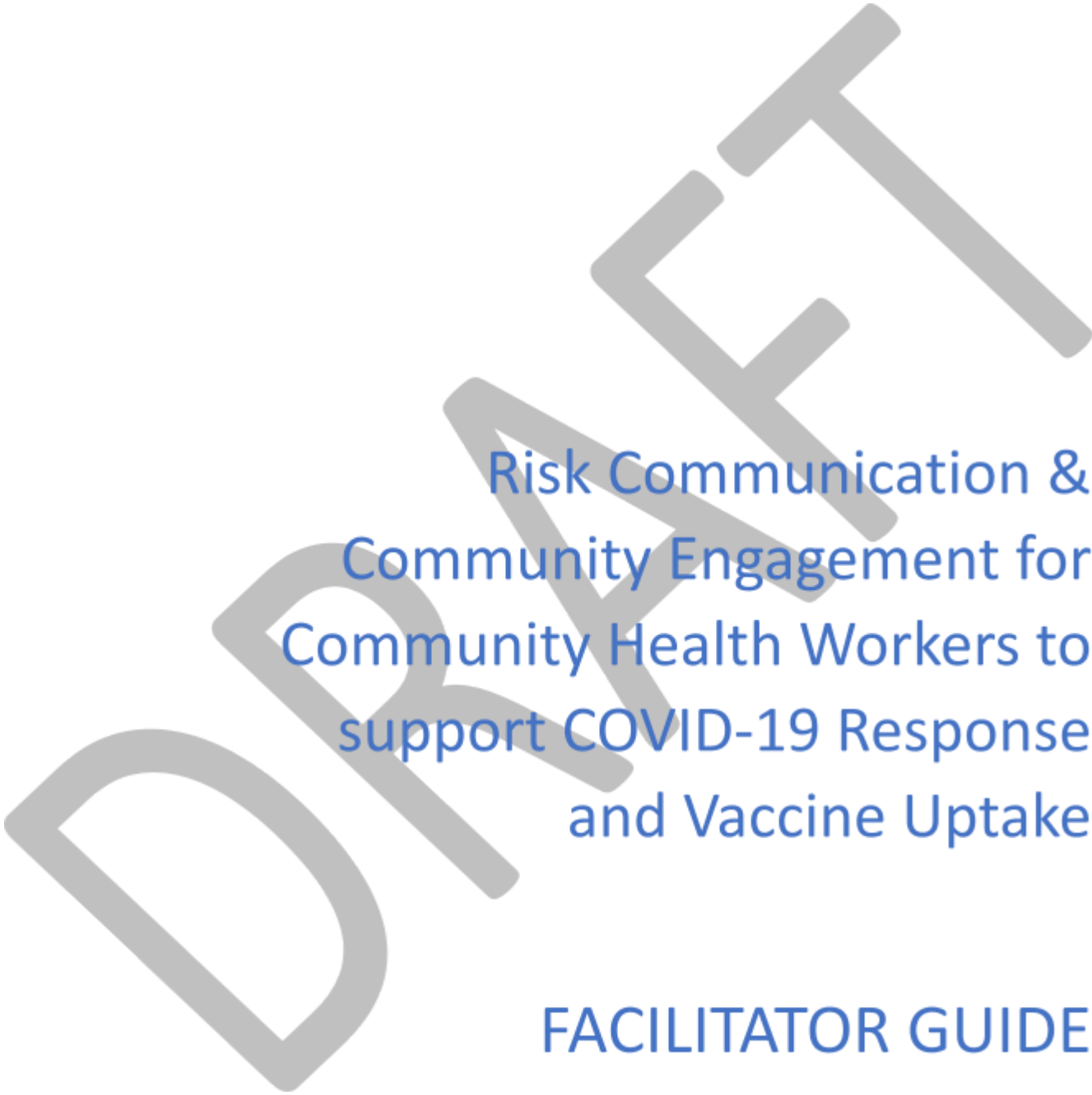




Risk Communication & Community Engagement for Community Health Workers to support COVID-19 Response and Vaccine Uptake

10/29/21



Risk Communication & Community Engagement for Community Health Workers to support COVID-19 Response and Vaccine Uptake

FACILITATOR GUIDE

DRAFT

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Acknowledgements

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The content development was led by Dr. Dalia Samhouri, Peggy Hanna, Dr. Samar El Feky and Tamer El-Maghraby from WHO EMRO, Elham Elkafafy and Assem Saleh from IFRC MENA, Neha Kapil, Dr. Amaya Gillespie and Ken Limwame from UNICEF MENARO. Special thanks to Nadulpan LLC led by Dr. Nancy Claxton with contributions from Dr. Lisa Moussaoui for developing innovative training methodologies to foster adult learning.

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Acronyms

AEFI	Adverse Event Following Immunisation
CHW	Community Health Worker
CSO	Civil Society Organisation
EMRO	Regional Office for the Eastern Mediterranean
HCW	Healthcare Worker
IFRC	International Federation of Red Cross and Red Crescent Societies
MENARO	Middle East and North Africa Regional Office
NGO	Non-governmental Organisation
RCCE	Risk Communication and Community Engagement
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Introduction

Risk communication and community engagement (RCCE) refers to the processes and approaches to systematically consult, engage and communicate with communities who are at risk, or whose practices affect risk, i.e. towards COVID-19, etc.

Key steps to country level RCCE readiness

STEP 1:

- Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures
- Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels.
- Inform the communities that were assessed on the results to jointly identify priorities.
- Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups.
- Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc.)

STEP 2:

- Establish and utilise Technical Working Group (TWG) clearance processes for timely dissemination of messages and materials in local languages. Adopt relevant communication channels to target groups
- Engage with existing public health and community-based networks, media, local NGOs/CSOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication to reach them
- Utilise two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media platforms in country (where available), and radio shows, with systems to detect and rapidly respond to and counter misinformation
- Establish large scale community engagement approaches to ensure COVID-19 preventive community and individual health and hygiene practices are in line with the national public health containment recommendations.

STEP 3:

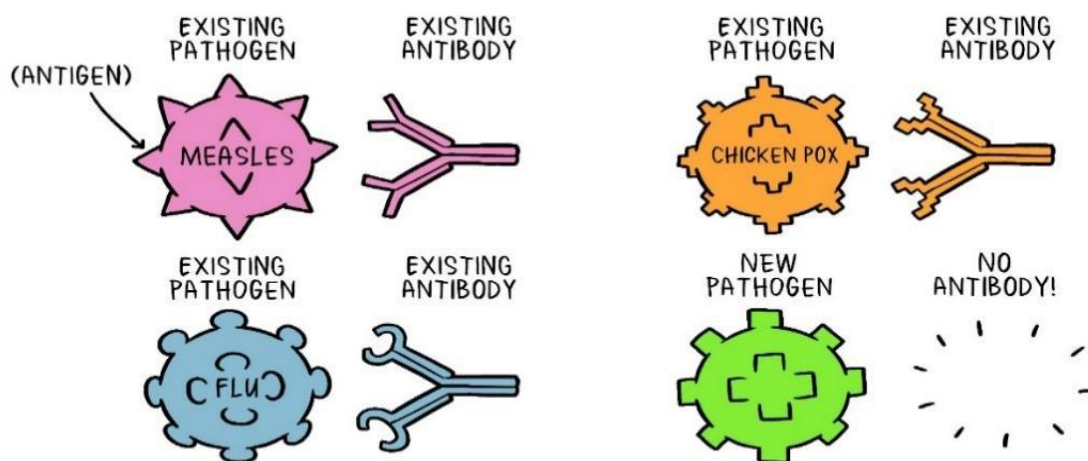
- Systematically establish community information and feedback mechanisms, including through: social listening and social media monitoring; community perceptions, knowledge, attitude and practice surveys; direct dialogues and consultations with target groups
- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic
- Document lessons learned to inform future preparedness and response activities

What are vaccines, how do they work, and the body's response

Vaccine: A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Vaccines are usually administered through needle injections, but some can also be administered by mouth or sprayed into the nose.

Vaccines contain the same germs that cause disease (for example, measles vaccine contains measles virus, and Hib vaccine contains Hib bacteria.) However, they have either been killed or weakened to the point that they don't make you sick. Some vaccines contain only a *part* of the disease germ. Vaccines are proven to be effective and safe for use before administering.

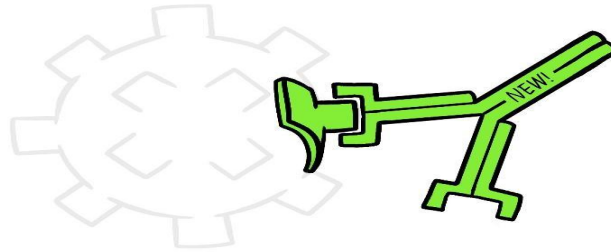
A vaccine stimulates your immune system to produce antibodies, exactly like it would if you were exposed to the disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first. This is what makes vaccines such powerful medicine. Unlike most medicines, which treat or cure diseases, vaccines **prevent** them.



When a new pathogen or disease enters our body, it introduces a new antigen. For every new antigen, our body needs to build a specific antibody that can grab onto the antigen and defeat the pathogen.

VACCINE

NEW ANTIBODY



A **VACCINE** is a tiny weakened non-dangerous fragment of the organism and includes parts of the antigen. It's enough that our body can learn to build the specific antibody. Then if the body encounters the real antigen later, as part of the real organism, it already knows how to defeat it.

Why immunise? Sometimes we are confused by the messages in the media from untrusted sources. First, we are assured that, thanks to vaccines, some diseases are almost gone from the world. Science has indicated that vaccines work, save lives and help to protect you, your family and your community from diseases. Vaccines help protect future generations by eradicating diseases, but new infectious diseases such as COVID-19 are appearing around the world. To prevent infection, get vaccinated and observe the public health social measures, i.e. wearing masks, social distancing, coughing etiquette and washing your hands, etc.

Want more information?

The References List as found at page 101 of this guide lists resources used in developing this guide and additional content you may find useful.

Information can always be found at <http://www.emro.who.int/index.html>, <https://www.unicef.org/mena/> and <https://www.ifrc.org>

Training package for CHWs on uptake of the COVID-19 vaccine

This guide builds on existing, evidence-based publications and sources of information about COVID-19 published by WHO, UNICEF, IFRC and other trusted partners. This course is not intended to be an introductory course on COVID-19 transmission, prevention or treatment. Rather, the approach and content has been designed for community health workers to identify and address issues that may affect vaccine uptake in the community – issues that include a community health worker's personal concerns and beliefs about vaccination. This course blends RCCE, behaviour change principles, adult learning methodologies and public health promotion guidance into a rich face-to-face experience.

This training package goes beyond the traditional knowledge-based content in educating learners about the importance of vaccines. We employ evidence-based behaviour-change instructional strategies and assessments to address the root causes of hesitancy/acceptance, safety, biases and perceptions. This helps CHWs understand their role in readying their communities for the COVID-19 vaccine. All content involves regular interaction between and among the learners with the trainer acting to facilitate the sharing of learners' own personal beliefs and perceptions. This helps learners to understand the importance of their comfort and acceptance of the COVID-19 vaccine for improved health outcomes in the midst of the pandemic.

Just as we provide all materials based on current evidence, this training curriculum reflects the use of effective learning methodologies that are shown to influence behaviours and attitudes in learners and result in workplace transference. Additionally, this training curriculum was developed to train to the specific technical content and outcomes required of CHWs in increasing COVID-19 vaccine uptake. For a detailed overview of the principles and how they were implemented via the methodologies used in this curriculum, look to the accompanying Sensitisation Overview slidedeck to see how this training is different from other training curricula.

Learning objectives for RCCE CHW training materials:

The full package trains participants in the following learning objectives. As a result of this course, active learners will be better able to:

- 1) Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.
- 2) Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.
- 3) Identify and manage infrastructural barriers and enabling factors to empower their community in COVID prevention, detection and response.
- 4) Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.

- 5) Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.

Training time required:

For the full package, the expected length of time (inclusive of lunch break, tea/prayer breaks, brief welcome session and brief wrap-up session) is approximately **15 learning hours over 3 training days**. The timetable does not include a specific time for an opening ceremony.

Tailoring your training for each audience

Each training audience is unique in who specifically attends and their existing capacities and needs. To better tailor your training agenda to your audience, simply follow these steps:

- 1) Review the audience analysis form at the end of this guide and adjust as needed. The audience analysis prompts learners about their capacity and/or their comfort with the learning objectives.
- 2) Send a copy of the audience analysis to your trainees. Give them up to one week to submit their responses.
- 3) Review the responses collectively. Based on the responses you receive, you may tailor the focus on just some of the key objectives where learners indicated a low level of experience and/or comfort.

