

Social and Behavior Change (SBC) Guidance

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Strengthening Religious Engagement for Polio Outbreak Response and Childhood Vaccination

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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 critical partners in public health initiatives, including polio outbreak response and routine immunization. In most polio affected countries, religious leaders already contribute to social and behaviour change (SBC) efforts by raising awareness, facilitating information dissemination, addressing vaccine hesitancy and refusals, and, in some cases, serving as frontline actors such as social mobilizers or vaccinators. Religious engagement should therefore 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.

Despite the successful engagements with religious leaders for polio outbreak response, challenges remain. These include differing doctrinal perspectives and ideologies across religious groups, limited financial resources, the limited capacity of some religious leaders to analyze root causes behind different types of refusals, and the sustainability of their interventions beyond the polio response. The effectiveness of religious engagement also varies considerably depending on the structure of partnerships within countries, the level of involvement and support provided to religious actors. For example, some countries have formal partnerships, others engage religious leaders for short periods during polio outbreak response campaigns, while some countries do not have any structured engagement mechanisms.

For religious engagement to be effective and sustainable, it must be integrated across all phases of preparedness and implementation of the polio outbreak response - before, during, and after vaccination campaigns, and aligned with efforts to strengthen routine immunization.

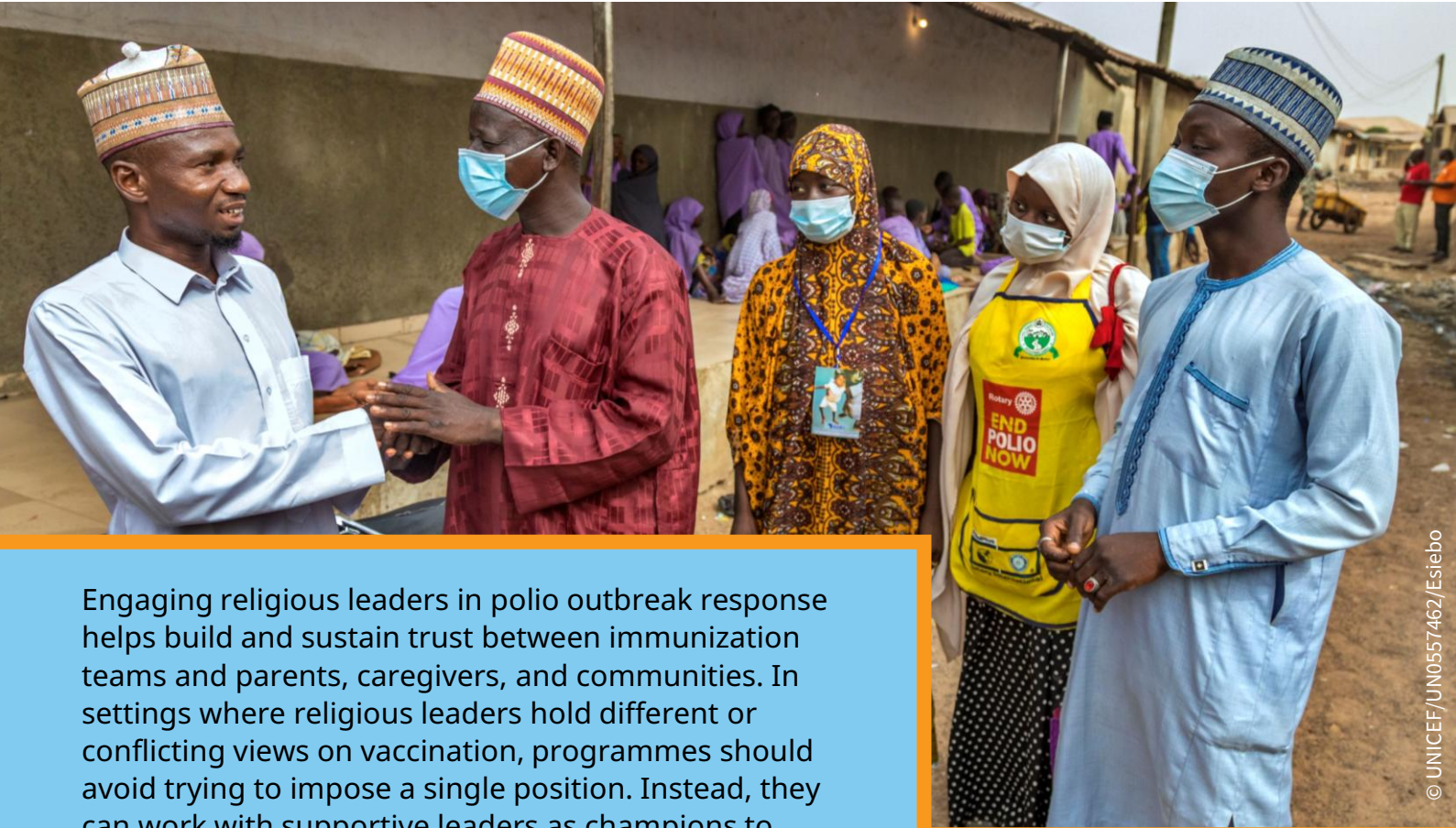


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This document developed by the UNICEF Polio Eradication Programme provides practical guidance for Social and Behaviour Change (SBC) teams on how to systematically engage religious leaders for polio outbreak response and childhood vaccination. It outlines key actions that can help strengthen advocacy, social mobilization, and collaboration with religious leaders. The guidance draws on best practices and lessons learned from multiple countries, as well as findings from

a survey on how religious leaders are engaged in polio vaccination and routine immunization activities in 13 countries across Eastern and Southern Africa, Middle East and North Africa, and the West and Central Africa regions. Overall, the document aims to translate global guidance into actionable steps for country-level implementation, helping teams plan, budget, train, and effectively engage religious leaders for polio outbreak response and childhood vaccination efforts.

