engagement, and community gatherings
- ✓ Certification & Recognition: Introduce certificates and recognition mechanisms, including certificates and public commendations, to acknowledge contributions and motivate sustained participation by religious leaders.
- ✓ Ongoing Support: Provide ongoing technical support through monthly or quarterly refresher sessions using digital platforms such as WhatsApp, Zoom, and periodic dissemination of frequently asked questions (FAQ) updates.

#### **d) Strengthening gender-sensitive approaches**

The engagement of women religious leaders or women members of religious associations has a strong influence on the household's decision **related to child vaccination and on addressing vaccine hesitancy**. Their active mobilization can make a significant difference, especially in religious communities that are reluctant or hesitant to vaccinate their children. Women faith actors often have direct access to mothers, caregivers, and family decision-making spaces, making their contribution particularly important in promoting trust and acceptance of immunization services.

#### **Recommendations:**

- ✓ Conduct mapping of women religious leaders and women leaders of religious associations and organize information sharing and advocacy meetings to strengthen their role in preventing refusals and promoting parents' adherence to the vaccination of children.
- ✓ Schedule engagement meetings with religious women's associations during their regular gatherings to avoid additional costs for organizing or transporting participants
- ✓ Strengthen women religious leaders' understanding of polio risks, routine immunization and the scientific and faith-based rationale for child vaccination.
- ✓ Mobilize women within faith-based organizations as frontline actors including social mobilizers, vaccinators where appropriate and the community influencers to support the resolution of refusal cases and the promotion of vaccination in communities resistant to vaccinating their children.

- ✓ Expand the role of female religious counsellors, particularly in hesitant or underserved communities, to improve outreach to women and caregivers.
- ✓ Ensure gender balance in all training and engagement activities of religious leaders and faith-based actors.

#### **e) Addressing resistance through dialogue and inclusion**

In many countries affected by polio outbreaks, there are many religious leaders, faith groups, and denominations may express hesitancy or resistance towards Polio and other vaccination. These attitudes are often influenced by religious beliefs, doctrinal interpretations, social norms, and broader trust-related concerns, which may require sustained dialogue and gradual confidence-building to effectively address the issue. A respectful and inclusive engagement approach is therefore essential to understand concerns, strengthen trust, and support positive shifts in attitudes toward vaccination. The following recommendations can help address resistance in a constructive manner.

#### **Recommendations:**

- ✓ Map religious leaders, faith groups and religious communities that are resistant to vaccination and plan structured community dialogues to better understand and address their concerns.
- ✓ Promote positive deviance by engaging religious leaders (male /female) who actively support vaccination as champions to influence hesitant religious leaders and groups
- ✓ Share experiences of religious congregations where refusal to vaccinate led to disease and disability, or outbreak spread, to strengthen awareness and perception of polio risks.
- ✓ Engage conservative or hesitant leaders through respectful dialogue, peer influence, and tailored and context-specific messaging tailored to their concerns and beliefs.
- ✓ Use testimonies from trusted religious figures to counter misinformation and build trust in vaccination

For Christian and Muslim religious groups, use *relevant passages from the Bible and the Qur'an to support messages on child health, protection, and the responsibility to safeguard children's well-being (Annex 1)*.

#### **f) Allocating dedicated resources for Church and Mosque activities**

Despite the scarcity of financial resources, it will be advisable to set aside an acceptable budget for the implementation of activities with religious leaders and members of their organizations. These resources will be used to identify key activities to be implemented with churches and mosques in the polio outbreak response.

#### **Recommendations:**

- ✓ Mobilize local resources in collaboration with government institutions and local partners to support activities with churches, mosques, and other faith-based organizations, including

the production of IEC materials, transportation costs, meeting logistics, and venue rental where necessary.

- ✓ Include dedicated budget lines within SBC and immunization plans for religious engagement activities, such as sermon development, orientation sessions, training workshops, and community dialogue initiatives.
- ✓ Co-design communication materials with religious leaders to ensure cultural appropriateness, contextual relevance, and theological alignment. Negotiate at low cost for the purchase of advertising space in religious newspapers and magazines to support their activities and solicit their contribution in disseminating information.

### **g) Developing Digital Community Engagement Action Plan for Religious Leaders**

Digital community engagement (DCE) is a key SBC strategy **within polio outbreak response and is increasingly used not only for the rapid transmission and sharing of information, but also for preventing and addressing misinformation, rumors, and harmful narratives.**

This strategy should be clearly defined in conjunction with the engagement of religious leaders to amplify messages to fight polio and promote routine immunization **and strengthen** public confidence in vaccination .A dedicated digital engagement approach with religious leaders can support timely dissemination of accurate information, rapid feedback collection, rumor tracking, and coordinated response through trusted faith networks and digital platforms.