For example, if all of the learners show a medium to high level of expertise and comfort with Learning Objective 4 & 5 on the Audience Analysis but low levels on the other Learning Objectives, then use the curriculum map below to determine which sessions can be omitted and on which of the sessions to focus attention. For this example, one would omit the 'CHWs Staying Safe in the COVID-19 Pandemic' session. One might also review the 'Communication Strategies' and 'Vaccinate Me' game to see if you should adjust the content or teach it all, depending on the groups' responses.

Curriculum Map

			Learning Objectives (LO)				
	Session	Time	LO1	LO2	LO3	LO4	LO5
	Introductory Peer Coaching (Session)	1 hr, 30 mins.					
	Communication Strategies (Session)	1 hr, 45 mins.					
	Community with Varying Vaccine Acceptance Levels (Role Play)	1 hr, 45 mins.					
	Peer Coaching on Norms and Perceptions (Session)	1 hr, 30 mins.					
	CHWs Staying Safe in the COVID-19 Pandemic (Session)	2 hrs.					
	Vaccine Uptake (Debate)	1 hr, 30 mins.					
	Infrastructural Barriers (Role Play)	1 hr, 30 mins.					
	Vaccinate Me (Game)	1 hr, 30 mins.					

Facilitators will note that all session plans reference one or more of the five learning objectives in some unique combination. Each session plan indicates which learning objectives will be furthered as a result of the session. No one session plan can teach all of one objective, the learning is scaffolded as learners progress through the training.

Draft Agenda RCCE Training for CHWs to Support COVID-19 Response and Vaccine Acceptance

DAY 1				
Time	Session	Session Tools	Session Lead	Notes
08:30 – 09:00	Registration / Coffee / Good morning			
09:00 – 10:00	<i>Welcome and introductions</i> - Official speeches divided in 5 minutes /speaker (4 speakers - 20) - Introduction to the meeting (5- 10 min) - Introduction of the participants (15 minutes) - Introduction to the training (15 minutes):	- Ppt of agenda - Level 1, 2 & 3 evaluations	Country Lead Training Lead	60 mins
Session 1 10:15 – 10:45	Plenary Session: <i>Introduction to COVID Vaccine</i>	- Ppt slides - Sound System for video - Internet connection for video	Lead:	30 mins
10:45 – 11:15	Coffee Break			
Session 2 11:15 – 12:00	Plenary Session: Introduction to RCCE in the context of COVID-19 response and vaccine roll out	- Ppt slides - Sound System for video - Internet connection for video	Lead:	45 mins
Session 3 12:00 – 13:30	<i>Introductory \Peer Coaching Session</i>	- Ppt slides - Four One-pager sheets (1 unique copy for each volunteer facilitator for four Peer Coaching groups)	Lead: Co Lead: Observer:	90 mins

		- Four areas of training room where small groups can gather.		
13:30 – 14:30	Lunch			
Session 4 14:30 – 16:15	Communication Strategies	- Ppt - Chairs and a space at front of room	Lead: Co Lead: Observer:	105 mins
16:15 – 17:15	Debrief facilitators and observers			

Draft Agenda RCCE Training for CHWs to Support COVID-19 Response and Vaccine Acceptance

DAY 2				
Time	Session	Session Tools	Session Lead	Notes
08:30 - 9:00	Coffee / Good morning			
Session 5 09:00 – 10:45	Role plays – Community with Varying Levels of Vaccine Acceptance	- Ppt - 2 Flip charts - Markers - Blank A4 sheets	Lead: Co Lead: Observer:	105 mins
10:45 – 11:15	Coffee Break			
Session 6 11:15 – 12:45	Peer Coaching Session on Norms & perceptions	- Ppt - Four One-pager sheets (1 unique copy for each volunteer facilitator for four Peer Coaching groups) - Four areas of training room where small groups can gather.	Lead: Co Lead: Observer:	90 mins

Session 7 12:45 – 13:45	<i>Community Health Workers Staying Safe in the COVID-19 Pandemic (1st half)</i>	- Ppt - Flip charts - Markers - Cello tape	Lead: Co Lead: Observer:	60 mins
13:45– 14:45	Lunch			
Session 8 14:45 – 15:45	<i>Community Health Workers Staying Safe in the COVID-19 Pandemic (2nd half)</i>	- Ppt - Flip charts - Markers - Cello tape	Lead: Co Lead: Observer:	60 mins
15:45 – 16:45	Debrief facilitators and observers			

Draft Agenda RCCE Training for CHWs to Support COVID-19 Response and Vaccine Acceptance

DAY 3				
Time	Session	Session Tools	Session Lead	Notes
08:30 -9:00	Coffee / Good morning			
Session 9 9:00 – 10:30 <i>(includes additional 30 minutes for break during one of the planning rounds of the debate)</i>	<i>Debate on Vaccine Uptake</i>	• 5 signs: Poster A – Pro / Poster B – Con / Poster C – Debate statement / Poster D - Yes (for team debating for COVID-19 vaccine) / Poster E – No (for team debating about concerns about COVID-19 vaccine) • ‘COVID-19 Vaccine Uptake Debate Guidelines’ poster • Tape	Lead: Co Lead: Observer:	90 mins

		Large countdown timer. You may also use an online stopwatch (http://www.online-stopwatch.com/countdown-timer/) through LCD projector.		
10:30 – 11:00	Coffee Break			
Session 10 11:00 – 12:30	Role plays – infrastructural barriers	- Ppt - 2 Flip charts - Markers - Blank A4 sheets	Lead: Co Lead: Observer:	90 mins
Session 11 12:30 – 13:45	Vaccinate Me Game	One game kit for every four players: - One set of Player Directions - One Vaccinate Me Game Board - One 6-sided COVID paper Die - Player pawns / stones/ coins - One bank statement sheet per group - One set of game cards	Lead: Co Lead: Observer:	75 mins
13:45– 14:45	Lunch			
Session 12 14:45 – 15:45	M&E and Way Forward	-	Country Lead Training Lead	60 mins
Session 13 15:45 – 16:15	Evaluation	- Level 1 and Level 2 evaluations	Country Lead Training Lead	30 mins
16:15-17:00	Closing Ceremony/ Certificate Distribution			
17:00 – 17:45	Debrief facilitators and observers			

Session Plans

The following pages are the full facilitator guides and participant tools for all sessions of this training. This guide provides an overview of how to prepare the session, how to conduct the session, and tools and set-up needed for the session. All tools used by the participants are included.

Feel free to adapt as needed for your specific audience and context. For example, in some contexts, the facilitator may want to teach some key knowledge specific to that training audience that is not captured in this package, such as managing a preparation for the vaccine in an area where the vaccine is not yet available. This package was designed to allow for such flexibility. For instance, the facilitator can prepare an information sheet about the vaccine's availability for that specific community and replace one of the expert sheets that are used in the Introductory Peer Coaching session. The sheets provided here are general and can be taught as-is or switched out for more relevant content for the audience.

The two sessions in this package using 'Peer Coaching' both allow for the facilitator to switch out suggested key content and input any content to be taught. The methodology remains the same, but the content to be taught in the peer groups is substituted with whatever content needs to be featured. The only caveat is that the content needs to be kept short - approximately 1-2 pages - for maximum benefit. If you have four pieces of content to input, simply replace all the suggested one-pagers in the groups with one-pagers of your choosing. If you have only two pieces of new content, simply replace two of the suggested pieces in the manual and retain the other two. It is designed to allow for local contextualisation of content while the methodology and guidance remain the same.

Note that the session plans here are each edged in a unique colour. These colours indicate all the content pages that are included in that session. These colours also match the colours in the corners of the ppt slides that correspond to the session.

Session: Introductory Peer Coaching

Estimated Time

1 hour, 30 minutes

Overview of lesson:

An interactive session where learners get comfortable in the group and with the content, understand others' viewpoints and gauge perceptions of others who may feel differently about COVID-19 and vaccine uptake.

Learning objectives

As a result of this session, active learners will be better able to:

- Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.
- Identify and manage infrastructural barriers and enabling factors to empower their community in COVID prevention, detection and response.
- Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.

Tools

- Peer Coaching Session overview slides
- Guidance for the Share Group Leader sheet
- Four different 1-2 page Unique Material sheets – each featuring a different aspect of COVID-19 vaccination. Facilitators may use the sheets provided at the end of this session guide or substitute topics out for other critical content to be taught. Each Unique Material sheet should be no more than 2 pages per topic.

4 different Unique Material sheets (pages 20-24 of this guide) or use your own Unique Material sheet(s) about the topics of your choice.

Trainer preparation

1. Print out:
 - a. One copy of all the brief Unique Materials sheets you will use. If the Unique Materials sheets provided in this package are used, simply copy from here. If the facilitator chooses to include tailored content, they can include up to four Unique Materials sheets (each no more than 2 pages)
 - b. Four copies of the Guidance for the Share Group Leader sheet
- Prior to the session, ask for four CHWs from the audience to help you run the interactive session. We will call them Share Group Leaders for the session. Explain that in this session, there will be small groups for different topics. They were selected to be the leader of one of these groups. Give a Guidance for the Share Group Leader sheet to each of the four people.

Provide a different Unique Materials brief to each group. Their brief provides some guide sheets for the following topics: COVID transmission routes, COVID prevention strategies, COVID vaccine risks & benefits, and addressing social stigma.

2. In this session 'Peer Coaching', the facilitator may also choose to switch out suggested key content and input any content they want specifically to be taught. The methodology remains the same, but the content to be taught in the peer groups is substituted with whatever content needs to be featured. Do not exceed two pages in length per topic.

Content

- 1) Explain that they will now do an activity called Peer Coaching (Session), an engaging group activity which involves them listening to and engaging in conversation with a fellow CHW about different aspects of their work in relation to the COVID response.
- 2) Explain that you will use a methodology called Peer Coaching (Session). The process will be explained first before they begin.
- 3) Show slides 3-11 showing the progression of the Peer Coaching (Session) activity. Explain the full process twice before doing any of the steps.
 - a. They will get into groups of 4 participants each. These are their Home Groups.
 - b. In their Home Groups, the learners meet and greet each other briefly.
 - c. They take 5 minutes to discuss the most crucial role of CHW.
 - d. Count off by 4s – each person gets a unique number.
 - e. Their number indicates in which Share Group they will gather to discuss a key topic:
 - i. How to communicate how COVID is transmitted (Group 1)
 - ii. Key COVID prevention strategies for CHWs (Group 2),
 - iii. Effectively communicating COVID vaccine risks & benefits (Group 3)
 - iv. How CHWs build trust in the community for effective COVID messaging (Group 4)
 - f. They will have time in their Share Groups to learn the material from their peers chosen to facilitate mini-sessions, ask clarifying questions and be able to teach the information to the people back in their Home Groups.
- 4) Once everyone is comfortable with the directions, show the slides as you process through each step of this activity.
- 5) Show slide 9 and tell each person in the Home Group to identify their unique number (step d above) and go to their Share Group.
- 6) Each of the four people chosen at the beginning of the session to lead a group (we will call them Share Group Leader) leads the discussion of the content in their groups for 15 minutes.

7) After 15 minutes, send learners back to their Home Groups. In their Home Groups, each person shares and explains to the members of their Home Group what they discussed/learned in the Share Group. Each person is responsible for sharing the information they discussed/learned in their Share Group with his/her Home Group members.

8) After 30 minutes, facilitate a plenary. Questions may include:

- What new content did you learn during the discussion today?
- What surprised you in your discussion?
- If others in your group said something you disagreed with, what strategies did you apply or see someone else apply to explore and/or understand the differences?
- Why is it important to listen to others?

Wrap-up

1. Provide an overview of the session and content that was discussed.
2. Review the learning objectives for this session. Check in with participants on how well they feel they have achieved the objectives from this session.
3. Explain that the training as a whole moves participants towards achievement of all learning objectives, with each session helping to build them towards greater competence.

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Guidance for the four Share Group Leads:

Session: Introductory Peer Coaching

This peer coaching session consists of mini-lectures and discussions held at the same time and led by different people acting as small group facilitators. You have been selected to lead one of these coaching sessions - thank you for your participation.

To lead the session you will be given a separate brief 1-2 page description or list of points around a specific topic. This material is provided to you alone to give you points to discuss or present to the group when the mini-sessions begin. The 1-2 pages of material you receive is not meant to be all that you discuss on the topic - it is simply provided to give you a starting point for your discussion. Feel free to discuss beyond what is provided here. The key is to engage with those in your group and have participants share their strategies around the topic listed.

If you are given a topic that you know very little about, you can read the points out to the group and facilitate a discussion to understand from the participants in your small group what they know about the topic and why it's important. Your role is not to be the teacher in the group, but rather to facilitate discussion among your peers around the topic.

If you are very uncomfortable with the topic that you have been given, you may ask the facilitator for a different topic. If you are not comfortable leading a group, you may also share this with the facilitator and request that someone else to be chosen to lead the discussion.