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




Engaging religious leaders in polio outbreak response helps build and sustain trust between immunization teams and parents, caregivers, and communities. In settings where religious leaders hold different or conflicting views on vaccination, programmes should avoid trying to impose a single position. Instead, they can work with supportive leaders as champions to promote positive norms, encourage peer-to-peer dialogue, and focus efforts on communities where resistance is most significant. This approach respects diverse perspectives while maintaining progress where it matters most.


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Trust is the foundational element for the acceptance of vaccination services, especially in contexts affected by misinformation, vaccine hesitancy, and refusals. The following five key factors can help build and sustain trust:


- 1




Engage trusted influencers within churches and mosques
- 2




Use communication channels that communities already trust
- 3



Share information early and transparently with religious leaders
- 4



Promote 'two-way' communication and active listening
- 5



Strengthen coordination of public communication efforts

2.1

Engaging trusted influencers in churches and mosques

Identifying and engaging trusted female and male influencers from faith communities is essential for effective interaction with parents, caregivers, and community members to building their confidence in vaccination services. This requires systematic, context-specific mapping of religious leaders and other influential faith actors at the community level.

Women are also key trusted voices within churches and mosques and should be fully involved in engagement efforts. Using gender-sensitive approaches in identifying, selecting, and engaging these influencers helps ensure both inclusiveness and effectiveness.



Programmes should strike a balance between scale and depth. While broad outreach is important, deeper and more sustained engagement is needed in high-risk areas where refusals and missed children are concentrated. This may mean focusing resources on a smaller group of influential leaders who can drive meaningful behaviour change in priority communities.

2.2

Using trusted communication channels

Identifying trusted communication channels is essential to help religious leaders reach their communities quickly and credibly. Engagement should go beyond vaccine-supportive messaging during sermons to utilizing a range of faith-based and community communication platforms. These may include digital channels, denominational schools, religious radio and television stations, faith-based health facilities, and other existing institutional platforms. Using multiple trusted channels helps ensure that vaccination messages, public health guidance, and official information are shared widely, consistently, and in a timely manner.