#### **Recommendations:**

- ✓ Conduct digital audit to assess existing digital assets within faith-based networks (Social media pages, websites, messaging groups, and other digital platforms), evaluate capacity in digital literacy for content creation and dissemination), and review content quality and audience reach, and engagement patterns'
- ✓ Develop the digital community engagement plan for religious leaders to clearly define the objectives, priority audiences, key messages, communication channels, and activities that will be developed with their support. Develop digital content— such as posters, videos, messages, and profile picture filters—in collaboration with religious leaders. Videos and posters can be disseminated through trusted digital channels (e.g., WhatsApp, TikTok, Facebook, and other locally used platforms) at national and community level. Profile picture filters can be designed at the national level and shared with religious leaders to promote vaccination campaigns and routine immunization in their own digital pages.
- ✓ Develop and share a bank of polio Q&A messages with religious leaders to enable them to post accurate and timely information on their own digital pages and address the concerns raised by members of their communities.
- ✓ Strengthen the capacities of young people in churches and mosques on digital social mobilization so that they contribute not only to the tracking of rumors and misinformation, but also to the disseminating of positive vaccination messages and promoting trust in immunization services.

## **h) Strengthening coordination, Microplanning and Recognition**

Strengthening the coordination of activities between religious leaders and immunization services will require their active involvement at the grassroots level, particularly in the micro-planning of SBC and vaccination related activities. Moreover, their participation in local planning processes helps ensure that community realities, social dynamics, and religious considerations are adequately reflected in outreach strategies and service delivery approaches and fight against Polio.

### **Recommendations:**

- ✓ Map all religious institutions and faith-based networks to strengthen planning, identify priority areas, and ensure comprehensive coverage.
- ✓ Involve religious leaders in microplanning processes and community-level social mobilization to reach underserved, hard-to-reach, and high-risk populations.
- ✓ Recognize and acknowledge the contributions of religious leaders through certificates, public testimonials, community media and other appropriate forms of appreciation to sustain motivation and ownership.
- ✓ Document human interest stories highlighting the engagement of religious leaders in polio outbreak response and routine immunization, and disseminate them at national, regional, and global levels to promote learning and visibility. Consider modest logistical support (e.g., transport facilities, phone credit or meeting support) to enable effective participation, especially in resource-constrained settings.

### **4. Key activities to be implemented before, during and after vaccination campaigns with religious leaders.**

To strengthen implementation of social mobilization and religious leadership engagement activities during a polio outbreak response, it is important to develop a checklist of activities that should be carried out during the different phases of SBC interventions, including before, during and after the vaccination campaign. This helps ensure systematic engagement, timely communication, and sustained collaboration with religious leaders throughout the response. Below are some activities that can be implemented to engage religious leaders.

#### **a) Before the campaign**

- ✓ Update the mapping of religious leaders, faith-based associations; and religious congregation communication channels to be used to support effective planning and targeted communication.
- ✓ Update the mapping of religious leaders who actively support vaccination and mobilize them as champions of vaccination (positive deviance) to influence acceptance within their communities

- ✓ Develop/update tools for documenting and monitoring conducted activities with religious leaders.
- ✓ Activate existing platforms for exchange with religious leaders through regular sharing of information on vaccination activities and routine EPI. These channels should also be used to disseminate information on the detection of new polio cases.
- ✓ Invite religious leaders or their representatives to participate in EOC Communications Committee meetings and relevant coordination platforms
- ✓ Prepare press release, information notes and all other IEC material ready for dissemination in churches and mosques and other faith-based communication channels to support polio campaigns and broader health interventions.
- ✓ Develop digital content tailored for religious leaders and faith-based audiences for dissemination through digital platforms Organize capacity building or information meetings for the medical professionals of religious denominations on vaccination response activities.
- ✓ Develop a dissemination plan for IEC materials and ensure their distribution through religious networks before the start of child vaccination activities.

