



PSHAN's Vaccine Hesitancy Assessment in Nigeria

(VHAN)

REPORT OF END LINE SURVEY

ACKNOWLEDGEMENT

The Private Sector Health Alliance of Nigeria (PSHAN) with funding support from SANOFI, Nigeria conducted an Implementation Research (IR) to explore the perception of the public regarding routine childhood immunization using COVID-19 vaccines as an entry point and identify factors that influence vaccination hesitancy among the general population in Nigeria.

A participatory method was used to develop this plan. Specifically, the approaches used included a baseline survey, a Social and Behavior Change Communication (SBCC) intervention for over 8 weeks in target communities, and an end-line survey to ascertain any changes in behavior after the intervention. The surveys and interventions were conducted in the FCT, Lagos and Kano states.

The Private Sector Health Alliance of Nigeria (PSHAN) expresses its appreciation to all programs, organizations and individuals that provided assistance and support in the planning and elaboration of this study. For the formulation of this document, we owe the following individuals' special thanks and appreciation:

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Once more, I am pleased to recognize and appreciate the dedicated sacrifices and commitments of partners and individuals who have contributed immensely to the elaboration of this study. It is my fervent hope that this document is relevant to immunization programs in Nigeria, Africa, and globally so that health outcomes will be improved and the journey to achieving universal health coverage continues to gain traction.



Dr. Tinuola Akinbolagbe
MD/CEO
PSHAN



Acronyms

A4EPR	Alliance for Epidemic Preparedness and Response
EPI	Expanded Program on Immunization
FCT	Federal Capital Territory
HF	Health Facilities
IR	Implementation Research
LGA	Local Government Area
NCDC	Nigeria Center for Disease Control
NPHCDA	National Primary Healthcare Development Agency
PSHAN	Private Sector Health Alliance of Nigeria
RDS	Research and Data Solutions Ltd
SBCC	Social and Behavior Change Communication
TV	Television
VHAN	Vaccine Hesitancy Assessment in Nigeria





Content

Acronyms	ii
Executive summary	iv
Introduction	6
The Purpose of the end line evaluation	7
Methodology	8
Limitations of study	10
Evaluation Findings	11
Characteristics of respondents	11
Individual perception of vaccination	12
Vaccine Trust	13
The intention of respondents to vaccinate	13
Access to vaccine	15
Conclusion and recommendations	17
Annex 1: Certificate of “B” Cast – Bond FM Lagos	19
Annex 2: Certificate of “B” Cast – Vision FM FCT	20
Annex 3: Certificate of “B” Cast _ Vision FM Kano	24

Executive summary

The radio was identified as the most trusted communication channel for Routine childhood immunization and COVID-19 vaccine in the baseline survey (33.5%) and it was used to sensitize people on the Routine childhood immunization and COVID-19 vaccine during project implementation. Jingles were aired thirty-six times for a period of over 2 months in English, Hausa, and Yoruba languages from the three designated radio stations in FCT, Kano and Lagos states. At the end of the Social and Behavior Change Communication (SBCC) campaign, a cross-sectional survey was conducted in target communities in the three study states (FCT, Kano, and Lagos) to establish any probable change in respondents' perceptions and attitudes toward vaccines, vaccine trust, the intention of respondents to be vaccinated and respondents' access to vaccines. A total of 1,405 respondents were interviewed and the key results are presented in the report.

Key findings

Less than 50% of respondents were reached with messages via radio in each of the three states. The results of the end-line survey indicated that 48.1% of respondents in the Federal Capital Territory (FCT), 13.7% in Kano state, and 34.9% in Lagos states reported that they were reached with messages via the designated radio stations. The results also indicated that 70.0% of the respondents reported hearing the message that vaccines were free, 39.6% reported hearing that the vaccines were readily available and 55.3% of respondents reported hearing the message that people should access the vaccines from Government health facilities (HFs).

Furthermore, 82.7% of respondents expressed the intention to vaccinate after the Social and Behavior Change Communication (SBCC) intervention compared with 66.4% at the baseline survey. In the FCT, the proportion of respondents with the intention to be vaccinated increased from 68.3% at baseline to 93.1%, the proportion of respondents in Kano state increased from 50.3% to 71.5 and in Lagos state, the increase was from 74.8% to 83.2%. A look through the gender lens indicates that the proportion of respondents with the intention to vaccinate increased from 64.6% among males to 80.6% and 67.3% to 83.6% among female respondents.



The various dimensions of accessibility to vaccine services by respondents were assessed in the baseline as well as the end line survey. The results show that most of the respondents in both surveys agreed that the vaccines were accessible and affordable. Additionally, they were aware of where to get the vaccines, were aware that their children should get the vaccines, and were open to the idea that their children could receive the vaccines. The summary of key results is presented in Table 1.