2.3 Sharing information early and transparently with religious leaders



Religious leaders should be recognized and engaged as strategic partners by providing timely, accurate, and verified information on polio outbreaks and immunization in their communities. Official updates, technical guidance, and key messages should be shared as soon as an outbreak is confirmed, enabling leaders to understand the situation and support community engagement from the outset.

Programmes should institutionalize this process by designating an SBC focal point for faith-based engagement at national and subnational (provincial) levels. This helps maintain regular coordination and timely information flow. In turn, religious leaders can reinforce transparency, address concerns, and share accurate and timely information with their communities.

Common pitfalls to avoid in religious engagement

- ❖ Only involving them just before campaigns, without sustained relationship-building
- ❖ Working only with high-level leaders who have limited direct contact with communities
- ❖ Using generic messages that do not reflect local concerns, beliefs, or realities
- ❖ Treating religious leaders only as messengers, rather than as partners in dialogue
- ❖ Avoiding these practices is key to building trust and ensuring more meaningful and effective engagement.

2.4

Promoting 'two-way' communication and active listening



Establishing interactive communication platforms with religious leaders is essential to facilitate two-way communication and strengthen mutual understanding. This can include WhatsApp groups, digital feedback platforms, chatbots, regular dialogue meetings, and other structured forums. These platforms should go beyond sharing updates. They should serve as platforms that capture the perspectives, concerns, and suggestions of religious leaders, helping to shape more relevant, context-appropriate approaches to improving community engagement and response efforts.

2.5

Strengthen coordination of public communication efforts



Consistent and coherent messaging is essential for maintaining trust between immunization actors, partners, religious leaders, and community members. Clear, evidence-based communication materials, such as simple question-and-answer (Q&A) briefs on polio and vaccination, should be developed and shared with religious leaders to ensure alignment in messaging. Through established communication channels, regular updates should be provided, particularly during periods of heightened concern or crisis. This helps maintain message consistency, credibility, and public confidence.

Adhering to these five principles will help build, maintain, and strengthen trust between parents and caregivers through their religious leaders, and immunization service providers, thereby supporting polio outbreak response and routine immunization efforts.

3. Recommendations for mobilizing and engaging religious leaders



To effectively mobilize and engage religious leaders, targeted and well-coordinated actions should be systematically implemented in countries responding to polio outbreaks.

The following action points are essential to strengthen the role of faith actors in 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 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 to support engagement activities in churches and mosques
- ❖ Developing a Digital Community Engagement (DCE) plan tailored for religious leaders and faith networks
- ❖ Strengthening coordination, Microplanning and Recognition

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



Strategic-level leaders
(national councils, senior clerics): advocacy, public endorsement, and alignment with government priorities



Community-level leaders
(imams, pastors, local scholars): direct engagement with caregivers, sermons, and refusal conversion



Institution-based actors
(faith schools, madrassas, church networks): access to children and families through institutional platforms

Clearly defining these roles help avoid overreliance on symbolic engagement and ensure activities are aligned with operational needs.

Formalizing and institutionalizing partnerships



Sustained and structured engagement of religious leaders should be an integral part of social and behaviour change (SBC) strategies for both polio outbreak response and routine immunization. To ensure more effective action by religious leaders, before, during, and after vaccination campaigns, formal partnership agreements should be established between religious institutions, the Ministry of Health, and relevant partners.

For better coordination, stronger integration of efforts, and more efficient use of resources, these partnerships should be multisectoral and extend beyond polio to include broader child health and well-being priorities. Agreements should be established at the national level with senior religious leaders and faith-based organizations, with clear implementation mechanisms defined for district, sub-district, and community levels.