<b>Activities to follow up before the campaign</b>	<b>When? (2–4 weeks before campaign)</b>	<b>Where? (National / district / community level)</b>	<b>Who? (SBC team / EPI / religious leaders / partners)</b>
Update the mapping of religious leaders, faith-based association; and religious congregation communication channels to be used.			
Update the mapping of religious leaders who actively support vaccination and mobilize them as champions for positive deviance.			
Develop/update tools for documenting and monitoring activities conducted with religious leaders.			
Activate communication platforms for regular exchange with religious leaders through regular sharing information on vaccination activities and routine immunization and leverage these channels to disseminate information alerts on the detection of new polio cases			
Invite religious leaders or their representatives to participate in EOC Communications Committee meetings and other coordination platforms			
Prepare press release, information notes and all other IEC material ready for dissemination in churches and mosques and other faith-based communication			

channels for polio campaigns and other health programs.			
Develop digital content tailored to engage religious leaders through digital platforms.			
Organize capacity building or information meetings for the medical professionals and health focal points within religious denominations on vaccination response activities			
Develop a dissemination plan of all the IEC materials and follow up activity implementation prior the children vaccination starts.			

**b) During the campaign**

- ✓ Monitor the dissemination of vaccination messages through denominational communication channels including Churches, Mosques, faith-based Radio stations, schools, hospitals, and other religious associations (?)
- ✓ Mobilize religious leaders to support the management of refusal cases and address vaccine hesitancy within their communities
- ✓ Continue disseminating digital content involving religious leaders through social media and other trusted digital platforms.
- ✓ Deploy religious leaders who are champions of vaccination in localities that are resistant to vaccination. Engage religious leaders or members of their religious communities as frontline actors, particularly within religious groups where resistance to vaccination remains high.
- ✓ Use medical doctors/health professionals from religious congregations to facilitate access to vaccination in faith-based schools, clinics and hospitals
- ✓ Promote and document vaccination of children of religious leaders through online platforms and community communication channels.
- ✓ Broadcast examples of the religious leaders vaccinating children within their communities and publicly recognize their engagement.
- ✓ Publicly highlight and broadcast the actions of religious leaders who actively support vaccination within their communities.
- ✓ Document refusals identified within religious groups using the established refusal mapping and tracking tools.

<b>Activities to follow up after the campaign</b>	<b>When? (<i>Timing / period of implementation</i>)</b>	<b>Where? (Level / location of implementation)</b>	<b>Who? (Responsible actors / participants)</b>
Monitor the dissemination of messages through denominational communication channels (Churches, Radio, Schools, Hospitals, and other faith-based platforms)			

Mobilize religious leaders to manage refusal cases and address vaccine hesitancy within their communities.			
Continue disseminating digital content involving religious leaders on social media and other trusted digital platforms.			
Deploy religious leaders who are champions of vaccination in localities with persistent resistance to vaccination			
Engage religious leaders or members of their religious communities as frontline actors, particularly within religious groups that remain highly resistant to vaccination.			
Use doctors from religious congregations to facilitate access to vaccination in faith-based schools and hospitals.			
Promote and disseminate examples of vaccination of the children of religious leaders through online and non-media outlets.			
Broadcast examples of religious leader vaccinating the children within their religious community and recognizing their work publicly.			
Publicly highlight and broadcast the actions of religious leaders who vaccinate children within their communities			
Document refusals recorded within religious groups using the established refusal mapping tool.			

**c) After the campaign**

- ✓ Send formal recognition letters to religious leaders acknowledging their contribution to promoting immunization during the previous vaccination campaign, while sharing key results achieved and remaining challenges.
- ✓ Sharing with religious leaders the recovery plan and follow-up actions from the previous round of the vaccination campaign. Organize meetings and dialogues, as well as targeted engagement activities to address vaccine hesitancy with religious groups where vaccination refusals have been recorded. Maintain active communication and exchange platforms with religious leaders through regular sharing of information on vaccination activities and routine immunization.
- ✓ Continue to disseminate messages of support for polio and the promotion of routine immunization through mapped trusted channels including digital platforms.

- ✓ Organize meetings and dialogues, as well as activities to combat vaccine hesitancy with religious groups where cases of refusals have been recorded.
- ✓ Mobilize faith-based associations to support routine immunization activities and communication of immunization calendar in Churches and Mosques and other faith-based settings.
- ✓ Organize recognition activities for religious leaders to sustain motivation and encourage continued engagement.
- ✓ Continue to mobilize resources locally to support SBC actions led by religious leaders.