Table 1 Summary of key results

Perception of respondents	Baseline (%)	End line (%)
Respondents who were in support of vaccination	73.5	75.6
Respondents who were open to their child being vaccinated	65.5	67.5
Important to vaccinate the children	57.7	62.3
Motivated to protect the child from the severity of the disease	59.6	63.4
The intention of respondents to vaccinate	66.4	82.7
Affordability of costs to access vaccines	49.5	50.5

Recommendations

- SBCC and similar interventions should be used effectively to address misinformation and bridge the knowledge gap among respondents.
- The affordability of vaccines due to travel costs to access health facilities is still a challenge to most respondents. Outreaches to remote communities should be encouraged and prioritized.
- There is a need to explore the use of other strategies in addition to the radio as a medium for communication with stakeholders than a lone strategy.
- There is a need for more intensified campaigns to sustain gains in the trust of those who have had a change of mind towards vaccination and ensure that those neutral have a positive perception.
- There is a need to provide information on where the vaccines are available in the messages aired in the various communities.

- ♦ The frequency of the messages aired needs to be revisited for sustained gains.
- ♦ Missed opportunities in the IR such as the availability of vaccines, cultural norms, economic status of primary caregivers, etc should be investigated further.
- ♦ The SBCC campaign should be conducted for a much longer period like 6-12 months to sufficiently sensitize the people about the correct knowledge, attitude, and practice about vaccination to increase vaccine uptake in the country.



Introduction

In September 2022, the Private Sector Health Alliance of Nigeria (PSHAN) with funding support from SANOFI, Nigeria conducted an Implementation Research (IR) to explore the perception of the public regarding routine childhood immunization using COVID-19 vaccines as an entry point and identify factors that influence vaccination hesitancy among the general population in Nigeria. The IR consisted of a baseline survey, a Social and Behavior Change Communication (SBCC) intervention for over 8 weeks in target communities, and an end-line survey to ascertain any changes in behavior after the intervention. The surveys and interventions were conducted in the FCT, Lagos and Kano states. The States were selected because they all recorded low vaccination uptake in the COVID-19 Mass Vaccination Campaign in the country in 2021. For instance, Lagos, Kano and the FCT recorded low COVID-19 vaccine uptake of 7.66%, 5.58%, and 4.26% respectively (NPHCDA, 2021). Two LGAs were purposively selected in each study state based on safety and accessibility. Additionally, two communities were sampled in each of the selected LGAs.

The findings from the baseline survey indicated that most respondents (73.6%) were largely in support of vaccination. On vaccine trust, 82.3% of respondents believed it was important to get vaccinated while 81.4% believed that vaccination helped their body fight infectious diseases. Among those who were yet to be vaccinated, 66.4% of respondents indicated that they would take the Covid-19 vaccine if offered.

On access to vaccines, 83.7% of respondents believed it was easy to gain access. However, only 49.5% believed they could afford to pay to access vaccines, while 64.4% believed they knew where to get the vaccine. On the acceptability domain of vaccines, 65.5% of respondents believed that they were open to the idea of their children receiving vaccines, 57.7% believed that it was important for their children to be vaccinated, while 55.7% of respondents believed that vaccines could protect their children from contagious diseases and 61.3% believed that the vaccines are safe. When asked about respondents' most trusted channel of information on vaccination, 33.0% of respondents indicated that radio was their most trusted channel of information on Covid-19, followed by TV (21.6%) and social media (14.2%).



Consequently, the radio was used as the communication channel for routine childhood immunization and the COVID-19 vaccine in the baseline survey (33.5%), to sensitize people. Vision FM Radio stations were used to sensitize the people in FCT and Kano states on the safety, availability, efficacy, and affordability of vaccines in health facilities in targeted communities, while Bond FM was used to reach target communities with the same message in Lagos state. The jingles were aired from each of the radio stations twelve times for over 2 months in English, Hausa, and Yoruba languages. See Annexes I, 2, and 3 for further details on the airing spots for each of the radio stations.

As a follow-up activity to the baseline survey on vaccine hesitancy assessment in Nigeria (VHAN), data were obtained in the three (3) previously selected survey states of the Federal Capital Territory (FCT), Kano, and Lagos after the SBCC sensitization of target communities in the states.

Results of the end-line survey indicated that 48.1% of respondents in the FCT, 13.7% in Kano state, and 34.9% in Lagos states indicated that they were reached with the messages via the designated radio stations mentioned above. The results also indicated that 70.0% of the respondents reported hearing the message that vaccines were free, 39.6% reported hearing that the vaccines were readily available and 55.3% of respondents reported hearing the message that people should access the vaccines from Government health facilities (HFs). The report revealed changes in respondents' perceptions after the Social and Behavior Change Communication (SBCC) intervention in target communities.

The Purpose of the end line evaluation

The evaluation is for knowledge generation and learning with a view to affecting knowledge, attitude, and practice. The purpose of the study was also to use the evidence emanating from the study to inform policymakers when decisions to upscale and deploy Routine childhood immunization and COVID-19 vaccine campaigns in the country. The VHAN study is a spin-off of PSHAN's Alliance for Epidemic Preparedness and Response (A4EPR) project targeted at strengthening epidemic response in Nigeria.