Engagement with religious leaders should be informed by available social and operational data. This includes using Independent Monitoring (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

- a. Conduct stakeholder mapping:** Identify national councils, denominational structures, mosque and church networks, seminaries, and women's and youth faith groups. Document their geographic reach, level of influence, and communication channels.
- b. Define a clear value proposition and alignment framework:** Identify shared goals, such as child well-being, disease prevention, and the duty to protect vulnerable populations, and align engagement around these priorities.
- c. Strengthen government coordination:** Establish partnerships between the Ministry of Health and the Ministry of Religious Affairs (in countries where applicable) to improve coordination and policy alignment for faith engagement in immunization.
- d. Designate a focal point:** Appoint a Religious Affairs focal point within the Ministry of Health or the SBC coordination structure to facilitate regular interaction and sustain collaboration with faith-based organizations.
- e. Formalize partnerships:** Establish formal agreements with faith-based organizations and umbrella religious bodies to ensure structured collaboration, with clearly defined roles, responsibilities, and long-term commitments.
- f. Create engagement platforms:** Set up national and subnational platforms for religious engagement, ensuring representation across different faiths, denominations, and sects.
- g. Leverage trusted communication channels:** Map the channels used by religious congregations to identify the most trusted ways to share information. Establish direct partnerships with faith-based media as strategic allies in disseminating accurate and timely information to manage rumors and misinformation.
- h. Engage high-influence organizations:** Identify religious organizations with broad reach and strong influence across major denominations, and partner with them to support mobilization for childhood immunization activities.

3.2

Integrating EPI, SIAs, and polio outbreak response into faith-based action plans

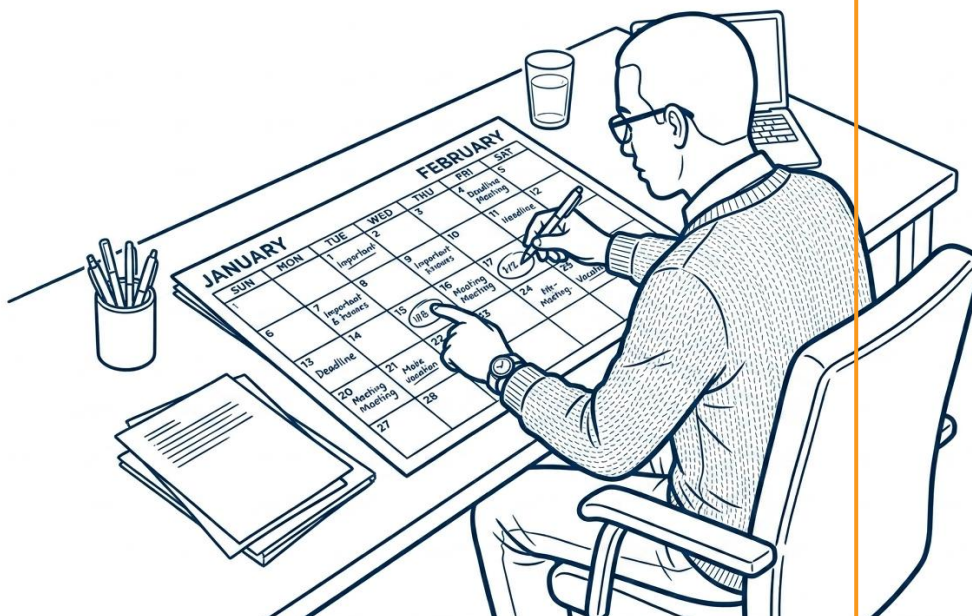
To ensure the collaborative activities are sustainable, engagement with religious leaders should be planned and structured and not limited to last-minute mobilization before vaccination campaigns. At the start of each year, a clear calendar of engagement activities should be developed with religious leaders, covering actions before, during, and after campaigns.