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SHARE GROUP 1:

Session: Introductory Peer Coaching

The key actions that people should take to protect themselves and others from COVID-19 include:

1. Stay home as much as possible and avoid unnecessary contact with people outside of your household.
2. Regularly and thoroughly clean your hands with soap and water or an alcohol-based hand sanitiser.
3. Maintain at least a 2 metre distance between yourself and other people especially if they are sick, coughing or sneezing.
4. Avoid shaking hands and hugging.
5. Avoid touching your eyes, nose and mouth.
6. Cover your mouth and nose with your bent elbow, a tissue or handkerchief when you cough or sneeze.
7. When out in public, or in an indoor space with other people, use a face mask to cover both your nose and mouth and keep the two-metre distance from others.
8. If you develop difficulty breathing or persistent coughing, visit a health facility.
9. When the COVID-19 vaccine becomes available and is offered to you, take advantage of all the required doses for maximum protection of yourself and your family.
10. Keep others informed on where to get vaccinated.

SHARE GROUP 2:

Session: Introductory Peer Coaching

How to put on, take off, and dispose of a mask appropriately.

1. Before touching the mask, clean your hands with an alcohol-based hand rub or soap and water.
2. Take the mask and inspect it for tears or holes.
3. Orient which side is the top side (it's usually where the metal strip is).
4. Ensure the proper side of the mask faces outwards (usually this side is coloured or patterned).
5. Place the mask on your face. pinch the metal strip or stiff edge of the mask so that it molds to the shape of your nose.
6. Loop the straps around your ears or head.
7. Pull down the mask bottom so it covers your mouth and chin, ensuring that your nose is still covered.
8. After use, take off the mask. Remove the elastic loops from behind the ears while keeping the mask away from your face and clothes.
9. If it is a disposable mask, discard the mask in a closed bin immediately after use. if it is reusable, place in a bag to carry home for washing.
10. Perform hand hygiene after touching or discarding the mask by washing your hands with soap and water or using an alcohol-based hand rub.

SHARE GROUP 3:

Session: Introductory Peer Coaching

Communicating with people with suspected or confirmed COVID-19.

- Be respectful, polite and empathetic.
- Be aware that suspected and confirmed cases, and any people that they live with, may be stressed or afraid.
- Listen carefully to their questions and concerns.
- Use local language and speak slowly.
- Answer any questions and provide correct information about COVID-19.
- You may not have an answer for every question and it's OK to admit that. If they ask a question and you say you will find out the answer, make sure you get back to them with the answer in a timely manner.
- It's OK to touch or comfort people suspected or confirmed with COVID-19 when wearing PPE such as your mask.
- Explain the health care facilities procedure for suspected COVID-19 such as isolation, limited visitors and what they should do if symptoms worsen.
- Ensure that informed consent is given before gathering accurate information from them including their name, age, travel history, and list of symptoms.
- Check back in with them daily to see if they need support, more medical attention or information.
- If the patient is a child, talk with the caregiver and ensure that they have protective equipment when caring for the child.

SHARE GROUP 4:

Session: Introductory Peer Coaching

Keynotes in addressing social stigma around COVID-19.

- Do not attach ethnicity to the disease (e.g. calling it the Wuhan virus).
- Do not refer to people with COVID-19 as victims.
- Speak accurately about the risk from COVID-19 based on the latest scientific data.
- Be honest when you don't know something and follow up if you say that you will.
- Talk positively about hand washing, mask-wearing and social distancing and be a role model for others in the community.
- Do not repeat or add to rumours or myths that you hear.
- Messages can be framed positively (e.g. 999 out of 1000 people don't have any severe side effects after being injected with a vaccine) or negatively (e.g. 1 individual out of 1000 has severe side effects after being injected with a vaccine).

Opt for positively framed statements like, "The overwhelming majority of people do not have any side effects". They are far better received than negatively framed statements such as, "Severe side effects are extremely rare."

Session: Communication Strategies

Estimated Time

1 hour, 45 minutes

Overview of lesson:

Participants discuss the consequences of unchecked rumours and misinformation around the COVID-19 vaccine. Learners brainstorm and practice strategies that address rumours and misinformation heard in their communities.

Learning Objectives

As a result of this session, active learners will be better able to:

- Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.
- Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.
- Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.
- Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.

Tools

- Chairs

Content

Community members will have different viewpoints or pass on misinformation about the COVID-19 vaccine. The misinformation may be rumour or simply inaccurate information, but both can be harmful. Point out that misinformation can cause harm in different ways as evidenced by the examples on slide 14.

Explain that you will ask the group to brainstorm some of these concerns or inaccuracies, but that you will write it in a way that shows the information as incorrect – to model the best way to handle misinformation. For example, if someone suggests, “I heard that vaccines against pneumonia protect you against covid”, you write on the flip chart: ‘FACT: vaccines against pneumonia do not protect against the COVID-19 virus’. Explain that we want to continually state the accurate information, especially in writing, to ensure no one takes information out of context now or at a later time.

Continue prompting the group until you have a full list of the different rumours, myths or bits of information that they hear in their work or that they may personally feel – although they do not need to state that this is a personal issue to encourage open/free expression of opinion.

1. Introduce strategies to address rumours and misinformation. Show slide 16 and explain that they should:
 - a. State the facts and an example.
 - b. State that the myth or misinformation is not accurate. But only say the inaccurate information ONCE. Try not to repeat it.
 - c. Explain how the misinformation is harmful or wrong.
 - d. Reinforce the fact and repeat the fact multiple times.

Communications Activity:

1. Explain that they will now have a chance to put this learning into action. They will have the opportunity to play the role of a community member with an inaccurate understanding about the COVID-19 vaccine. At the end of the session, those playing CHWs in the activity will receive feedback on how they did.
2. Form groups of eight people. If you have a group divisible by 8 (8, 16, 24) – great. If you have more or less, you can have groups of any size but you will need even-numbered groups. If necessary, the facilitator can play a community member to ensure everyone is involved.
3. Set up a circle of four chairs facing outwards in a circle and another four chairs facing each chair like in the diagram below.



Community Members

4. Explain that there will be four people in the center of each group- each acting as a different community member with some concern about the COVID-19 vaccine. Each person acting as a community member should take on ONE of the concerns expressed by community members about the COVID-19 vaccine. Feel free to adjust the number of pairs, depending on the size of your group and the number of issues raised in the brainstorm.

Each community member will independently choose ONE concern that they will share with each visiting CHW in this exercise. This can be a concern that they themselves have or a concern that was shared from the group. They will stick with the same concern or issue throughout the exercise.

5. Explain that there will be another four people in the chairs of the outside circle, each facing one of the acting community members. These outer-circle people will be acting as a CHW who will listen to the concern of the community member opposite them and respond appropriately – using the steps shared on the flip chart we developed at the front of the room.
6. There will be six minutes per interaction where the community member tells their concern about the COVID-19 vaccine and the CHW must respond appropriately.
7. After six minutes, you will call out 'SWITCH CHAIRS'. When they hear this, the community members stay seated but all of the CHWs stand up and move one chair to the left and sit.
8. The community member then starts again with the new CHW, but expressing the same concern from the previous round. The CHW must respond to the community member using appropriate strategies.
9. Set up stations of eight chairs (or the number you have decided to use) in wagon wheel formations (like in the diagram) .
10. Ask for those people wishing to act as community members to come and sit in the centre circles of the different groups. Instruct them to identify one concern that they will communicate throughout this activity. They can share with the other community members if they like now while you set up the rest of the group.
11. Explain that the rest of the participants will act as CHWs and should take a seat in an outer circle seat. They will be allowed to talk with the community member across from them when you say START.
12. When everyone has a seat and is ready to begin, call out START. Keep a timer for six minutes.

13. After six minutes, call out SWITCH SEATS and ensure that only the people playing CHWs are moving one seat to their left. Complete four rounds so each community member has a chance to meet with each CHW.

Plenary

Once the activity is complete, debrief the activity in the large group. Ask:

- For community members:
 - Which approaches/answers/attitudes were most effective for you about your concern? Why?
 - Did any of the CHWs change your mind personally about any issue?
 - What feedback would you like to share?
- For CHWs:
 - Which vaccine concerns did you hear about?
 - What strategies were most effective?
 - What can you take away from this activity?

Let's look at the concerns/issues/myths that were identified in our brainstorm, but that we did not address in this session. Let's identify the top two issues and brainstorm strategies that a CHW could use to address these concerns.

Got time?

If you have time to do so, have the community members and the CHWs switch places. Conduct up to four rounds of the same activity to allow each participant the opportunity to practice being a CHW.

Role Play: Community with Varying Vaccine Acceptance Levels

Time Required:

1 hour, 45 minutes

Overview:

This role play activity allows learners to explore the scenarios of encountering and interacting with community members at varying acceptance levels of vaccine uptake. The session models how a CHW manoeuvres these challenges amidst social and cultural rules and norms.

Learning objectives:

As a result of this session, active learners will be better able to:

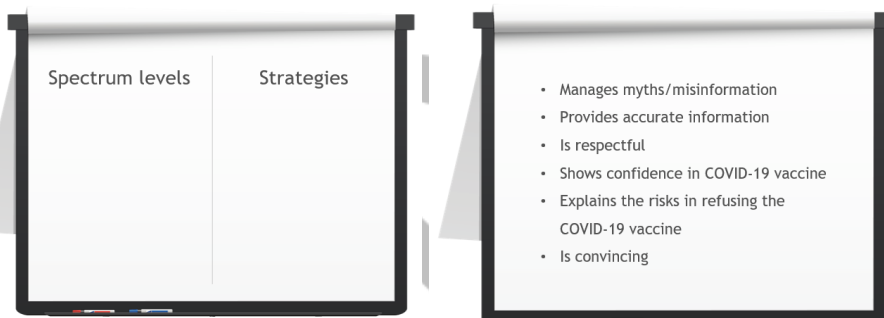
- Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.
- Identify and manage infrastructural barriers and enabling factors to empower their community in COVID prevention, detection and response.

Materials:

- Flip charts
- 'Refuting Misinformation' handout

Preparation:

- Prepare two flip charts as follows:



- Print one copy of the 'Refuting Misinformation' handout for each learner.
- Blank A4 pages
- Markers

Process

1. Introduce the learning objectives and a brief overview of the activities in this session.
2. Use slides 26-32 to explain

- the spectrum of vaccine hesitancy/acceptance
- the arc of how people advance along the spectrum
- strategies to help move them along the spectrum

Discuss the factors that contribute to these different levels.

3. Explain that CHWs often work with different people all across the spectrum of hesitancy/acceptance. Sometimes, even CHWs have concerns and hesitations and that is understandable, so long as CHWs remain open to the facts and evidence. Sometimes they are in the same household or community and it is our job to learn how to manage communications with these different groups.
4. On slide 31, show the different strategies for managing people at different levels on the vaccine uptake spectrum.

Explain that research shows that when we build trust with community members who may be hesitant or resistant, CHWs can prompt more people to step up and get vaccinated. Surprisingly, these strategies include not directly contradicting people's mistaken ideas about vaccine dangers and instead approaching them with empathy. That approach means acknowledging historical reasons for medical distrust among certain groups of people and working with leaders within their communities.

[...] Rather than contradicting someone's views, Limaye says, it is better to "come at this with empathy." She suggests responding to misinformation "by saying something like, 'There's a lot of information out there, and some of it is true, and some of it is not true. Let me tell you what I know.'" That kind of reply, Limaye says, "helps [people] feel that they are being listened to."

Ask for a volunteer from the group to join you in acting out a scenario. Explain that you will be the CHW and the volunteer will be a person who will pretend to be hesitant in the scenario. Model proper responses to the person's concerns.

- Express empathy
- DO NOT argue with the person.
- DO NOT contradict or point out repeatedly how they are wrong
- Speak so that the other person feels heard and respected

Share the 'Refuting Misinformation' handout with the group.

5. Read the group the following story from slide 33:

Nadia is a CHW in an urban area. She is a trusted member of the community. Nadia is tirelessly preparing her community members in acceptance of the COVID-19 vaccine as it is slowly becoming more available. She regularly expresses her willingness to get the vaccine when it is offered to her but she herself is nervous about it. Nadia talks to her community members about the safety of the vaccine and how any risk of getting COVID-19 far outweighs the risk that she thinks getting the vaccine may pose. She feels that many people are in agreement with her but there are a vocal minority who tell her about rumours or misinformation they have heard from others or on social media.

Nadia is going to community meetings and households to talk about the vaccine to sensitise people in preparation to get the vaccine. Nadia goes to one household where the mother is in active demand of the vaccine for her family but the father is vaccine hesitant because of discussions he heard from friends about the speed at which the COVID vaccine was developed. She must carefully address this misinformation respectfully and appropriately to save face for the father while supporting the mother.