Activities to follow up after the campaign	When? ( <i>Timing / period of implementation</i> )	Where? (Level / location of implementation)	Who? (Responsible actors / participants)
Send formal recognition letters to religious leaders acknowledging their contribution to promoting immunization during the previous vaccination campaign, while sharing key results achieved and ongoing challenges.			
Sharing with religious leaders the recovery plan and follow-up actions from the previous round of the vaccination campaign.			
Organize meetings and dialogues, and targeted engagement activities to address vaccine hesitancy with religious groups where cases of refusal have been recorded.			
Maintain active platforms for exchange and communication with religious leaders through the regular sharing of information on vaccination activities and routine EPI.			
Continue disseminating messages supporting polio control and promotion of the routine immunization calendar through mapped trusted channels, including digital platforms.			
Organize meetings and dialogues, as well as activities to combat vaccine hesitancy with religious groups where cases of refusal have been recorded			
Mobilize faith-based association to support routine immunization activities and communication of immunization calendar			

in Churches and Mosques and and other faith-based settings			
Organize recognition activities for religious leaders to sustain motivation and encourage continued engagement.			
Continue mobilizing local resources to support SBC actions led by religious leaders.			

## 5. M&E framework of religious leaders' engagement in Polio Program

Strengthening and prioritizing religious engagement aims to increase demand for and acceptance of the polio vaccine at all levels. Monitoring and evaluation of activities involving religious leaders should therefore form an integral part of the religious engagement action plan. The framework below proposes some indicators to monitor progress and assess the engagement of religious leaders in polio outbreak response and promotion of routine immunization.

Level	Indicators	Baseline	Targets	Data Source	Assumptions	Frequency	Responsible
<b>Goal</b>	Increased polio immunization coverage in target communities	TBD	TBD	SAIs admin data and IM	Political and security stability; vaccine availability	Campaign-based	MoH, WHO, UNICEF
<b>Outcomes</b>	% increase in polio vaccine uptake in target areas	TBD	TBD	IM and LQAS data	Communities trust religious leaders	Each round	MoH, WHO, UNICEF
	% reduction in vaccine refusal due to religious beliefs	TBD by country	TBD	IM and LQAS Survey	Religious leaders remain engaged and supportive	SAIs & EPI	MoH, WHO, UNICEF
	% of caregivers informed about Polio campaign by religious leaders' channels	TBD	TBD	IM and LQAS Household survey	Religious leaders promote vaccination campaign through multiple channels	TBD	MoH, WHO, UNICEF
	% of caregivers intending to vaccinate their children because	TBD	TBD	Household survey, Community feedback	Parents respond positively to religious leader advocacy	TBD	MoH, WHO, UNICEF

	of engagement with religious leaders						
<b>Outputs</b>	# of religious leaders trained and actively participating in vaccination-related activities	TBD	TBD	Training attendance sheets, activity logs	Religious leaders are willing to participate	TBD	MoH, WHO, UNICEF
	# of sermons/messages delivered promoting vaccination	TBD	TBD	Sermon logs, audio/video recordings, social-media post, community reports	Religious leaders integrate messages into regular sermons	TBD	MoH, WHO, UNICEF
	# of Quranic schools or religious institutions reached	TBD	TBD	Outreach reports, school visit logs	Schools allow health teams access	TBD	MoH, WHO, UNICEF
	# of refusal or vaccine hesitancy families convinced through religious leaders' engagement	TBD	TBD	Vaccination team reports, tally sheets	Parents respond positively to religious leader advocacy	TBD	MoH, WHO, UNICEF
	Instances of positive deviance shared by leaders	TBD	TBD	Event reports, community logs	Leaders are aware and willing to share examples of successful vaccination behaviors in their communities	TBD	MoH, WHO, UNICEF
	# of community events led by religious leaders	TBD	TBD	Event reports, Community logs	Health authorities or program teams provide the necessary support (logistics, materials, guidance) for organizing events	TBD	MoH, WHO, UNICEF

	Frequency of follow-up interactions with health teams/EOC/Digital platforms	TBD	TBD	Meeting logs, calls, emails	Religious leaders have ongoing access to health teams and channels of communication (meetings, phone, WhatsApp, email)	TBD	MoH, WHO, UNICEF
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## 6. Implementation checklist for strengthening religious engagement in Polio and Immunization programme