Methodology

Evaluation Approach

The evaluation utilized a participatory approach to collect qualitative and quantitative data from multiple sources as demonstrated in the evaluation matrix utilized in the baseline survey.

♦ *Evaluation design*

The evaluation utilized a cross-sectional study design and collected both quantitative and qualitative data using approaches that include a desk review of project documents, and annual reports of COVID-19 vaccination at national, regional, and international levels to gather secondary data.

♦ *Study location*

The study was conducted in three (3) out of the six (6) geo-political zones in Nigeria as was done in the baseline survey. For this study, states that were relatively safe and had recorded the highest laboratory-confirmed COVID-19 caseloads, and low COVID-19 vaccine uptake were selected for inclusion in the study. According to the NCDC report of October 2022, Lagos state recorded the highest confirmed COVID-19 caseload of 104,014 in the Southwest Geo-political Zone and was thus selected from the Southwest zone, FCT recorded 29,464 cases and was selected from the North Central zone, while Kano state with 5, 339 cases was selected from the Northwest Geo-political Zone. These states were relatively safe, no state was selected from the Northeast zone due to security challenges. In addition, Lagos, and Kano states, and the FCT recorded low COVID-19 vaccine uptake (less than 10%) of 7.66%, 5.58%, and 4.26% respectively in the COVID-19 Mass Vaccination Campaign in the country (NPHCDA, 2021 report). In each study state, two LGAs were purposively selected based on safety and accessibility, see Table 2.



State/Territory	LGA	Selected communities
Federal Capital Territory (FCT)	1. AMAC 2. Gwagwalada	i. Gwarinpa Village ii. Piwoyi iii. Old Kutunkun iv. Phase 3
Lagos	1. Ikeja 2. Ikorodu	i. Ikeja LCDA ii. Ojodu iii. Ikorodu North iv. Ijede
Kano	1. Tarauni 2. Kura	i. Kundila ii. Gyadi-gyadi iii. Dalili iv. Kurunsumau

Table 2 of the Evaluation Study

♦ ***Determination of sample size for the evaluation***

A sample size calculator [1] was used to estimate the sample size of participants for quantitative data collection/survey. A confidence level of 95% at a margin of error of 5% was set to reach at least 50% of the estimated population of each community in the LGAs. An inflation factor of 10% was also applied to account for dropout and missing values. In total 1, 272 respondents will be interviewed in the communities, see Table 3.

The survey was household-based, and the households were selected and sampled systematically from the same communities that were sampled in the baseline survey. The distribution of respondents that were sampled in the communities is presented in Table 3 and Figure 1.

States	LGAs	Sample size	
		Baseline	Endline
FCT	AMAC	434	449
	Gwagwalada		
Kano	Tarauni	435	431
	Kura		
Lagos	Ikeja	439	525
	Ikorodu		
Total		1,308	1,405

Table 3: Number of respondents in the Baseline and end-line survey



Figure 1. Map of Nigeria showing the study locations

Limitations of study

The survey could not obtain health facility data on vaccination within the period of the SBCC because the HFs declined to share such data at that material time. Those who were vaccinated because of the SBCC could not be determined though the survey was able to estimate the proportion of those who intended to be vaccinated as a result of the sensitization drive.

Evaluation Findings

Characteristics of respondents

Table 4 presents the demographic characteristics of respondents in the baseline and end-line surveys. 1,308 (M=370; F=938) participated in the baseline survey in the survey states of FCT, Kano, and Lagos while 1,405 (M=475; F=930) participated in the end-line survey in the states. The similarity of respondents in the surveys cut across locations, marital status, educational attainment, and age.

Demographic Characteristics	Before SBCC		After SBCC	
	Number	Percent (%)	Number	Percent (%)
State				
FCT	434	33.1	449	32.0
Kano	435	33.3	431	30.7
Lagos	439	33.6	525	37.3
Location				
Rural	494	37.8	591	42.1
Urban	814	62.2	814	57.9
Gender				
Male	370	28.3	475	33.8
Female	938	71.7	930	66.2
Marital Status				
Single	453	34.6	439	31.2
Married	703	53.7	757	53.8
Others (cohabiting, divorced, Widowed)	152	11.7	209	15.0
Educational Level Attained				
Never Attended school	61	4.6	33	2.3
Islamiya	89	6.8	91	6.5
Primary	130	9.9	126	9.0
Secondary	504	38.6	640	45.6
Tertiary	524	40.1	515	36.6
Age Group				
17 and less	68	5.2	31	2.2
18 - 35	837	63.9	843	60.0
36 - 49	303	23.1	401	28.5
50 and more	102	7.8	130	9.3

Table 4: The demographic characteristics of respondents at baseline and end line surveys.