In a community meeting, Nadia talks to a group of young mothers who saw on Facebook that one of the COVID vaccines is dangerous to women of their age group. The other COVID vaccines did not pose the same concerns but a small but vocal group say that they are distrustful of all COVID vaccines. The other mothers are quiet and she is unsure of their feelings.

Let's brainstorm some ways that Nadia might respond.

6. Show the script for reference from the ppt slide and distribute to the working groups.

Vaccine hesitancy/acceptance levels facing Nadia with her community

7. Using the prepared flip chart of obstacles and strategies, ask the group to identify the levels of hesitancy/acceptance Nadia is facing personally and within the community. Write these on the flip chart.

Strategies

8. Once they have come up with several of the levels, have them now come up with strategies for managing these levels and how to counteract them. Refresh with knowledge from slides 26-35 as needed. Write these on the flip chart.

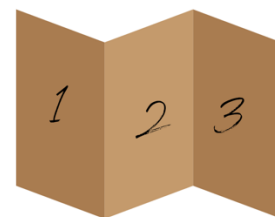
Let's Play

9. Explain that they will have experience today doing some role playing that CHWs may encounter with varying levels of vaccine uptake and how to manage these challenges. We know that providing information and carrying out awareness campaigns, on their own, are not enough to increase acceptance of vaccines and demand for them.
10. Explain that the session will consist of a series of role plays. The first session is about to take place and the first set of actors are needed. Ask for:
 - One CHW to volunteer to play the role of Nadia in the scenario with the household of mother and father
 - One CHW to play the role of mother.
 - One CHW to play the role of father.
 - One CHW to volunteer to play the role of Nadia interacting with the community group of young mothers.
 - Four CHWs to play the role of the young mothers in the community meeting – two of them are concerned about the safety of COVID-19 vaccines. The others are accepting but are nervous to speak.
11. Tell the eight who have agreed to take part in the role plays that they may take 5 minutes just outside the room to practice what they will say and do in their role plays to show how a CHW like Nadia should respond. Remind them that their job is to model a realistic situation and help to present a scene that instructs the rest of the group on how to respond.
12. One of the CHWs playing Nadia will strategise with the CHWs playing the mother and the father, while the other CHW playing Nadia strategises with the CHWs playing the young mothers. Both groups should refer to the conversation that was just held to identify levels of hesitancy/acceptance and strategies as written on the flip chart. Each pair will have up to five minutes to perform their role play, followed by critique from the group.

Role play prep & explanation of criteria

13. As the group leaves the room to plan, explain that as the audience, we want to be looking for ways that the CHW, Nadia, effectively manages the situation.
14. Show the flip chart with the attributes we want to observe in Nadia's management of the situation. Ask if there are additional criteria we should be looking for as Nadia manages these difficult situations. Add these to the chart. Explain the simple Likert scale of unhappy, neutral and happy that they should consider during the role play as shown on Slide 35.

15. Ask the audience to take a sheet of scrap paper and fold it in three equal sections. On each section they should write a 1, 2 or 3 and ensure that each section has a unique number.



16. After the role play, when you call out a criterion point, they will be prompted to each hold up just the number that is their rating of that criteria.

Let's see a role play

17. Ask the eight CHWs who have been preparing to come into the room.

18. Ask the Nadia and mother/father group to start. Give them 5 minutes to present their role play.

19. Give a 30 second warning before their time is up to allow them to bring the role play to a conclusion.

20. After five minutes, call out STOP and ask only the three actors who performed:

- How did that feel?
- What was easy?
- What was difficult?

Assessing Nadia's management of the first situation

21. Explain that the audience will now rate how Nadia did in her management of the situation.

22. Point to each of the criteria on the flip chart and ask the audience to show the 1 section, 2 section or 3 section of their sheet to indicate their score for the specific criteria. They should be prepared to explain their response. They will have a chance to discuss more in plenary after the second role play.

Let's see the next Nadia role play

23. Invite the second pair of Nadia and the young mothers to do their role play. Give them 5 minutes to present their role play.

24. Give a 30 second warning before their time is up to allow them to bring the role play to a conclusion.

25. After five minutes, call out STOP and ask the actors who performed:

- How did that feel?
- What was easy?
- What was difficult?

Assessing Nadia's management of the second situation

26. Explain that the audience will now rate how Nadia did in her management of the situation.
27. Point to each of the criteria on the flip chart and ask the audience to show the 1 section, 2 section or 3 section of their sheet to indicate their score for the specific criteria. They should be prepared to explain their response.

Plenary

25. Hold a brief plenary/debrief of the whole group. Suggested questions:

- What obstacles did you see in both role plays?
- What strategies were the most effective? Why?
- Which strategies may not have been as effective?
- What other strategies could be employed?
- What other obstacles can you think of that CHWs can expect from the systems that are meant to support vaccination campaigns?
- How much does this apply to the obstacles you are facing?

Got more time?

If you have an additional 45 minutes, consider presenting the next section on strategising levels of vaccine hesitancy/acceptance

26. From the flip chart, explain that the rest of the class will now have a chance to practice their skills as a CHW or be able to critique the skills of another in addressing some of these additional challenges.
27. Have all audience members get into groups of four people each. In their groups, they will:
 - choose 1-2 of the identified hesitancy/acceptance levels
 - Decide within their group who will be the CHW, who will be the two actors and define a scenario that they see or experience in their work as CHWs. The fourth person will be the observer.
 - Take a few minutes to discuss a dialogue where the CHW confronts a community member's hesitancy/acceptance about the COVID-19 vaccine and then must address the person(s) appropriately. The three actors in the group plan their dialogue for five minutes.
 - After five minutes, each group will partner with at least one other group.
 - o The CHW and community actors from one group will act out the role play for the other group. The two observers will provide feedback after five minutes using the criteria on the flip chart.
 - o The second group of CHW and community actors will then act out their role play for the other group. The two observers will provide feedback after five minutes.

Plenary

28. After 30 minutes, bring the full group back together and discuss:

- How did that feel?
- What was easy?
- What was difficult?
- What new strategies did you learn?

Wrap-Up

Review the session objectives. Answer any remaining questions.

DRAFT

'Refuting Misinformation' handout:

Role Play: Community with Varying Vaccine Acceptance Levels

DRAFT

MYTH: The vaccine is too new - it can't be safe.

FACT

Some of the approved COVID-19 vaccines have been developed like Pfizer and Moderna with an approach that uses messenger RNA (mRNA). The mRNA vaccine technology has been studied for over a decade, including in the development of vaccines for Zika, rabies and influenza. These mRNA vaccines have been rigorously assessed for safety, and clinical trials have shown that they provide a long-lasting immune response. mRNA vaccines are not live virus vaccines and cannot interfere with human DNA.

← Lead with the facts - make it clear and easy to remember. Make it concrete and plausible

← Don't simply state 'That is not true'. Your goal is not to debate/argue with them. You want to present the facts to start.

MYTH

A common myth is that the COVID-19 vaccine is too new to be safe, therefore people want to wait to see if it is safe.

← Preface that a myth or misinformation is about to be stated.

← Repeat the misinformation that is being said - but only say it once. Say it directly before you say the correct information in the next step.

MYTH

This myth does not recognize the fact that these vaccines are built on DECADES of mRNA research. The COVID-19 vaccine used this existing technology to adjust to the COVID-19 variant and then tested it through a rigorous process with multiple steps to ensure safety. All the vaccine components are rigorously tested to ensure it is safe for humans in different stages before it ever comes to you. The manufacturing of the vaccine is of the highest quality and undergoes regular regulatory checks. The COVID-19 vaccine is safe - as given to over 400 million people and counting. Each day that you wait, you continue to be at risk and put your family at risk for becoming seriously ill from COVID-19.

← Explain - without judgment - how the myth misleads people.

← Rather than simply telling them they are wrong, use empathy.

← Point out the inconsistency(ies) in the logic that underlies the misinformation or myth.

FACT

Millions of people have safely received COVID-19 vaccines. All of the approved COVID-19 vaccines have been carefully tested and continue to be monitored. Like all vaccines, COVID-19 vaccines go through a rigorous, multi-stage testing process, including large clinical trials that involve tens of thousands of people. These trials are specifically designed to identify any safety concerns.

COVID-19 vaccines have been tested in large, randomized controlled trials that include people of a broad age range, both sexes, different ethnicities, and those with known medical conditions. The vaccines have shown a high level of efficacy across all populations. Vaccines have been found to be safe and effective in people with various underlying medical conditions that are associated with increased risk of severe disease. These include high blood pressure; diabetes; asthma; pulmonary, liver or kidney disease; and chronic infections that are stable and controlled.

← Finish by reinforcing the fact.

Respond to misinformation appropriately & show that you are listening to their concerns:

← "There's a lot of information out there, and some of it is true, and some of it is not true. Let me tell you what I know."

← Repeat the fact multiple times, in different ways. If you can explain it seven times total, you are on the path to changing attitudes and behaviors.

SOURCE: Adapted from Lewandowsky, Stephan; Cook, John; Lombardi, Doug (2020): *Debunking Handbook 2020*. Nyhan B, Reifler J, Richey S, Freed GL. *Effective messages in vaccine promotion: a randomized trial*. *Pediatrics*. 2014 Apr;133(4):e835-42. doi: 10.1542/peds.2013-2365. Epub 2014 Mar 3. PMID: 24590751.

Session: Peer Coaching on Norms and Perceptions

Estimated Time

1 hour, 15 minutes

Overview of lesson:

An interactive session where learners explore norms and activities and how their perceptions and actions as CHWs affect their community's health

Learning Objective

As a result of this session, active learners will be better able to:

- Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of the CHWs' role.

Tools

- Peer Coaching Session overview slides
- Guidance for the Share Group Leader sheet (found on page 40)
- Four different 1-2 page Unique Material sheets (found on page 41-49)– each featuring a different aspect of norms around COVID-19 vaccination. Facilitators may use the sheets provided at the end of this session guide or substitute topics out for other critical content to be taught. Each Unique Material sheet should be no more than 2 pages per topic.

4 different Unique Material sheets (pages 41-49 of this guide) or use your own Unique Material sheet(s) about the topics of your choice.

Trainer preparation

3. Print out:
 - a. One copy of all the brief Unique Materials sheets you will use. If the Unique Materials sheets provided in this package are used, simply copy from here. If the facilitator chooses to include tailored content, they can include up to four Unique Materials sheets (each no more than 2 pages).
 - b. Four copies of the Guidance for the Share Group Leader sheet
- Prior to the session, ask for four CHWs from the audience to help you run the interactive session. We will call them Share Group Leaders for the session. Explain that in this session, there will be small groups on different topics. They were selected to be the leader of one of these groups. Give a Guidance for the Share Group Leader sheet to each of the four people.

Provide a different Unique Materials brief to each. Their brief provides some guide sheets for the following topics: 1) Building and maintaining trust; 2) Factors that affect vaccine acceptance in community; 3) Exploring vaccine hesitancy/acceptance of CHWs; and 4) Managing misinformation.

Content

- 1) Show Slides 40-46 which show the factors that contribute to how people perceive the COVID-19 vaccine. These perceptions are at the individual level. When enough people in a group or community believe the same thing, they develop social norms that are expectations of what the group thinks all people should believe.
- 2) Explain that they will now do an activity called Peer Coaching Session, an engaging group activity which involves them listening to and engaging in conversation with a fellow CHW about different aspects of their work as trusted communication channels. They will explore their perceptions and norms and discuss how they address these issues in their work as CHWs.
- 3) Explain that you will use a methodology called Peer Coaching Session. The process will be explained first before they begin.
- 4) Show Slides 47-53 showing the progression of the Peer Coaching Session activity. Explain the full process twice before doing any of the steps.
 - a. They will get into groups of 4 participants each. These are their Home Groups.
 - b. In their Home Groups, the learners meet and greet each other briefly.
 - c. They take 5 minutes to discuss the most crucial role of CHW.
 - d. Count off by 4s – each person gets a unique number.
 - e. Their number indicates which Share Group they will gather in to discuss a key topic.
 - i. How to build & maintain trust (Group 1)
 - ii. Factors that affect vaccine acceptance in the community (Group 2)
 - iii. Exploring vaccine hesitancy/acceptance of CHWs (Group 3)
 - iv. Managing misinformation (Group 4)
 - f. They will have time in their Share Groups to learn the material from their experts, ask clarifying questions and be able to teach the information to the people back in their Home Groups.
- 5) Once everyone is comfortable with the directions, show the slide as you process through each step of this activity.
- 6) Show Slide 51 and tell everyone in the Home Group to agree on each person's unique number and go to their Share Group.
- 7) Each Share Group leader leads the discussion of the content in their groups for 15 minutes.
- 8) After 15 minutes, send the learners back to their Home Groups. In their Home Groups, each person shares and explains to the members of their Home Group what they discussed/learned in the Share Group. Each person is responsible for sharing the material they learned in their Share Group with his/her Home Group members.
- 9) After 30 minutes, facilitate a plenary. Questions may include:

- What content did you discuss that you learned today?
- What surprised you in your discussion?
- If others in your group said something you disagreed with, what methods or strategies did you apply or see someone else apply to explore the differences?
- Why is it important to listen to others?
- Some of the factors presented are difficult to change such as historical issues, organisational and political influences. What can CHWs do to address these norms and potential obstacles?