Steps and activities	Status (Achieved/Planned/In progress/Not planned)	Comments
<b>Phase 1: Partnership formalization</b>		
Identify key religious institutions and councils at national and sub-national levels.		
Map existing collaborations with MoH, UNICEF, WHO, and Religious Affairs Departments.		
Draft and sign MoUs or partnership agreements outlining roles and responsibilities.		
Establish a coordination mechanism between Health/Polio teams and religious institutions (e.g., joint working group or task force).		
<b>Phase 2: Strengthening microplanning and Integration of EPI, SIAs and Polio response</b>		
Integrate religious engagement into microplanning for campaigns (Eg: Include religious representatives in planning meetings from the outset)		
Develop a faith-based leaders action plan that integrates: Routine EPI activities, SIA and Outbreak responses)		
Schedule regular consultations during campaign design and rollout.		
Share campaign timelines and key messages early for alignment.		
Recognize and celebrate contributions of religious leaders (certificates, public acknowledgment).		
Create feedback loops for continuous input from religious leaders.		
<b>Phase 3: Capacity Building</b>		
Conduct a needs assessment for religious leaders (knowledge gaps, influence areas, communication needs).		
Develop training modules on advocacy, myth-busting, and health messaging.		
Organize orientation sessions and interactive workshops.		

Provide resource kits (FAQs, scripts, digital content templates).		
<b>Phase 4: Digital Empowerment</b>		
Conduct Digital Audit:		
<i>Assess existing digital assets (social media pages, websites).</i>		
<i>Evaluate capacity for content creation and dissemination.</i>		
<i>Review content quality and engagement metrics.</i>		
Develop Digital Community Engagement (DCE) plan for religious leaders and faith-based institution.		
Train religious leaders on digital mobilization and misinformation management.		
Provide templates for social media posts and short videos and digital messaging		
Set up WhatsApp or Telegram groups for rapid information sharing.		
<b>Phase 5: Integration of religious messaging</b>		
Adapt health messages to incorporate faith-based perspectives.		
Validate messages with religious councils for cultural and theological accuracy.		
Disseminate through sermons, religious events, and digital platforms.		
Coordinate with health communication teams for consistency.		
<b>Phase 6: Strengthening gender-sensitive approaches</b>		
Ensure inclusion of women religious leaders and faith-based women's groups.		
Review messaging for gender sensitivity and inclusivity.		
Address barriers to participation for women in religious engagement activities.		
<b>Phase 7: Addressing resistance/refusals through dialogue and inclusion</b>		
Identify sources of resistance and misinformation.		
Organize dialogue sessions with resistant groups and influencers.		
Use inclusive approaches to build trust and reduce opposition.		
Document concerns and integrate solutions into communication strategies.		
<b>Phase 8: Resource allocation for religious engagement activities</b>		
Allocate dedicated budget for church and mosque-based activities.		
Local resources mobilization through religious institutions network		
Support logistical needs for religious events promoting health messages		
Provide small grants or incentives for faith institutions to sustain engagement.		
<b>Phase 9: Monitoring &amp; Evaluation</b>		
Define KPIs (e.g., number of leaders trained, reach of digital content, community feedback).		
Collect data on engagement and message uptake.		
Conduct periodic reviews with partners.		
Document lessons learned and best practices for scale-up.		

## Annexes

### Annex 1: passages to encourage Christians and Muslims to take care of their children's health/vaccinate their children

- ❖ **Bible passages to encourage Christians to take care of their children's health/vaccinate their children.**
  - ✓ **3 John 1:2** *Beloved, I wish you to prosper in every way and to be healthy, just like your soul.*
  - ✓ **1 Corinthians 6:19** *Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own,*
  - ✓ **1 Corinthians 3** *If anyone destroys God's temple, God will destroy him. For God's temple is holy, and you are that temple.*
  - ✓ **1 Timothy 5:8** *But if anyone does not provide for his relatives, and especially for members of his household, he has denied the faith and is worse than an unbeliever.*
  - ✓ **Romans 13:10** *Love does no wrong to a neighbor; therefore, love is the fulfilling of the law.*
  - ✓ **Leviticus 19:1-2** *And the Lord spoke to Moses, saying, "Speak to all the congregation of the people of Israel and say to them, you shall be holy, for I the Lord your God am holy.*
  - ✓ **James 2:8** *If you really fulfill the royal law according to the Scripture, "You shall love your neighbor as yourself," you are doing well.*
  
- ❖ **Coran passages to encourage Muslims to take care of their children's health/vaccinate their children.**
  - ✓ **Surate 2:195** *Do not expose yourselves to destruction by your own hands*
  - ✓ **Quran 10:57** *Men have received counsel and healing from their Lord for the sicknesses of their hearts, and believers have received counsel and mercy.*