Individual perception of vaccination

Figure 2 indicated no change in the proportion of respondents who were neutral before (18.5%) and after SBCC (18.3%) activities. There was however a slight decrease in the proportion of respondents who were against vaccination before and after SBCC activities (8.1% vs 6.1%). Furthermore, the assessment of individual perception of vaccination indicated a slight increase in the proportion of respondents who were for vaccination from (73.5%) to (75.6%) after the SBCC activities. The slight difference in proportion may be because of a change in the perception of respondents who were against vaccination before the SBCC activities.

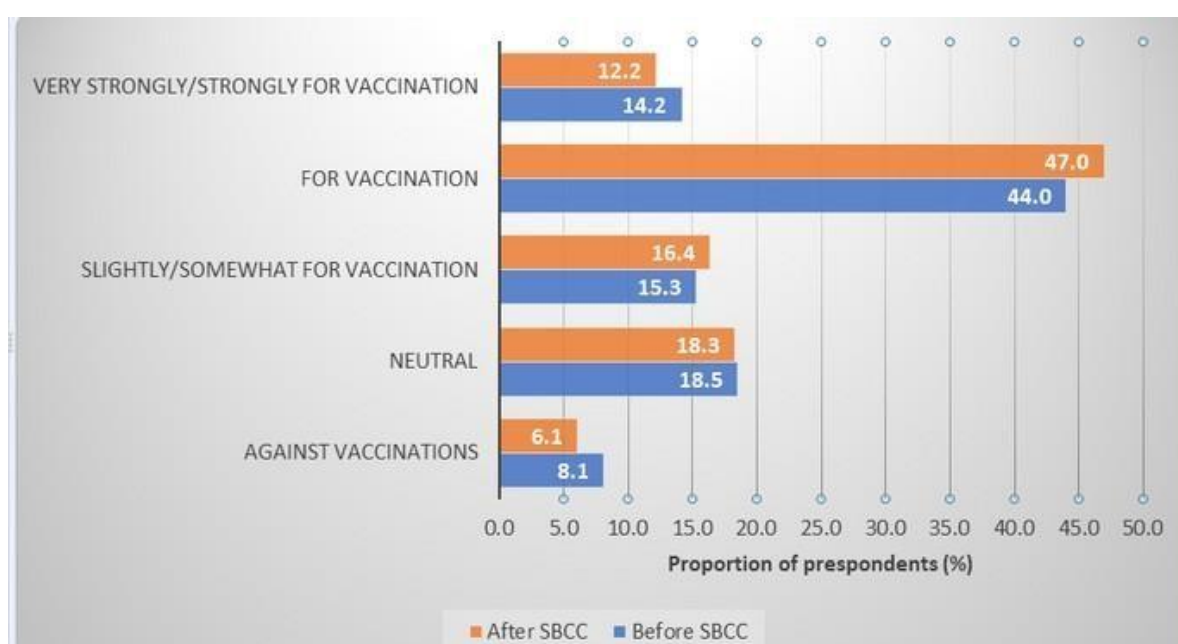


Figure 2 shows individual respondents' perceptions of vaccination before and after the SBCC campaign.

Vaccine Trust

Figure 3 presents the personal trust of respondents in vaccines before and after SBCC activities. The trust level in health authorities such as NPHCDA, EPI, and the efficacy of vaccines to promote a healthy lifestyle, and to help the body fight infectious diseases was generally high and similar before and after the implementation of the SBCC activities as presented in Figure 3.