This calendar should include routine EPI services, supplementary immunization activities (SIAs), and other priority public health interventions beyond polio, such as measles, cholera, and mpox vaccination efforts. Expanding the scope in this way positions religious leaders as integral partners in public health, rather than campaign-specific actors.

The integrated approach also helps reduce financial and operational constraints, while enabling implementation of activities throughout the year. The action plan should remain flexible, with regular updates to reflect evolving priorities, vaccination schedules, and emerging public health needs in the country.

Recommendations

- Develop a national-level plan in consultation with religious leaders that includes clear activities and timelines, for 'before,' 'during,' and 'after' vaccination campaigns. Include a simple checklist of activities for each phase of the campaign cycle. This plan can then be adapted and operationalized at subnational and community levels.
- 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 representatives to meetings of the polio Emergency Operations Centers (EOCs), particularly to the communication or SBC coordination committee meetings. Health focal points within religious congregations or faith-based institutions can also play an important role and should be invited to these meetings when and where relevant.



3.3

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. Trainings 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

- a. Assess and identify knowledge gaps of religious leaders on polio, routine immunization, vaccine safety, digital literacy, and areas of influence within communities.
- b. 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).
- c. Organize targeted training to those responsible for health and education within religious confederations and faith-based institutions and encourage their support for vaccinating children in faith-based schools and hospitals.
- d. Create and share communication materials reflecting religious perspectives on health and immunization that can be used during sermons, community discussions, and on social media.
- e. Introduce recognition mechanisms such as certificates and public commendations, to acknowledge contributions and motivate sustained participation by religious leaders.
- f. Offer regular refresher sessions (monthly or quarterly) through digital platforms such as WhatsApp, Zoom, and share updated frequently asked questions (FAQs) that address emerging questions and concerns.

Recommendations

3.4

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.

- a. Map women religious leaders and women leaders of religious associations and organize information sharing and advocacy meetings to strengthen their role in preventing refusals and motivating parents to vaccinate their children
- b. Schedule engagement meetings with religious women’s associations during their regular gatherings to avoid additional costs for organizing or transporting participants
- c. Strengthen women religious leaders’ understanding of polio risks, routine immunization and the scientific and faith-based rationale for child vaccination
- d. 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.
- e. Expand the role of female religious counsellors, particularly in hesitant or underserved communities, to improve outreach to women and caregivers.
- f. Ensure gender balance in all training and engagement activities of religious leaders and faith-based actors



3.5

Addressing resistance through dialogue and inclusion



In many countries affected by polio outbreaks, some religious leaders, faith groups, and denominations may express hesitancy or resistance toward polio and other vaccinations. These attitudes are often shaped by religious beliefs, doctrinal interpretations, social norms, and trust-related concerns. Addressing them requires sustained dialogue and gradual confidence-building. A respectful and inclusive engagement approach is therefore essential to understand concerns, build trust, and support positive shifts in attitudes toward vaccination.

Recommendations

- a. Map religious leaders, faith groups and religious communities who are resistant to vaccination and plan structured community dialogues to better understand and address their concerns
- b. Promote positive deviance by engaging religious leaders (male /female) who actively champion vaccination to influence hesitant religious leaders and groups
- c. Share experiences of religious congregations where vaccine refusals led to disease and disability, or outbreak spread, to strengthen awareness and perception of polio risks
- d. Engage conservative or hesitant leaders through respectful dialogue, peer influence, and tailored and context-specific messaging tailored to their concerns and beliefs
- e. 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 (Refer to Annex 1).

Recommendations

3.6

Allocating resources for church and mosque-based activities

Despite limited financial resources, it is important to allocate a dedicated budget to support engagement activities with religious leaders and members of their organizations. These resources will help implement key activities with churches and mosques as part of the polio outbreak response.

- a. 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
- b. 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
- c. Co-design communication materials with religious leaders to ensure cultural appropriateness, contextual relevance, and theological alignment. Where possible, negotiate low-cost or in-kind advertising space in religious newspapers, magazines, and other faith-based media to support message dissemination



3.7

Digital Community Engagement Action Plan for Religious Leaders

Digital community engagement (DCE) is a key component of the SBC strategy for 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.