DRAFT

Guidance for the four Share Group Leads:

Session: Peer Coaching on Norms and Perceptions

This peer coaching session consists of mini-lectures and discussions held at the same time and led by different people acting as small group facilitators. You have been selected to lead one of these coaching sessions - thank you for your participation.

To lead the session you will be given a separate brief 1-2 page description or list of points around a specific topic. This material is provided to you alone to give you points to discuss or present to the group when the mini-sessions begin. The 1-2 pages of material you receive is not meant to be all that you discuss on the topic - it is simply provided to give you a starting point for your discussion. Feel free to discuss beyond what is provided here. The key is to engage with those in your group and have participants share their strategies around the topic listed.

If you are given a topic that you know very little about, you can read the points out to the group and facilitate a discussion to understand from the participants in your small group what they know about the topic and why it's important. Your role is not to be the teacher in the group, but rather to facilitate discussion among your peers around the topic.

If you are very uncomfortable with the topic that you have been given, you may ask the facilitator for a different topic. If you are not comfortable leading a group, you may also share this with the facilitator and request that someone else to be chosen to lead the discussion.

DRAFT

SHARE GROUP 1:

Session: Peer Coaching on Norms and Perceptions

Building and Maintaining Trust

- People need to be listened to, to express themselves, and not to be judged on their behaviour – even if they can sometimes be irrational. If people do not feel they are listened to and actively participate in the decision-making procedures, they will be less likely to take the advice of someone they don't know. It's not possible to establish trust in that kind of situation.¹
- Any communication approach must encourage trust in health authorities and those promoting the uptake and delivering the vaccine; facilitate access to timely, accurate and credible information about COVID-19 vaccination safety via trusted channels; and provide people with a means of asking questions and having their concerns addressed.²

We must not judge the different behaviours of people, and it's important to act respectfully. Listen calmly to understand why they do what they do. People react differently to threats - a reaction that seems irrational to you makes sense to them. Judging people on their behaviour will finally result in lack of confidence in CHWs. At that point, it becomes impossible to pass on important messages.

- During a crisis, it is likely that community leaders, NGOs, or development organisations feel that “people don't understand or don't apply the messages”. To address this, CHWs need to promote dialogue around key messages and communications, ensuring that communities can express themselves. This will help to understand what the behaviour drivers are (causes) and adapt the key messages and discuss solutions with local actors along the way, if necessary. Remember that changing behaviour is not easy for anyone.
- In June-July 2014, the local population in a region of Guinea did not trust the international teams deployed to try to control the Ebola outbreak. This mistrust hindered containment efforts. The external agencies nominated community spokespeople, based on their assumed standing in the community. At the same time, a WHO anthropologist spent three days talking with the local people about who they would trust as spokespeople to raise their concerns. The spokespeople named by the local people were different from those nominated by the external parties. Once leaders respected by the community, such as those with traditional caring roles or religious duties, were given leadership roles, cooperation with outbreak measures increased notably. In other contexts, trusted spokespeople may include traditional practitioners, religious leaders, elders, and others.³

¹ IOM (2021)

² WHO (2020): Safety Surveillance Manual

³ WHO (2020): Safety Surveillance Manual

DISCUSS:

- 1) *How can we, as CHWs, encourage trust with the community?*
- 2) *What have you done yourself or seen done by other CHWs to develop and foster trust with community members?*

DRAFT

SHARE GROUP 2:

Session: Peer Coaching on Norms and Perceptions

Factors that affect vaccine acceptance in community

There are many factors that influence the decision to vaccinate. A key factor in this context is the perception of risk, regarding both the disease and the vaccine itself. A person may believe that a disease is unlikely or not very serious and, at the same time, that the side effects of vaccines are probable or serious. The basic formula for assessing risk always comprises two factors: probability (for example, how likely is a side effect?) and severity (if it occurs, how serious will it be?). As a general rule, if a person perceives the risk of the disease to be high, they are more likely to be vaccinated or to vaccinate their child; however, a person who perceives the risk of vaccines to be high will be less likely to do this. Because vaccination is one of the most successful and effective health interventions, managing to control many diseases, the result is that people rarely become aware of cases of them. Therefore, for some people, fear of vaccines has replaced fear of a disease that they have never experienced.⁴

Some of the factors that may affect safety perceptions of COVID-19 vaccines are presented below.

Social, cultural, community and religious influences. Social norms and networks can greatly influence motivation to be vaccinated. People with shared values and beliefs may exist in tight-knit communities where ideas spread readily. For example, religious or community leaders with negative views on COVID-19 vaccine safety could be capable of changing the beliefs of those in their network. Certain aspects of vaccines may clash with people's moral foundations.

Historical issues affecting trust. Lack of equity in health authorities' responses to the COVID-19 pandemic, or in previous immunisation situations, could affect trust in COVID-19 vaccines among some historically disenfranchised groups. Groups most at risk may include people living on a low-income; ethnic, racial, indigenous, religious, sexual, and gender minorities; disabled; migrant; or members of communities with inadequate health service access or who have been disproportionately affected by the COVID-19 pandemic. Previous safety events related to other vaccines or vaccination programmes - whether real or rumours - may also impact on trust.

Organisational influences. Some individuals, such as HCWs, may be reached through workplace vaccination programmes. In some countries, mistrust has emerged among HCWs as a result of workplace COVID-19 infections and a perception of having been unsupported by governments in the face of overwhelming COVID-19 case numbers. This may reduce trust in communication about vaccine safety not only from governments but also from other community groups such as partners (UN agencies and NGOs) or schools.

Vaccination services. Previous negative experiences with health services may influence acceptance in adults. Delivery of vaccination in large-scale clinics increases the chance of a clustered immunisation stress-related response, where two or more people experience the same adverse event at the same place and time, with the same vaccine.

⁴ WHO PAHO (2020)

Political influences. Leaders may create high expectations of COVID-19 vaccines. Over-confident communication could lead to mistrust if expectations are not met. Vaccine safety concerns may be a form of expression for wider political divisions and tension and thus, politicisation of vaccination programmes is likely to do more harm than good.⁵

DISCUSS:

- 1) *How can we as CHWs address perceptions of disease and vaccine risks with the community?*
- 2) *What have you done as a CHW to address misperceptions in your communities?*

⁵ WHO (2020): Safety Surveillance Manual

SHARE GROUP 3:

Session: Peer Coaching on Norms and Perceptions

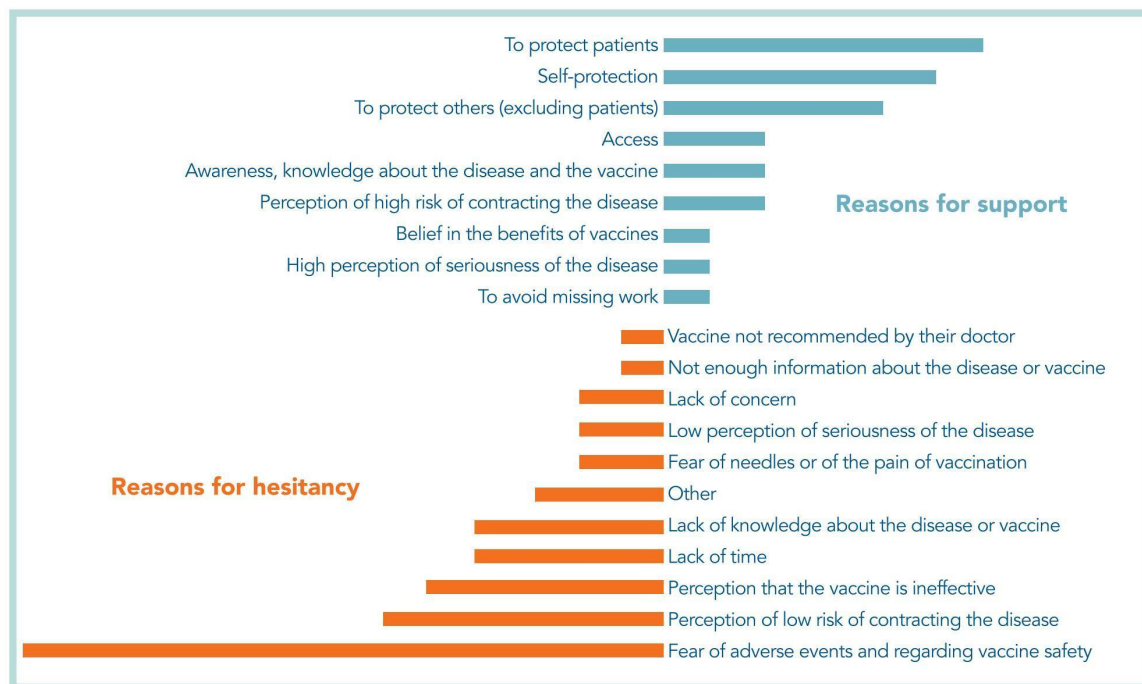
Exploring vaccine hesitancy/acceptance of CHWs

Health workers are the most trusted source of vaccine-related information. In addition to their technical knowledge, which enables them to answer questions, they are in a privileged position to understand the public's concerns and use different communication formats to explain the benefits of vaccination. However, some studies have shown that these same health workers, including those who administer vaccines, may themselves be vaccine-hesitant, whether regarding their own vaccination or vaccinating their children or their patients.

Examples include several studies that focus on health workers' hesitancy/acceptance with regard to flu shots. These studies explore their reasons for not being vaccinated, which included not finding the time, believing that they were not at risk of getting sick, feeling healthy, not having been told to get vaccinated, or having their own concerns about the safety and efficacy of this vaccine

In analyzing the reasons for vaccine hesitancy/acceptance in health workers, we find that they are not very different from the general population's reasons

Figure 14. Reasons to vaccinate or not vaccinate in health workers



Source: Adapted from Yaqub O, Castle-Clarke S, Sevdalis N, Chataway J. Attitudes to vaccination: A critical review. Soc Sci Med. July 1, 2014;112:1-11.

Some strategies to address vaccine acceptance of health workers include:



Empower individuals in decision making

Focus communication interventions on empowerment: avoid criticizing hesitancy and focus efforts on empowering health workers with knowledge, providing them with tools for them to answer their patients' questions.

Talk about collective benefits

Provide information on the rights to be protected against preventable diseases and on the collective duty to prevent suffering and disease in others, especially in patients who are cared for by health staff (collective immunity).

Highlight the risks associated with vaccine rejection

Communicate the importance of differentiating relative risks, i.e. the major risks of disease versus the minor risks of vaccines or vaccination.

Talk about the minimal risks associated with vaccination

It is important to be transparent and appropriate and acknowledging adverse events, and to report on the evidence with proper perspective. In order to maintain and build trust, mistakes that may have been made in the past (even if they are mistakes made many years ago in other countries) must be acknowledged, as well as the slight but real possibility of adverse events in the present. Current successes should also be mentioned, such as the eradication of smallpox or the elimination and control of other diseases such as polio.

Talk about the evidence

Show commitment to vaccination: evidence confirms that those who administer vaccines communicate more successfully when they use the presumptive approach (i.e., presuming that health workers will receive the vaccine) rather than the participatory model (asking health workers their opinion about being vaccinated).

Develop assessment tools

Using screening tools to detect vaccine hesitancy helps tailor messages and communication strategies to address concerns that are specific to health workers and provide information on areas where concerns or misconceptions exist.

Offer positive messages

There are positive messages specifically targeting health workers which can improve their attitude towards vaccines. For example double: "Vaccines protect not only the health workers who receive them, but also other vulnerable groups, such as patients with cancer or immune deficiencies."



⁶ PAHO (2020)

DISCUSS:

- 1) *Do you feel that you have the tools and resources you need to be an advocate and be an active demander for COVID-19 vaccines? If not, what do you still need?*
- 2) *What do you do as a CHW to address vaccine acceptance?*

DRAFT

SHARE GROUP 4:

Session: Peer Coaching on Norms and Perceptions

Managing misinformation

Misinformation can be dangerous

Misinformation is false information spread by mistake or to mislead people on purpose. When the misinformation is trying to mislead people, it is called disinformation. Misinformation can harm people, communities and society, so it is important to protect people. We can make them aware of misinformation before they see or hear it or address it after people have seen or heard it.

Misinformation can stick!