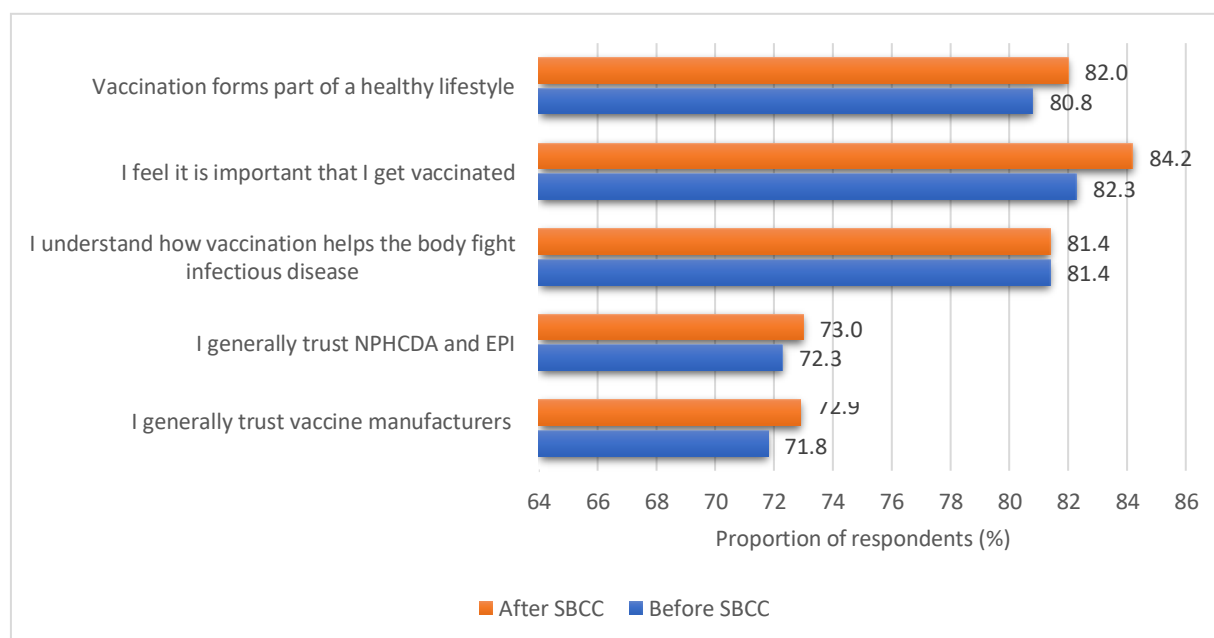


Figure 3: Personal trust of vaccines by individuals

The proportion of respondents' trust in vaccine manufacturers increased from 71.8% at baseline to 72.9% at the end line. Similarly, the proportion of respondents who expressed the importance to be vaccinated increased from 82.3% at baseline to 84.2% at the end line. In addition, the proportion of respondents who believed that vaccination should form part of a healthy lifestyle increased from 80.8% at baseline to 82.0% at the end line as shown in Figure 3.

The intention of respondents to vaccinate

Table 5 presents the percentage distribution of respondents' characteristics according to their intention to vaccinate before and after the SBCC intervention in target communities. The results show overall that 82.7% of respondents expressed the intention to vaccinate after the intervention compared with 66.4% at the baseline survey. In the FCT, the proportion of respondents with the intention to be vaccinated increased from 68.3% at baseline to 93.1%, the proportion of respondents in Kano state increased from 50.3% to 71.5%, and in Lagos state, the increase was from 74.8% to 83.2%. Results also show that among gender the proportion of respondents with the intention to vaccinate increased from 64.6% among males to 80.6% and 67.3% to 83.6% among female respondents. This increase in the proportion of respondents to vaccinate cuts across all respondents' demographic characteristics including location, age group, and level of educational attainment.

Demographic Characteristics	Those that have intention to take Covid-19 vaccine if offered (%)	
	Before SBCC	After SBCC
State		
FCT	68.2	93.1
Kano	50.3	71.5
Lagos	74.8	83.0
Location		
Rural	59.4	77.7
Urban	71.0	86.4
Gender		
Male	64.6	80.6
Female	67.3	83.6
Education Attained		
Never attended school	55.0	78.8
Islamiyah	44.7	72.5
Primary	52.6	81.0
Secondary	67.8	79.7
Tertiary	73.8	88.9
Age group		
10-17	44.4	64.5
18-35	66.4	80.7
36-49	76.0	87.3
50 and above	57.9	86.2
Total	66.4	82.7

Table 5: The intention of respondents to vaccinate after SBCC

The intention to vaccinate after the SBCC intervention increased among respondents irrespective of the level of educational attainment. The proportion of respondents who had never attended school increased from 55.0% at baseline to 78.8% at the end line, respondents who attended Islamiyah increased from 44.7% at baseline to 72.5% at the end line, and respondents who attained primary school increased from 52.6% at baseline to 81.0% at the end line, and those who attained secondary level education increased from 67.8% at baseline to 79.7% at the end line, while respondents who attained a tertiary level of education increased from 73.8% to 88.7% at the end line, see Figure 4. The perceived change in behavior was observed to be higher among respondents who never attended school, or those who attained Islamiyah, or primary school.