The DCE Action Plan should be developed in consultation with religious leaders to support timely dissemination of accurate information, rapid feedback collection, rumor tracking, and coordinated response through trusted faith networks and digital platforms. DCE activities online must complement SBC activities in the physical environment in communities.



Recommendations

- a. **Conduct a digital assessment:** Review existing digital assets within faith-based networks, including social media pages, websites, and messaging groups. Assess digital literacy, content creation and dissemination capacity, content quality, audience reach, and engagement patterns.
- b. **Develop a Digital Community Engagement plan:** Clearly define objectives, priority audiences, key messages, communication channels, and activities to be implemented with religious leaders. Co-create digital content such as posters, videos, messages, and profile picture frames with religious leaders. Disseminate content through trusted platforms such as WhatsApp, Facebook, TikTok, and other locally used channels at national and community levels. Nationally designed profile picture frames can be shared with religious leaders to promote vaccination campaigns and routine immunization across their digital networks.
- c. **Create and share a Q&A message bank:** Develop a set of polio-related Q&A messages for religious leaders to support timely, accurate communication and help address concerns raised by community members.
- d. **Strengthen youth engagement:** Train young people in churches and mosques and engage them in rumor tracking, countering misinformation, and promoting timely and accurate messages that strengthen trust in immunization services among online communities.