### Annex 2: Example of information note to be read in Church/Mosques Channels.

*Dear brothers and sisters, our country is facing a new polio outbreak. Already {number} cases of poliovirus detected in our country {name the areas}. To stop the circulation of the virus, National Immunization Days (NID) will be organized throughout the territory from {date of campaign}. Vaccinators will visit house to house, and some teams will also be stationed in schools, in front of churches, markets, bus stations and major intersections to vaccinate. The targets concerned are all children aged 0 to x years. Children will receive {number} drops of vaccine in their mouths needed to protect them against polio. Our Church/Mosque is concerned by this important activity. All our children must be vaccinated everywhere they will be, because the word of God asks us to take care of our health and the people we love. It's our responsibility. Let's continue to vaccinate all children, give the right information to everyone around us, and fight against rumors and false information.*

*Vaccination is the medicine provided by God to stop the circulation of the poliovirus. Our children must not be the ones through whom the disease will circulate.*

*Let's accept vaccination. Be blessed.*

### Annex 3: Standardized Messages to Respond to Belief Misinformation and Rumors

Current perception	Prebunk (Establishing the planning and dissemination of the right information)	Demystify (if the person insists, refute rumors as a result of the structure)
<p><b>The polio vaccine is not Halal or does not contain Halal ingredients</b></p>	<p>The polio vaccine was closely examined and received the halal certificate from Jamia Al Azhar in Cairo. Muftis and imams in Nigeria, Saudi Arabia, Egypt and Malaysia have also issued fatwas asking parents to give their children polio drops.</p>	<p>The polio vaccine has been declared halal by Jamia Al Azhar in Cairo, Egypt. There is a false rumor that the polio vaccine is not halal. This is not true and is spread by people who do not have correct information. The polio vaccine has been administered to millions of children in Islamic countries, including Saudi Arabia, Nigeria and Pakistan, with the support of fatwas from imams and muftis of all sects.</p>
<p><b>Polio vaccine is not authorized by the head of household or religious/community leader</b></p>	<p>It is a moral and legal obligation of all parents and caregivers to protect their children from all diseases, including polio. Polio vaccine is the only method to protect children from the polio virus and should be given to all children under 5 years of age.</p>	<p>Polio vaccine is the only way to protect children from polio. There are dangerous calls in some communities for parents not to vaccinate their children. These statements are extremely dangerous and damaging. Parents and caregivers have a moral and legal obligation to protect their children from disease. Polio vaccine should be given to all children under 5 years of age to protect them from polio.</p>
<p><b>Prayer is as effective or more effective than vaccines</b></p>	<p>Polio vaccine is the only way to protect children from polio. Prayers give us access to medicines and vaccines that protect our children from terrible diseases. For this reason, it is essential to vaccinate all children with polio vaccine whenever it is available.</p>	<p>Polio vaccine is the only way to protect children from polio. There is a false rumor that prayers alone can protect children from polio. It's not true. Prayers give us access to medicines and vaccines that protect our children from terrible diseases. For this reason, polio vaccine should be given to all children under 5 years of age as it is the only way to protect children from polio.</p>

<p><b>The polio vaccine is not for my country, religion, ethnicity, or race</b></p>	<p>The polio virus can cause lifelong disability in children in all countries and ethnicities/religions around the world. It has been eradicated in most countries of the world. To protect your children, you should give them 2 drops of the polio vaccine with each polio campaign.</p>	<p>The polio vaccine has been successful in protecting children from the polio virus in every country in the world. There is a false rumor that polio does not affect certain countries or certain ethnicities or religions. This is not true and is spread by people who obviously do not understand viruses and diseases. The polio virus can affect children of ethnic origin and in any country. Polio vaccine is the only way to protect children from polio.</p>
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#### **Annex 4: Resources for additional guidance on religious involvement in polio and EPI vaccination.**

- ✓ [Faith for the Life](#)
- ✓ Female Religious Leaders Role in Polio Campaign: [Global Polio SBC Exchange Webinar. Session 4. Role of Mushedat in Polio Eradication and Immunization in Yemen](#)
- ✓ Engaging Faith Leaders to address vaccine Hesitancy: [Global Polio SBC Exchange Webinar. Session 3. Building community trust for polio uptake using BeSci in South Sudan - OneDrive](#)
- ✓ [Engaging Religious Leaders in Polio Eradication in Afghanistan](#)
- ✓ [Building Trust in Immunization](#)

## Contributors

This guideline was finalized through the dedicated collaboration of UNICEF staff and partners, reflecting a shared commitment to protecting children’s health and strengthening trust between communities and immunization services. The document is especially timely for implementation in 2026, when polio outbreak response requires urgent engagement of religious leaders to address vaccine hesitancy, religious refusal, and misinformation.

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