Fact-checking can cause people to start believing false information. Misinformation affects people's thinking even after they are told the misinformation is wrong. Even when we correct the misinformation with facts, people often still rely on the misinformation. It is important to use effective ways to address misinformation when we see and hear it to keep this from happening.

Prevent misinformation from sticking if you can

Because misinformation is sticky, it's best to prevent it before it happens. CHWs can do this by applying 'debunking' strategies in their work. Debunking is a technique that makes people resilient to other misinformation. Debunking is most useful before people are exposed to the misinformation.

Debunk often and properly

If you cannot prevent misinformation, you must debunk. For debunking to be effective, it is important to provide detailed refutations. Provide a clear explanation of:

(1) why it is now clear that the information is false, and,

(2) what is true instead.

When those detailed refutations are provided, misinformation can be “unstuck.” Without detailed debunking, the misinformation may continue to stick around despite correction attempts.⁷

DISCUSS:

- 1) *What strategies can CHWs use in managing rumours and misinformation before vaccines are widely available? During a vaccination campaign?*
- 2) *Do you have examples of how CHWs addressed misinformation?*

⁷ Lewandowsky, et al. (2020)

Session: CHWs Staying Safe in the COVID-19 Pandemic

Estimated Time

2 hours

Overview of lesson:

CHWs work together to develop strategies for operating safely and in a state of well-being in a range of environments as a CHW

Learning Objectives

As a result of this session, active learners will be better able to:

- Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.
- Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.

Tools

- Flip charts
- Markers

Content

Factors of safety

1. Explain that the COVID-19 pandemic may leave many CHWs feeling exposed, vulnerable or anxious in their role as they are exposed to many people, thus increasing their exposure to potentially getting COVID-19.

We want to ensure that CHWs are keeping themselves safe at all times from COVID-19 infection, but also maintaining a healthy mindset as the pandemic evolves.

2. Show Slide 56.
3. Invite participants to make a list of uncertainties they face in their role by asking, "As a CHW in your community, what factors/situations are impossible to predict or control during your work on the ground?"

Prompts are provided in the notes of the slide, if needed.

Record their responses on a piece of flip chart paper.

4. When they have shared a number of responses, say:

Let's prioritise the most critical factors. Which of these factors threaten your/our ability to operate successfully?

5. After discussion, help the group identify the **two** most critical *and* most uncertain factors. Circle these on the flip chart in red marker.

Discussing solutions

6. Now explain that we will focus on one of these issues initially using a behaviour change technique that walks teammates through a series of questions in plenary to start to uncover solutions amongst a group of peers.
7. In the group, focus on one of the top issues circled and facilitate a discussion amongst the full group using the following seven questions. Ask the questions one at a time and solicit responses before moving to the next question. Substitute the identified issue you will discuss for 'problem X' in the text below.
 - a. How do you know when *problem X* is present?
 - b. How do you contribute effectively to solving *problem X*?
(This includes how it affects you personally and how it affects others.)

- c. What prevents you from doing this or taking these actions all the time?
- d. Do you know anybody who is able to frequently solve *problem X* and overcome barriers? What behaviours or practices made their success possible?
- e. Do you have any ideas?
- f. What needs to be done to make it happen?
- g. Who else needs to be involved?

Groupwork to practice the method and discuss other challenges

Now that we have seen a method that allows groups to strategise potential solutions to a shared problem, we will convene in small groups to address other problems identified in our initial brainstorm.

- 8. Break the full group into four groups. Show Slide 57 with the questions listed.
- 9. Explain that each of the four groups will identify one of the issues raised in the initial brainstorm of challenges. They may choose any issue they like, even if another group chooses the same.
- 10. Each group will decide upon their discussion leader and a separate notetaker. They will have 20 minutes to have a structured 7-step discussion to talk through the challenge and come up with solutions. The notetaker should be prepared to present back to the larger group.

Presenting Back

- 11. Invite one group to share their challenge and proposed solutions at the front of the room. They can speak for up to 2 minutes.
- 12. Continue with the other three groups so that each group shares their selected challenge and their proposed solutions.

Plenary

- 13. Discuss in full group the process and next steps. Suggested questions include:
 - o You heard many proposed strategies in this session – which will you try when you return to your community? Which may not be appropriate? Why?
 - o Did you feel that your personal safety issues were addressed?
 - o If not, how might you use this group strategy to strategise the other issues we raised on the flip chart that CHWs identified?
 - o How did identifying your personal safety concerns help you to better tackle these in a productive way?
 - o How might you use the 7-question approach to solve problems with other challenges and audiences?

Wrap up

14. Review the learning objectives for the session. Bring the session to a close.

DRAFT

Debate: Vaccine Uptake

Time Required:

1 hour, 45 minutes

Overview:

This activity teaches CHWs using debate, a behaviour-based methodology. Learners may be expected to formally debate for a stance they don't necessarily believe themselves – to allow them to better understand the fears contributing to why people may hold the opinion that they do. Debate expects learners to think in the mindset of a different viewpoint and is a powerful way to help people see others' way of thinking. It is intended to place learners in situations that may feel a bit uncomfortable so that they can practice appropriate responses to challenges they may hear when talking to community.

Learning objectives:

As a result of this session, active learners will be better able to:

- Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.
- Identify and manage varying levels of vaccine acceptance in the community and apply appropriate communication and community engagement strategies to address different audiences.
- Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.

Materials

- 5 signs:
 - Poster A – Pro
 - Poster B – Con
 - Poster C – Debate statement
 - Poster D - Yes (for team debating for COVID-19 vaccine)
 - Poster E – No (for team debating about concerns about COVID-19 vaccine)
- 'COVID-19 Vaccine Uptake Debate Guidelines' poster
- Tape
- Large countdown timer which all can see. You may also use an online stopwatch (<http://www.online-stopwatch.com/countdown-timer/>) from the computer projected through an LCD projector.

Preparation

- Print out one copy of the five different letter posters.
- Make one copy of the 'COVID-19 Vaccine Uptake Debate Guidelines' poster.
- Tape the Pro and Con posters on the wall on opposite ends of the room.
- Clear the chairs and desks from the center of the room.

Introduction

1. Introduce the learning objectives for the session. Give a very brief overview of the activities in this session and how the session will help them to be better able to reach the objectives.
2. Explain that this session will use a debate as the instructional strategy to help them think from a different viewpoint than their own. The purpose of this activity is to better understand why vaccine-hesitant and vaccine-resistant community members feel the way they do. By better understanding WHY people feel the way that they do, CHWs can better explain the rationale for why COVID-19 vaccine uptake is a necessary strategy for ending the pandemic locally, nationally, and globally.

Explain that the debate activity can become emotionally charged. The intention of the exercise is to help participants not only see issues from other viewpoints, but also how to identify and address emotionally-based concerns that are raised by the community in the work to move people towards vaccine acceptance.

3. Show Slide 61 to refresh the levels of vaccine hesitancy/acceptance along the spectrum of readiness. Explain to the group that you want their opinion/status/position about their personal current thinking along the vaccine hesitancy/acceptance spectrum.
4. Point to the PRO and CON signs posted on opposite walls.
5. State that the PRO poster represents the viewpoint of people who have received the COVID-19 vaccine or want to be first in queue to receive the COVID-19 vaccine when it is available.
6. State that the CON poster represents the viewpoint of people who are vaccine hesitant or who do not intend to get the vaccine.
7. Explain that you would like them to decide if they are a CON or a PRO for the COVID-19 vaccine or where they are between those two values.
8. Ask them to all stand and form a Value Line between the two signs by determining where they are on the spectrum of vaccine hesitancy/acceptance.
9. They should talk with the others to arrange themselves in **one straight line between the PRO and CON signs so that the person MOST keen to get vaccinated against COVID-19 is directly in front of the PRO sign.**

The person who MOST strongly rejects the COVID-19 vaccine is directly in front of the CON sign. All participants must talk with others to determine where they fall in this spectrum as compared to the other participants and all line themselves up according to their beliefs.

10. As they are forming the Value Line, randomly prompt different people on the subject as well as the people around them to ensure they are in the correct position.

11. Once the line is formed, show that even this room of CHWs reflects the spectrum of hesitancy/acceptance and that they will soon be able to hear more about other viewpoints.

Assigning Debate Stances

12. Now explain that you will split the group right down the middle.
13. Split the line in half and have the half closest to the PRO side gather in a group under the PRO sign. Have the half closest to the CON side gather in a group under the CON sign.
14. Explain that vaccine hesitancy/acceptance is a very emotional topic and it is important for CHWs to see the issue from another viewpoint. Therefore, they will now have to argue for a viewpoint that they themselves do not personally believe.
15. Everyone should stay where they are in the room, but you will now switch the placement of the PRO and CON signs.
16. Explain that they will prepare and have a debate on the subject of whether everyone should get the COVID-19 vaccine. The sign that they are now standing under is now the position they must defend in a class debate.

People may get quite emotional when asked to defend a viewpoint that they do not personally believe. Explain that the point of the session is to help them see issues from others' point of view to be able to reach ALL community members.

Let's get prepared to debate

17. Hold up Poster C and say that the statement they will debate on is:

Everyone should get the COVID-19 vaccine to protect themselves and their community

Tape the Debate Statement at the front of the room.

18. For the debate:
 - the group sitting under the newly placed CON poster are now the CON team which will prepare arguments that reject the statement and the vaccine, thus disagreeing with the statement on the poster. Tape the Poster E – NO! poster near where the group is sitting.
 - The group sitting under the newly placed PRO poster are now the PRO team which will prepare arguments that agree with the statement and demand the vaccine, thus agreeing with the statement on the poster. Tape the Poster D – YES! poster near where the group is sitting.

19. Show Slide 63 to explain the overview of how the debate will run with the description of each stage.
20. Explain that they will have 15 min. to prepare a set of arguments in their teams.
21. Each team will choose two representatives to debate with the two representatives from the other team. These two representatives will remain the same throughout the debate. The other team members will support during the preparation rounds.
22. Show Slide 64 with the guidelines for the debate rules and review.
23. When everyone is clear on the procedure, ask if there are any questions.

Preparation

When everyone is ready, let teams start preparing for the debate. They have 15 minutes to prepare.

1. After 15 minutes, bring four chairs to the front of the room.
2. Ask for the two representatives from each of the teams to come forward and sit. They may bring a pencil, blank paper and their notes with them.
3. Review the procedure and time for each round as listed on Slide 63. Answer any remaining questions.

Present points

As teams are about to begin, the facilitator should keep track of statements presented which may need to be verified and/or discussed with the group. For example, a debater may claim that the vaccine is dangerous to pregnant women. The facilitator should keep track of statements like this and address these statements in a discussion after the debate.

4. When both teams are ready, signal the PRO team to begin. Set the timer for 3 minutes.
5. After 3 minutes, tell them to stop.
6. Immediately, signal the CON team to begin. Start the timer again for 3 minutes.
7. After 3 minutes, tell them to stop.

Team discussion & preparation

8. Each team now has 1 ½ minutes to discuss amongst themselves and prepare for the next round to critique the other team's points. Set the timer for 1 ½ minutes.

Criticise points

9. After 1 ½ minutes, signal the PRO team to critique the points made by the CON team in the last round. Start the timer for 3 minutes.
10. After 3 minutes, tell them to stop.
11. Immediately signal the CON team to critique the points made by the PRO team and the last round. Start the timer for 3 minutes.
12. After 3 minutes, tell them to stop.

Team discussion & preparation

13. Each team now has 1 ½ minutes to discuss amongst themselves and prepare for the next round where they will respond to the criticism from the other team. Set the timer for 1 ½ minutes.

Responses to criticism

14. After 1 ½ minutes, signal the PRO team to respond to the CON team's criticisms in the last round. Start the timer for 3 minutes.
15. After 3 minutes, tell them to stop.
16. Immediately signal the CON team to respond to the PRO team's criticisms from the last round. Start the timer for 3 minutes.

Team discussion & preparation

17. After 3 minutes, tell them to stop, each team now has 1 ½ minutes to prepare a final argument.

Final arguments

18. After 1 ½ minutes, signal the PRO team to make their final argument. Set the timer for 1 minute.
19. After 1 minute, tell them to stop.
20. Immediately signal the CON team to make their final argument. Set the timer for 1 minute.

Discussion

1. It is critical that the debate be followed up with a proper discussion to digest what was discussed and the emotions that came up during the session.
2. Have a full group discussion to help the group talk through what they're feeling after the debate. **There will likely be some confusion, some frustration, and lots of questions – this means we are challenging mindsets.** The debates can become very emotional so it is critical to discuss with the group afterwards. Questions can include:
 - o Do you feel differently now about the viewpoints that people have about vaccine uptake and hesitancy/acceptance than you did before?
 - o Explain how you feel differently.
 - o What did you hear that was new, strange, inconsistent to you?
 - o You have probably heard many of these things before, but did anything change your mind from the debate?
 - o How can this session better help you address community members' concerns that were previously unknown or confusing to you?
 - o If you were vaccine hesitant personally before this exercise, did you shift your opinion at all?
 - o You may have started to develop a very strong opinion of the stance you were assigned to defend, even if you may not even personally believe it. This is a common effect and one that is important to recognize when CHWs are discussing politically or emotionally sensitive topics, including vaccine hesitancy/acceptance.