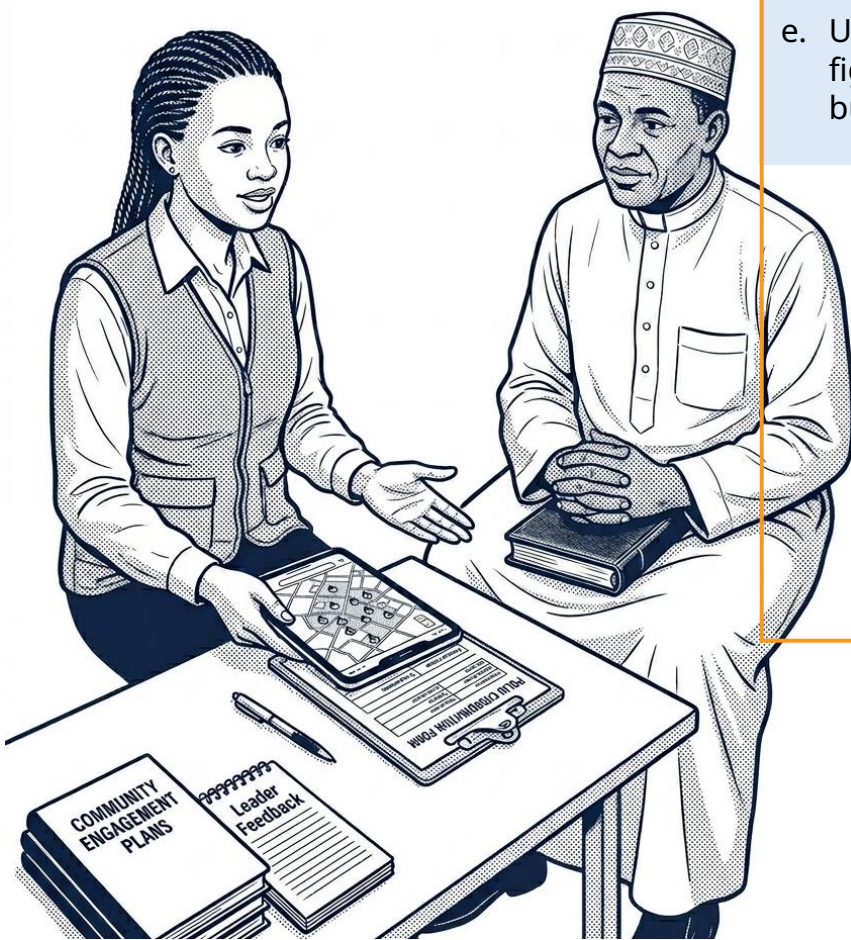
3.8

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

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



4. Key activities before, during and after vaccination campaigns

To strengthen social mobilization and engagement of religious leaders during a polio outbreak response, it is important to develop a clear checklist of activities across the different phases of SBC interventions: before, during, and after vaccination campaigns. This helps ensure structured engagement, timely communication, and sustained collaboration with religious leaders throughout the response.



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4.1 Before the campaign

- a. Update the mapping of religious leaders, faith-based associations; and religious congregation communication channels to be used to support effective planning and targeted communication
- b. 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
- c. Develop/update tools for documenting and monitoring conducted activities with religious leaders
- d. 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
- e. Invite religious leaders or their representatives to participate in EOC Communications Committee meetings and relevant coordination platforms
- f. 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
- g. 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
- h. Develop a dissemination plan for IEC materials and ensure their distribution through religious networks before the start of child vaccination activities.

Activities to follow up before the campaign	When? (2–4 weeks before campaign)	Where? (National / district / community level)	Who? (SBC team / EPI / religious leaders / partners)
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.			

Note: The cells in the table below are intentionally left blank for users to enter relevant information.

- a. Monitor the dissemination of vaccination messages through denominational communication channels including Churches, Mosques, faith-based Radio stations, schools, hospitals, and other religious associations (?)
- b. Mobilize religious leaders to support the management of refusal cases and address vaccine hesitancy within their communities
- c. Continue disseminating digital content involving religious leaders through social media and other trusted digital platforms.
- d. 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.
- e. Use medical doctors/health professionals from religious congregations to facilitate access to vaccination in faith-based schools, clinics and hospitals
- f. Promote and document vaccination of children of religious leaders through online platforms and community communication channels.
- g. Broadcast examples of the religious leaders vaccinating children within their communities and publicly recognize their engagement.
- h. Publicly highlight and broadcast the actions of religious leaders who actively support vaccination within their communities.
- i. Document refusals identified within religious groups using the established refusal mapping and tracking tools.

4.2

During the campaign



Activities to follow up during the campaign	When? (Timing / period of implementation)	Where? (Level / location of implementation)	Who? (Responsible actors / participants)
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.			

Note: The cells in the table below are intentionally left blank for users to enter relevant information.

4.3 After the campaign



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- a. 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.
- b. 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.
- c. Continue to disseminate messages of support for polio and the promotion of routine immunization through mapped trusted channels including digital platforms.
- d. Organize meetings and dialogues, as well as activities to combat vaccine hesitancy with religious groups where cases of refusals have been recorded.
- e. Mobilize faith-based associations to support routine immunization activities and communication of immunization calendar in Churches and Mosques and other faith-based settings.
- f. Organize recognition activities for religious leaders to sustain motivation and encourage continued engagement.
- g. Continue to mobilize resources locally to support SBC actions led by religious leaders.

Activities to follow up after the campaign	When? (Timing / period of implementation)	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.			

Note: The cells in the table below are intentionally left blank for users to enter relevant information.

5.M&E framework for religious leaders' engagement

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	Freq.	Responsible
Goal	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
Outcomes	% 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 of engagement with religious leaders	TBD	TBD	Household survey, Community feedback	Parents respond positively to religious leader advocacy	TBD	MoH, WHO, UNICEF

Level	Indicators	Baseline	Targets	Data Source	Assumptions	Freq.	Responsible
Outputs	# 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

6. Implementation checklist for strengthening religious engagement in Polio and Immunization programme

Steps and activities	Status (Achieved/Planned/ In progress/Not planned)	Comments
Phase 1: Partnership formalization		
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).		
Phase 2: Strengthening microplanning and Integration of EPI, SIAs and Polio response		
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		
Phase 3: Capacity Building		
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).		
Phase 4: Digital Empowerment		
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		