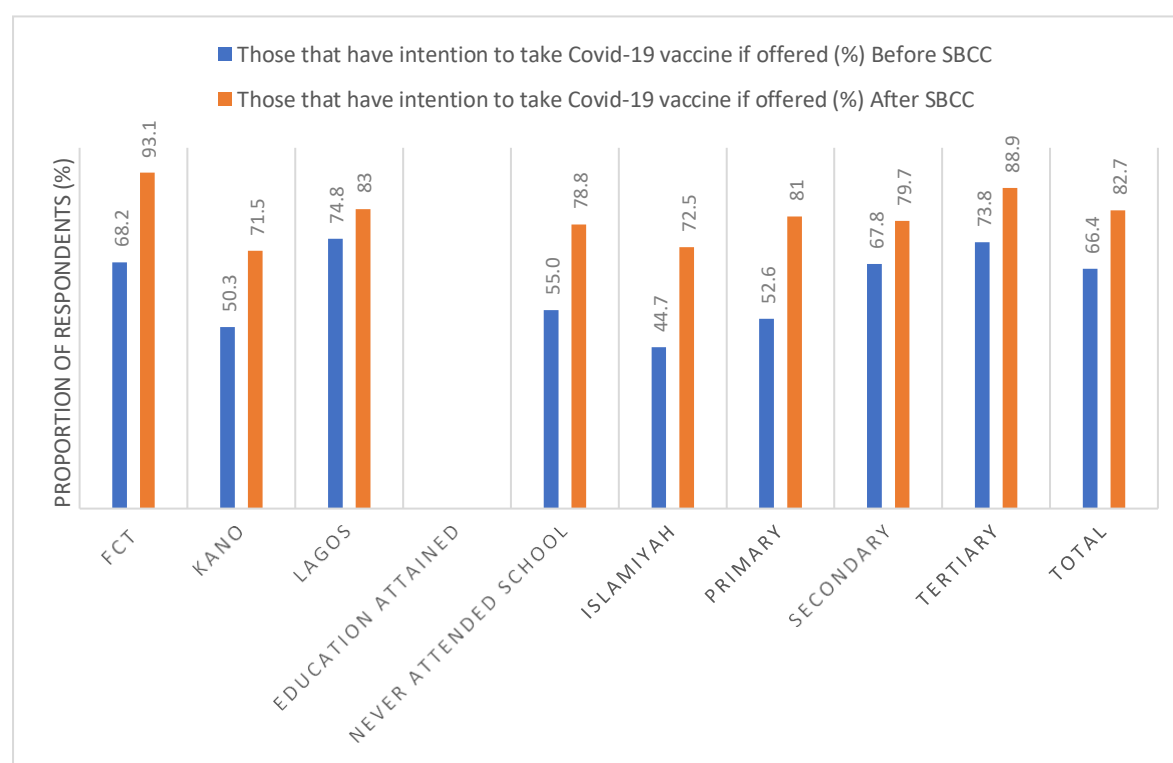


Figure 4: the intention of respondents to vaccinate after SBCC by state and level of educational attainment.

Access to vaccine

The various dimensions of accessibility to vaccine services by respondents were assessed in the baseline as well as the end-line survey. These dimensions include physical access, awareness, acceptability, affordability, and protection motivation. Figure 5 presents the assessment of vaccine accessibility domains at baseline and end-line surveys respectively. The results show that most of the respondents in both surveys agreed that the vaccines were accessible. Additionally, respondents were aware of where to get the vaccines, and that their children should get the vaccines. Most respondents at baseline (65.5%) were open to their child being vaccinated compared to 67.5% at the end line, while the proportion of respondents at baseline (57.7%) who believed that it was important for their children to be vaccinated increased to 62.3% at the end line. The proportion of parents also indicated that they were motivated to protect their children from the likelihood of severe disease by reducing the severity of the disease (59.6% vs 63.4%) increased at the end line. Of note, however, was the slight proportion of respondents who believed that they could afford to pay to access vaccines at baseline (49.5%) and end line (50.5%) respectively. About half the respondents did not believe they could afford to pay to access vaccines in their communities.