Wrap-Up

Review the session objectives. Answer any remaining questions.

DRAFT

COVID-19 Vaccine Uptake Debate Guidelines

- The teams will get time to prepare before each debate round.
- Only the two chosen representatives from each team may talk during the debate.
- Team members may pass written notes to the speakers during the debate.
- During the team discussion and prep times, the representatives will meet with their team to plan the next round. Talking is encouraged!
- The debate will be structured as follows:

Activity	Team	Time
1.Preparation	BOTH	15 minutes
2. Present PRO points	PRO	3 minutes
3. Present CON points	CON	3 minutes
4. Team discussion & preparation	Both	1 ½ minutes
5. Criticize CON's points	PRO	3 minutes
6. Criticize PRO's points	CON	3 minutes
7. Team discussion & preparation	Both	1 ½ minutes
8. Response to criticism	PRO	3 minutes
9. Response to criticism	CON	3 minutes
10. Team discussion & preparation	Both	1 ½ minutes
11. Final argument	PRO	1 minute
12. Final argument	CON	1 minute

PRO

I want to get the COVID-19 vaccine as soon as it becomes available.

DRAFT

CON

I have some concerns
about the COVID-19
vaccine.

DRAFT



Debate Topic:

Everyone should
get the COVID-19
vaccine to protect
themselves and
their community.

YES!

Everyone should
get the
COVID-19
vaccine as soon
as they can.

NO!

No one should
get the
COVID-19
vaccine.

Role Play: Infrastructural Barriers

Time Required:

1 hour, 30 minutes

Overview:

This role play activity allows learners to explore the scenarios of different infrastructural barriers and model how a CHW plans these challenges amidst social and cultural rules and norms.

Learning objectives:

As a result of this session, active learners will be better able to:

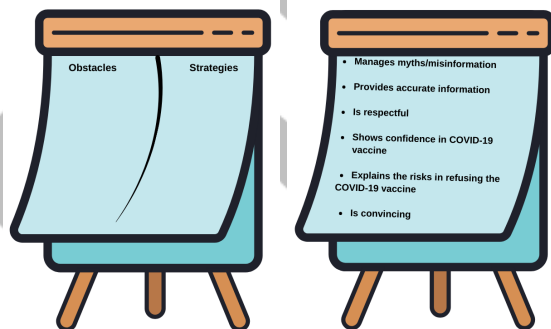
- Identify and manage varying levels of vaccine acceptance in the community and apply appropriate communication and community engagement strategies to address different audiences.
- Identify and manage infrastructural barriers and enabling factors to empower their community in COVID prevention, detection and response.
- Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.

Materials:

- Flip charts

Preparation:

- Prepare two flip charts as follows:



- Blank A4 pages
- Markers

Process

2. Introduce the learning objectives and a brief overview of the activities in this session.
3. Explain that they will have experience today doing some role playing around infrastructural barriers CHWs may face and how to manage these challenges.

4. Read the following story to the group, show the image from slide 68 and/or distribute to group.

Maya is a CHW in a small village. She is a trusted member of the community. Maya is tirelessly preparing her community members in acceptance of the COVID-19 vaccine as it is slowly becoming more available. She regularly expresses her willingness to get the vaccine when it is offered to her. She knows that the vaccine is not yet widely available and there doesn't seem to be a clear policy of prioritisation of who can get the vaccine once it is available. She also knows there is stigma in the community around vaccinations but she knows that the risk of COVID infection is too dangerous for her community and she needs to prepare them.

Maya talks to her community members about the safety of the vaccine and how any risk of getting COVID-19 far outweighs the risk that she thinks getting the vaccine may pose. She feels that many people are in agreement with her and she has promised to keep them updated on the arrival and rollout of the vaccine. She tailors her message to each group – all with the same content but emphasising different areas with each target group.

Maya is actually facing the biggest challenge with some of the health authorities. Gamal is a health official at the provincial level but regularly 'jokes' in meetings about how the vaccine is here to harm certain groups of people. He laughs nervously when he says it – Maya does not know how to react. Another health official, Safa, has said that while she is paid to endorse the vaccine, she has no intention of taking it or allowing her daughters to take it, because of the risk of blood clots. Safa also tells Maya that the MOH doesn't know when the vaccine will be available to small communities like Maya's, but to just tell people "soon they will receive it".

Let's brainstorm in plenary some ways that Maya might respond.

Obstacles

5. Using the prepared flip chart of obstacles and strategies, ask the group what some of Maya's obstacles are. Write these on the flip chart.

Strategies

6. Once they have come up with several obstacles, have them now come up with strategies for managing these barriers. Write these on the flip chart.

Let's Play Preparation

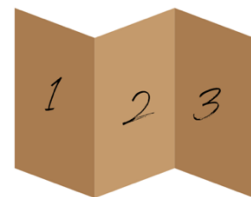
7. Now explain that the session will consist of a series of role plays. The first session is about to take place and the first set of actors are needed. Ask for:
 - a. two CHWs to volunteer to play the role of Maya in acting out some of these strategies – one role play with Gamal and another with Safa.
 - b. Ask for third CHW to play Gamal.

c. Ask for a fourth CHW to play Safa.

8. Explain that we want to be looking for ways that the CHW, Maya, effectively manages the situation. Show the flip chart with the attributes we want to observe in Maya's management of the situation. Ask if there are additional criteria we should be looking for as Maya manages these difficult situations. Add these to the chart. Explain the simple Likert scale of unhappy, neutral and happy that they should consider during the role play. Answer any questions that may arise.
9. Tell the four who have agreed to take part in the role play that they may take 7 minutes just outside the room to practice what they will say and do in their role plays to show how a CHW like Maya should respond. Remind them that their job is to model a realistic situation and help to present a scene that instructs the rest of the group on how to respond.
10. One of the CHWs playing Maya will strategise with the person playing Gamal while the other CHW playing Maya will strategise with the person playing Safa. Both groups should refer to the conversation that was just held to identify obstacles and strategies as written on the flip chart. Each pair will have up to five minutes to perform their role play, followed by 3-5 minutes of critique from the group.

Role play prep

11. As the group leaves the room to plan, prepare the audience to evaluate the actors' handling of the situation.
12. Ask the participants to take a sheet of scrap paper and fold it in three equal sections. On each section they should write a 1, 2 or 3 and ensure that each section has a unique number.
13. Explain that after the role play, when you call out a criteria point, they will be prompted to each hold up just the number that is their rating of that criteria.



Let's see a role play

14. Ask the four CHWs who have been preparing to come into the room.
15. Ask the Maya and Gamal pair to start. Give them 5 minutes to present their role play.
16. Give a 30 second warning before their time is up to allow them to bring the role play to a conclusion.
17. After five minutes, call out STOP and only ask the two actors who performed:
 - a. How did that feel?
 - b. What was easy?
 - c. What was difficult?

Assessing Maya's management of the first situation

18. Explain that the audience will now rate how Maya did in her management of the situation.
19. Point to each of the criteria on the flip chart and ask the audience to show the 1 section, 2 section or 3 section of their sheet to indicate their score for the specific criteria. They should be prepared to explain their response.

Let's see the next Maya role play

20. Invite the second pair of Maya and Safa to do their role play. Give them 5 minutes to present their role play.
21. Give a 30 second warning before their time is up to allow them to bring the role play to a conclusion.
22. After five minutes, call out STOP and ask only the two actors who performed:
 - a. How did that feel?
 - b. What was easy?
 - c. What was difficult?

Assessing Maya's management of the second situation

23. Explain that the audience will now rate how Maya did in her management of the situation.
24. Point to each of the criteria on the flip chart and ask the audience to show the 1 section, 2 section or 3 section of their sheet to indicate their score for the specific criteria. They should be prepared to explain their response, if asked.

Plenary

25. Hold a brief plenary/debrief. Suggested questions:
 - a. What obstacles did you see in both role plays?
 - b. What strategies were the most effective? Why?
 - c. Which strategies may not have been as effective?
 - d. What other strategies could be employed?
 - e. What other obstacles can you think of that CHWs can expect from the systems that are meant to support vaccination campaigns?

Other obstacles in role play

29. From the flip chart, explain that the rest of the class will now have a chance to practice their skills as a CHW or be able to critique the skills of another in addressing some of these additional challenges.
30. Have all audience members get into groups of three people each. In their groups, they will:
 - choose 1-2 of the identified obstacles.
 - Decide within their trio who will be the CHW, who will be the person who represents infrastructure, UN or Ministry and who will be the observer.

- Take a few minutes to discuss a dialogue where the CHW confronts an obstacle and then must address or mitigate the risks. The three people in the group plan their dialogue for five minutes.
- After five minutes, each group will partner with at least one other group.
 - o The CHW and infrastructure person from one group will act out the role play for the other pair. The two observers will provide feedback after five minutes using the criteria on the flip chart.
 - o The second pair of CHW and infrastructure person will then act out their role play for the other pair. The two observers will provide feedback after five minutes.

Plenary

31. After 30 minutes, bring the full group back together and discuss:

- How did that feel? What was easy? What was difficult?
- What new strategies did you learn about advocacy, communications, social mobilisation, risk and safety communication, community engagement, and training?
- Which strategies are you likely to apply yourself?
- Are there other factors that were mentioned earlier that you would like to process?

Wrap-Up

Review the session objectives. Answer any remaining questions.

Got more time?

If you have time to do so, or if you want a different/alternate scenario, either prompt participants for an alternate scenario they would like to act out or use the scenario below:

Mohammed Hassan is an influential community leader in the community of Al Anbar in a one of the counties in the Middle East. The community has recently experienced increased infections, hospital admissions and deaths from what the experts have identified as COVID-19. The government would like the community to be vaccinated as a measure of prevention, and to be educated on other preventive public health measures. There is significant resistance to the vaccine uptake in the community already and there is currently not enough vaccine to meet all the needs and no registration process, once vaccines are available.

Influential members like Mohamed are of the view that the COVID-19 vaccines are unsafe and can lead to infertility because drug companies created them quickly to make money. He says the vaccines will make him sick with COVID-19 and vitamins, mineral supplements and local herbs can cure people infected with COVID-19. The community further believe that closures of public and commercial spaces through "lockdown" orders/measures to enforce social distancing guidelines will not help slow the spread of the virus.

As a Community Health Worker (CHW) in this community, you have been tasked to design a quick demand creation plan that includes; advocacy, communications, social mobilisation, risk and safety communication, community engagement and training, to generate confidence, trust, acceptance and demand for COVID-19 vaccines.

DRAFT

Session: Vaccinate Me Game

Estimated Time: 1 hour, 30 minutes

Overview: The purpose of the game is to reflect on the financial, physical, mental and emotional struggles that a person will likely face if they refuse the vaccine.

Goal of the game: To reach the finish line on the game board successfully having at least 1 Health Coin (HC) in the 'bank'.

Learning Objectives:

As a result of this session, active learners will be better able to:

- 1) Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.
- 2) Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.
- 3) Identify and manage infrastructural barriers and enabling factors to empower their community in COVID prevention, detection and response.
- 4) Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.
- 5) Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.

Contents per Game Kit:

- Player directions
- Vaccinate Me Game board
- Six-sided COVID die
- Player pawns / stones
- 1 bank statement sheet per group
- One set of game cards

See below to prepare each game kit

Tools	Preparation of Tool
Game board	Make one copy for every four players.
Game die	Make one copy for every four players.
Game instructions	Make one copy for every four players.
Pawns	Have players find a pawn to use – a stone, a ball of paper.

Envelope/bag	Place all tools in an envelope or bag. Make one game set for every four players.
Game cards	The final four cards can be adapted for your situation. The final four cards are blank and can be filled in with 'good' and 'bad' behaviours of your choosing. Fill in two bad behaviours on the blue cards, indicate how many spaces to go back, and/or how many Health Coins to pay and explain why. Fill in two good behaviours on the orange cards, indicate how many spaces to go back, and/or how many Health Coins to pay and explain why... Copy one set of cards for every four players. Cut out cards. Place in envelope.

Facilitator Guidance to assemble the Vaccinate Me Game Kits

It is easy to make additional Vaccinate Me Game kits for use with larger community groups.

Do the following for EACH additional game kit you want to make:

- Print out the 'Player Directions' document. Black and white (B/W) is fine. Staple sheets together.
- Print out the 'Vaccinate Me Game board' document.
- Print out the 'Die template' document. B/W is fine. Follow the directions on the template to make the die.
- Player pawns – any collection of items can be used as pawns: coins, shells, stones, paperclips. Make each distinguishable by color or shape.
- Print a copy of the "Bank Statement" for each kit.
- Open the 'Game cards' document. Print out one set of Game cards. Cut out each Game Card.
- Assemble all pieces into a bag or box. Label with 'Vaccinate Me Game' kit.