Steps and activities	Status (Achieved/Planned/ In progress/Not planned)	Comments
Phase 1: Partnership formalization		
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.		
Phase 5: Integration of religious messaging		
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.		
Phase 6: Strengthening gender-sensitive approaches		
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.		
Phase 7: Addressing resistance/refusals through dialogue and inclusion		
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.		
Phase 8: Resource allocation for religious engagement activities		
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.		
Phase 9: Monitoring & Evaluation		
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: Religious Passages

Passages from the Bible that encourage Christians to vaccinate their children for their health and wellbeing

- ❖ **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.

Passages from the Quran that encourage Muslims to vaccinate their children for their health and wellbeing

- ❖ **Surat 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 scripts for Church and Mosque communication channels

"Dear brothers and sisters, our country is facing a new polio outbreak. Already {number} polio cases have been reported in {name the areas}. To stop this dangerous disease from paralyzing more children, polio vaccination campaigns will take place from {date of campaign}. Vaccinators will visit house to house, and some teams will also be stationed in schools, and in front of churches, mosques, markets, bus stations and major intersections. All children aged 0 to x years will be vaccinated during the campaign which means every child will receive 2 [two] drops of the polio vaccine in their mouth. Our Church/Mosque strongly supports this important activity because the word of God asks us to take care of our health and the people we love. It's our responsibility. The vaccine is safe and has helped stop polio in most parts of the world. Please share this accurate information whenever you hear rumors and false information. It is a sin to let our children become paralyzed by a disease that can easily be prevented with a vaccine. Please vaccinate your children and encourage your friends and neighbours to do the same. Be blessed."

Annex 3: Standardized response to 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>The polio vaccine is not Halal or does not contain Halal ingredients</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>Polio vaccine is not authorized by the head of household or religious/community leader</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>Prayer is as effective or more effective than vaccines</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>The polio vaccine is not for my country, religion, ethnicity, or race</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>

Annex 4: Additional resources

- Faith for the Life: <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:55195712-eb09-44c8-bb98-7b7d61e7c380>
- 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: [Engaging Religious Leaders in Polio Eradication in Afghanistan.pptx](#)
- Building Trust in Immunization: [unicef.sharepoint.com/sites/SAR-SBC/ROSA SBC Knowledge Hub/Forms/AllItems.aspx?id=%2Fsites%2FSAR-SBC%2FROSA SBC Knowledge Hub%2FSAR-Faith Engagement%2FWorking with Religious Leaders%2Epdf&parent=%2Fsites%2FSAR-SBC%2FROSA SBC Knowledge Hub%2FSAR-Faith Engagement](https://unicef.sharepoint.com/sites/SAR-SBC/ROSA%20SBC%20Knowledge%20Hub/Forms/AllItems.aspx?id=%2Fsites%2FSAR-SBC%2FROSA%20SBC%20Knowledge%20Hub%2FSAR-Faith%20Engagement%2FWorking%20with%20Religious%20Leaders%2Epdf&parent=%2Fsites%2FSAR-SBC%2FROSA%20SBC%20Knowledge%20Hub%2FSAR-Faith%20Engagement)

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This document was developed by the UNICEF Polio Eradication Programme to support countries in strengthening partnerships with religious leaders who play a critical role in the global effort to eradicate polio and strengthen childhood vaccination.

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POLIO GLOBAL
ERADICATION
INITIATIVE

EVERY
LAST CHILD

The logo features the text 'EVERY LAST CHILD' in white, bold, uppercase letters. The word 'EVERY' is on the top line, 'LAST' is on the second line, and 'CHILD' is on the third line. Two orange footprints are integrated into the design: one is positioned to the right of the word 'LAST', and the other is positioned to the left of the word 'CHILD'.