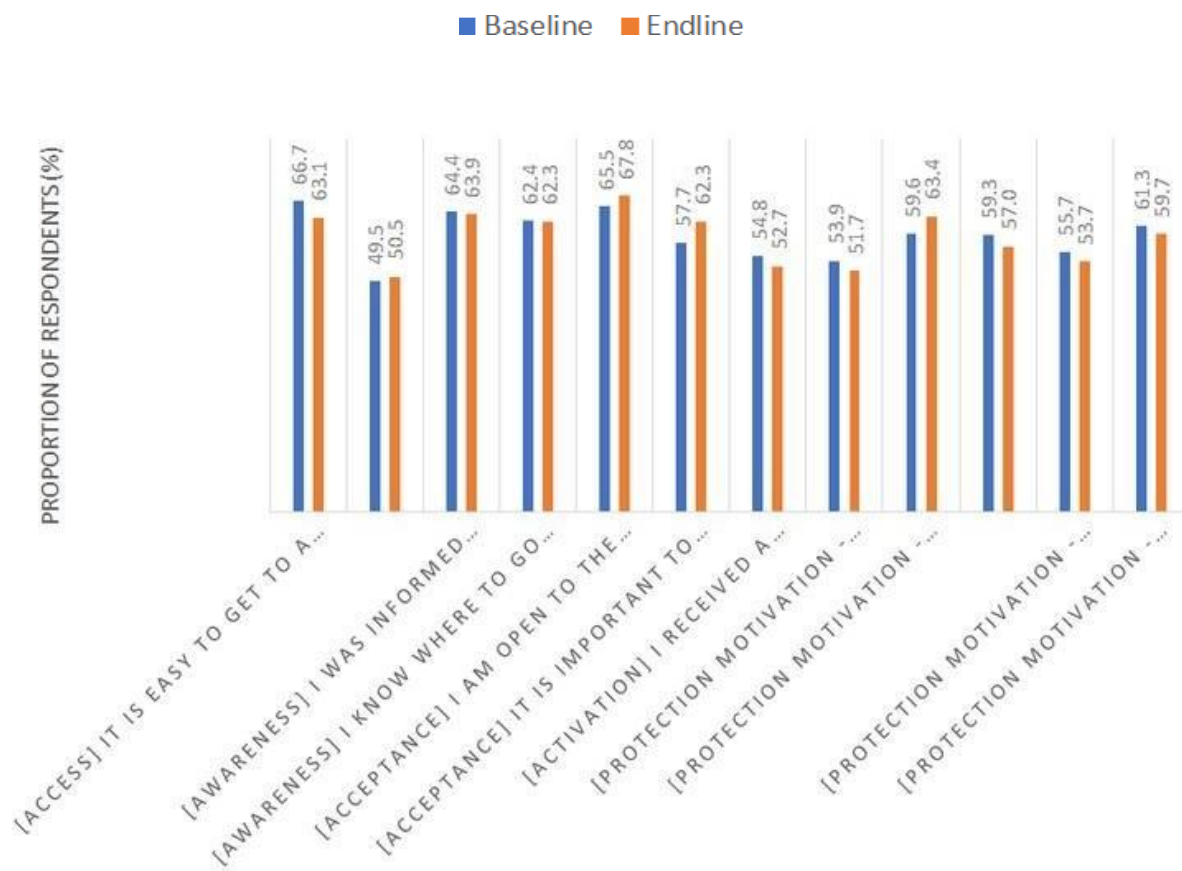


Figure 5: Assessment of accessibility Domains at baseline and end-line surveys

Conclusion and recommendations

The use of radio for SBCC is a tested and effective strategy for creating awareness of Routine childhood immunization and COVID-19 vaccination. However, the proportion of respondents who heard messages on vaccination is less than 50% of surveyed respondents in the 3 states indicating the need to explore other strategies and media for communication than a lone single strategy. Furthermore, the knowledge of the availability of the vaccine is low (39.6%) and only 55.3% know where to access the service at Government HFs.

There was a slight decrease in the number of survey respondents who disagree about their personal trust in vaccines. However, findings also show that almost an equal proportion of respondents before (18.5%) and after (18.3%) SBCC remained neutral about their perception of vaccines. Against these backdrops is the high proportion of respondents (66.4%) who expressed intention to be vaccinated at baseline compared to 82.7% at the end line. This calls for more intensified campaigns to sustain gains in the trust of those who have had a change of heart towards vaccination and ensure that those who are neutral have a positive perception.

Even though the results of the assessment of accessibility domains at both baseline and end line were high, of concern was the belief among respondents that only 55.0% know they can get vaccines at a government health facility. There is a need to include in the message information on where the vaccines are available and the same communicated in the various communities.

Recommendations

1. Though a slight increase in the proportion of respondents believed they could afford to pay to access vaccines at baseline (62.6%) and end line (64.4%) respectively, most respondents were still concerned about the affordability of vaccines in their communities largely due to the cost of traveling to a health facility to access vaccines. Outreaches should be encouraged and prioritized to improve the physical access of respondents to vaccines.
2. The perceived behavior change was observed to be higher among respondents who never attended school, or those who attained Islamiyah, or primary school. Thus, the SBCC and similar interventions should be used effectively to address misinformation and bridge the knowledge gap among respondents.

3. There is a need to explore the use of other strategies and media for communication with stakeholders than a lone strategy and one media channel.
4. There is a need for more intensified campaigns to sustain gains in the trust of those who have had a change of mind towards vaccination and ensure that those neutral have a positive perception.
5. There is a need to include information on where the vaccines are available in the messages and the same communicated to the various communities.
6. Missed opportunities in the IR such as the availability of vaccines, cultural norms, economic status of primary caregivers, etc. should be investigated further.
7. Outreaches should be encouraged to address the changes in physical access in the communities.
8. The SBCC campaign should be conducted for a much longer period like 6-12 months to sufficiently sensitize the people about the correct knowledge, attitude, and practice about vaccination to increase vaccine uptake in the country.



Annex 1: Certificate of “B” Cast – Bond FM Lagos

FEDERAL RADIO CORPORATION OF NIGERIA

Telephone: _____

No. _____

To: **DIRECTOR ENETIS MEDIA**
ABUJA

CERTIFICATE OF 'B' CAST

RADIO NIGERIA
COMMERCIAL SERVICE

STATION: **BOND FM**

CERTIFICATE NO. _____

CONTRACT NO. _____

In respect of: **PSHAN**

Specific performances for the month of **APRIL 2023** in respect of **4 X 60 SEC ROSPOT ON AAA-BELT**

9.30 - 11.30 AM

broadcast As Per Details Belows

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CONTRACT NO. _____

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No _____

To: DIRECTOR, ENETIS MEDIA
ABUJA

CERTIFICATE OF 'B' CAST

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COMMERCIAL SERVICE

STATION	BOND	FM
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CONTRACT NO.

In respect of PSHAN_____

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To **DIRECTOR ENETIS MEDIA**
ABUJA

CERTIFICATE OF 'B' CAST

RADIO NIGERIA
COMMERCIAL SERVICE

STATION: **BOND FM**

CERTIFICATE NO:

CONTRACT NO:

In respect of **PSHAN**

Specific performances for the month of **FEBRUARY 2023** in respect of **4 X 60 SEC ROSPOT ON AAA BELT**
9.30 - 11.30 AM

broadcast As Per Details Belows

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STATION:

INVOICE NO:

CONTRACT NO:

ACCOUNT NO:

NO:	TYPE	DURATION	RATE	AMOUNT	
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	AAA				
	AA				
	A				
	NW				
	NA				
	ET				
GRAND TOTAL N					



Annex 2: Certificate of “B” Cast – Vision FM FCT



VISION MEDIA SERVICES LIMITED

Plot 117, Vision Avenue, Atuquo Olon Rd, off Obafemi Awolowo way, Jabi - Abuja



100% KALLO
DIGITAL TELEVISION



Channel 178 on Startimes

CERTIFICATE OF B/CAST

Subject: ENETICS MEDIA

Performance of the month of FEBRUARY in respect of PSHAN ON VISION FM ABUJA

Day of Month	No. of b/casts	AAA 60 sec min	Time 30 sec min	AA 45 sec min	15 5 sec min	30 sec min	15 sec min	Day of Month	No. of b/casts	AAA 60 sec min	Time 30 sec min	AA 45 sec min	Time 15 sec min	A 30 sec min	Time 15 sec min
1								17							
2								18							
3								19							
4								20	1	*					
5								21							
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14								30							
15								31							
16															
B/F								C/F							
								TOTAL	4	SLOTS					





VISION MEDIA SERVICES LIMITED

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DNA KALLO
DIGITAL TELEVISION



Channel 178 on Startimes

CERTIFICATE OF B/CAST

Subject: **ENETICS MEDIA**

Performance of the month of **MARCH** in respect of **PSHAN ON VISION FM ABUJA**

Day of Month	No. of b/casts	AAA 60 sec min	Time 30 sec min	AA 45 sec min	15 Sec min	Time 30 sec min	A 15 sec min	Day of Month	No. of b/casts	AAA 60 sec min	Time 30 sec min	AA 45 sec min	Time 15 sec min	A 30 sec min	Time 15 sec min
1								17							
2								18							
3								19							
4								20							
5								21							
6								22							
7								23	1	*					
8								24							
9	1	*						25	1	*					
10								26							
11								27	1	*					
12								28							
13	1	*						29							
14								30	1	*					
15								31							
16															
B/F								C/F							
								TOTAL	5		SLOTS				





VISION MEDIA SERVICES LIMITED

Plot 117, Vision Avenue, Asuquo Olon Rd. off Obafemi Awolowo way, Jabi - Abuja



FW
DIGITAL TELEVISION



Channel 178 on Startimes

CERTIFICATE OF B/CAST

Subject: ENETICS MEDIA

Performance of the month of APRIL in respect of PSHAN ON VISION FM ABUJA

Day of Month	No. of b/casts	AAA	Time	AA	Time	A	Day of Month	No. of b/casts	AAA	Time	AA	Time	A	Time
		60 sec min	30 sec min	45 sec min	15 Sec min	30 sec min			60 sec min	30 sec min	45 sec min	15 sec min	30 sec min	15 sec min
1							17							
2							18							
3							19							
4							20							
5							21							
6	1	*					22							
7							23							
8							24							
9							25							
10							26							
11							27							
12							28							
13	1	*					29							
14							30							
15							31							
16														
B/F							C/F							
							TOTAL	2		SLOTS				

VISION FM 92.1
PLOT 117, VISION AVENUE
JABI, ABUJA
Sign: *[Signature]* Date: 27/04/23

Annex 3: Certificate of “B” Cast _ Vision FM Kano



No. 81/82 Grade Abdullahi Road,
Farm Center, Kano
Tel: 08034758882, 08082301166
Website: www.visionfm.ng
Email: visionfmkano@gmail.com

Director ,

Enetis Media ,

Abuja .

31/1/2023

February 6th Hausa 7.25am

February 13th English 7.25am

February 20th Hausa 7.25am

February 27th English 7.25am

March 7th Hausa 7.55pm

March 14th English 7.55pm

March 21st Hausa 7.55pm

March 28th English 7.55pm

April 4th Hausa 9.55pm

April 11th English 9.55pm

April 18th Hausa 9.55pm

April 25th English 9.55pm

Total Spot Is 12 Sports.

Abuja 92.1, Katsina 92.1, Sokoto 92.5, Kebbi 92.9, Gombe 92.7, FARIN WATA Channel 178/478 Star Times
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