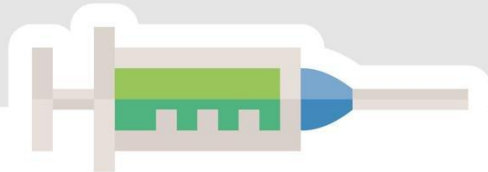
Facilitator Guidance

1. Welcome the participants to the session. Say:
COVID-19 can personally cost you money each year, as well as affect the economy and the overall health system. Millions of people are being pushed into poverty when they have to pay directly for health care costs caused by COVID-19. These health care costs come from lost wages or salary when people are too ill to work, to pay for doctor or clinic fees, a stay in a hospital, medicine and other costs. If you are not yet paying these costs and engage in COVID-19 risk factors like not wearing a mask, not physically distancing, not washing your hands or refusing the vaccine, you will likely one day soon be affected by these costs.

We also know that even when we practice safe behaviours, others around us that do not protect themselves from COVID-19 through mask wearing, vaccination and physical distancing can have an effect on our health. They put us at risk and cost us money if we become infected. We shall see that while we sometimes try to do the safest behaviour like taking a day off work when we don't feel well so as to not infect others, we can still be negatively impacted by losing a day's wage for that sick day. In this game, we will see how practicing the right preventive behaviours is still important in keeping yourself and your community well. Let's look at the costs to help you see how COVID-19 can affect your body and, ultimately, your wallet.

2. If working with a large group, place in groups of 4 players per group.
3. Explain that one of the players will also play the role of the 'bank', in addition to playing the game. Have each group decide who the banker is in their group.
4. If conducting a home visit, CHWs can play the game with any interested family members altogether.
5. Distribute a complete Vaccinate Me Game kit to each group.
6. Read through the directions with them. Answer any questions they may have.
7. Give the groups 20 minutes to play the game.
8. After the game ends, lead a discussion on the group's experience playing the game. Questions can include:
 - **What did you like about the game?**
 - **What was frustrating about the game?**
 - **Who won? How did they win?**
 - **Who died early in the game? What happened?**
 - **Who ended up with the most money?**
 - **Who ended up with the least money?**
 - **Is engaging in COVID-19 prevention behaviours worth the extra effort? Explain your response.**
 - **What costs are associated with not taking COVID-19 prevention measures?**

Vaccinate me



start



finish



Vaccinate me

Vaccinate me cards

Game die



You make an appointment for vaccination.



Go ahead two spaces. Earn 1 HC for doing your job well in modelling CHW behaviour.

You listen to a friend say that the vaccine is made to kill poor people. You say nothing.



Go back two spaces. Pay 1 HC for failing to do your job.

Your friend is diagnosed with COVID. You decide to wear a mask whenever you leave the house.



Go ahead one space. Earn 1 HC for doing your job well in modelling CHW behaviour.

You miss work because you don't feel well.



Pay 1 HC for a missed day of work. Go ahead one space for being careful.

You wash your hands with soap and water after coming in from your walk to the market.



Go ahead one space.

You wash your mask with soap and hot water after each excursion outside.



Go ahead one space.

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Your sister is diagnosed with COVID-19. You agree to help her at home but always wear a double mask and gloves when you give her care which you immediately remove carefully when you leave her home.

Go ahead two spaces. Earn 1 HC for doing your job well in modelling preventive behaviour.



You have a deep cough and cannot go to work.

Pay 1 HC for a missed day of work. Go ahead 1 space for being careful in staying home.



You touch the front of your mask all day, shifting it and playing with the straps.

Go back one space.



You double-mask and increase your protection.

Go ahead two spaces. Earn 1 HC for doing your job well in modelling preventive behaviours.



You wear your mask under your nose.

Go back one space.



You come to work even though you feel unwell and infect three people.

Go back 5 spaces Pay 5 HC for paying medical bills.



 <i>You didn't have a mask so you decide to not enter the shop.</i> <i>Go ahead one space. Earn 1 HC for doing your job well in modelling preventive behaviours.</i>	 <i>You wear a mask even when outdoors.</i> <i>Go ahead one space. Earn 1 HC for doing your job well in modelling preventive behaviours.</i>
 <i>You tell people that you are not willing to take the vaccine yourself and will not share why.</i> <i>Go back three spaces.</i>	 <i>You must pay for oxygen in the hospital after your COVID diagnosis.</i> <i>Pay 1 HC.</i>
 <i>You cannot be with your mother as she dies from COVID-19 in hospital.</i> <i>Pay 2 HC for her funeral expenses.</i>	 <i>You use a cleaning rag and bleach solution to regularly wipe down all the most-touched surfaces in your home.</i> <i>Go ahead two spaces.</i>



Your COVID test result comes back negative.



Go ahead one space as testing when exposed to COVID is recommended when possible.

There are not enough nurses available to help your mother because the hospital is overwhelmed.



Make a sad face to show your sorrow until your next turn.

You don't really worry about COVID-19 but you want to keep your father safe. You get vaccinated to help keep him safe.



Go ahead two spaces. Earn 1 HC for doing your job well in modelling preventive behaviour.

You had COVID three months ago but still have such discomfort and exhaustion. You wish you had the vaccine.



Pay 10 HC for three missed months of rent. Go ahead two spaces for continuing to educate others on the importance of the vaccine.

You talk to the imam about the benefits of the vaccine for his people. He agrees to get vaccinated publicly.



Go ahead three spaces. Earn 1 HC for doing your job well in modelling preventive behaviour.

Your child says that the vaccine is designed to kill your people. You explain how the vaccine has been tested and is safe.



Go ahead one space.



You don't completely trust the vaccine but read the science to understand the risks and benefits. You agree that the risks of contracting COVID-19 are greater than potential vaccine risks. You tell others.

Go ahead 2 spaces. Earn 1 HC for doing your job well in modelling preventive behaviour.



You go to a cafe to be around people. You don't wear a mask because you are tired of masks.

Go back two spaces. Pay 1 HC for failing to model preventive behaviours.



You take the crowded bus to town instead of walking.

Go back two spaces for exposing yourself unnecessarily.



You can't get enough oxygen and your heart stops. You die from COVID-19.

Remove your pawn from the game.



You only wash your hands after you poo.

Go back 1 space. Pay 1 HC for missing work due to diarrhoea.



You tell people to socially distance but you don't practice this at work, in the community. The community distrusts your advice.

Go back 3 spaces. Pay 1 HC for failing to model preventive behaviours.



You had many friends over for a celebration two days ago. Your spouse woke you up to tell you that she can't breathe.

Go back 2 spaces. Pay 3 HCs for COVID tests and for ambulance costs.



You wear a clean mask properly everytime you leave the house.

Go ahead 2 spaces.



(Something really good happens.)

Go ahead ____ spaces.



(Something really bad happens.)

Pay ____ HC.



(Good behaviour.)

Go ahead ____ spaces.

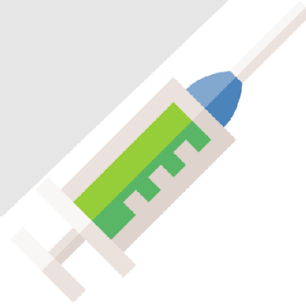


(Bad behaviour.)

Go back ____ spaces.

Vaccinate me

Health Coins



*A statement of your team's
Health Coins*

name

Health Coins



Player Directions:

1. Open the board. The game board is made up of 26 spaces.
2. Up to four players per game group. Each group chooses a player who also maintains the bank statement for the players.
3. Each player chooses a pawn.
4. Each player receives a credit of 25 Health Coins (HC) on the bank statement.
5. Place the set of Game Cards next to the board.
6. Explain that all players start at the start line. For each round, they roll the die and move their pawn the same number of spaces as the number they roll. The number on the die that is facing up is the number that they have rolled. When it is their turn, they move their pawn the correct number of spaces, pick up a card and read the card.
7. Players read aloud and follow the directions on the card they picked up.
 - a. If they must pay HCs, the money is deducted from their bank statement.
 - b. If they run out of money, they must take a loan from the bank by going into debt.
 - c. If their card tells them to go back or forward, they should move their pawn but they may NOT draw another card. Play moves to the next player.
 - d. All players advance towards the finish line. The only way they can get out of the game prematurely is if they pull a card that says that COVID-19 was fatal and killed their pawn. If they die, they should continue to observe the game with the remaining players.
8. If, during the game, a player needs money to complete the activity on a card they draw, they can get a loan for the amount from the 'bank' by deducting from their bank statement. For example, if a card states that they must pay 2 HCs but have no money, the banker for the group simply adds -2 to their bank balance and keeps current tally for all players.
9. Continue play until the first player holding at least 1 HC crosses the finish line.

Training Wrap-up

We did it!

1. Thank the participants for their good work.
2. Review the objectives that were introduced at the beginning of the training course.
3. Go through all learning objectives and ask participants to provide feedback on their comfort in achieving each learning objective. Ask them to explain briefly how they met each objective.
4. Explain that the full training is complete. This is the end of the RCCE for CHWs for COVID-19 Vaccination training. Ask if there are any remaining questions.
5. Explain that they will now be asked to complete two evaluation forms to gauge their comfort with the material and how well they feel they have achieved the learning objectives.
6. Distribute a copy of the Level 1 and Level 2 evaluations prepared for this final session.

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ANNEXES

Annex 1

Audience Analysis Tool

When the training audience is identified and there is a set venue and dates for the training, it is important to start preparing and contextualising the training materials for that specific audience. Each training audience is a unique combination of different experience and skill sets, positions and roles. To best prepare for the training, the facilitator will need to contextualise and tweak the training to suit the needs of each unique audience.

The most efficient way to identify existing capacity and needs is through the use of an audience analysis survey. A sample survey is available on page 89 of this guide. If internet is widely available to every single participant, you may consider inputting the survey into a survey tool like [Kobo](#) or [Google forms](#). The audience analysis survey is designed to prompt potential participants who are expected to attend about their experience, skill and comfort level with each of the identified learning objectives. This allows users to indicate that they may have experience with some area but may feel they need more guidance or practice to become comfortable with that specific skill or knowledge.

It is suggested that the facilitator distribute the audience analysis and ask for the form to be completed at least two weeks before the start of the training.

Analysing the results of the audience analysis

When results come back in:

- 1) Identify which learning objectives received the lowest experience/skill/comfort scores from participants. These are the objectives on which the facilitator will target the sessions. Use the curriculum map on page 12 to target those lessons that would best serve this unique audience.
- 2) Adjust the session plan, handouts and ppt as necessary. The materials that will be seen or used by participants are written for low-literacy audiences, but adjust/edit/contextualise based on that audience's needs.
- 3) Identify if there are participants with solid skills in a specific area within the training. Reach out to these people pre-training with specific tasks like helping to conduct a Peer Coaching Session, running a role model session or being a debate lead. This training provides many opportunities for facilitators to utilise expertise within the training audience.

Evaluating Learning

This training features three levels on which to evaluate the learning and the training. Each level has a form and instructions below on how to gather the evaluation feedback.

Level 1 evaluation: This is the level of evaluation that is conducted at the end of most trainings. The survey or questionnaire prompts participants with survey questions at the end of the training asking if they liked the training, if they liked any specific session over the others, what could be done differently. This is helpful and good to assess the overall view of the learners.

The Level 1 evaluation is conducted after the final session of the training.

See **Page 92** for a sample.

Level 2 evaluation: This level of evaluation prompts participants with a post-test or a self-assessment of how well they can demonstrate their understanding of the stated learning objectives. A facilitator can measure this with a written assessment although it is also acceptable (and engaging) to conduct a session at the end of the training where people use numbered cards, post-it notes or even a specific number of fingers displayed to indicate how well they learned the content and/or increased their comfort level.

The Level 2 evaluation is conducted after the final session of the training.

See Page 94 for a sample.

Completion of the Level 1 & Level 2 evaluations trigger an Attendance Certificate to be issued to the participant, post-training, at the training site. See **Page 97** for sample.

Level 3 evaluation: This level of evaluation attempts to assess to what degree participants were able to apply the learning from the training to their work. This evaluation is conducted three months AFTER the training is completed. These three months allow time for participants to apply and test their new or fresh knowledge, skills and behaviours in the workplace.

The Level 3 evaluation is conducted three months after the final session of the training.

See **Page** 98 for a sample.

Completion and return of the Level 3 evaluation form triggers a Certificate of Recognition to be issued to the participant with a cc to their supervisor. See Page 100 for sample.

Annex 2

Audience Analysis Sample

To inform our upcoming training for CHWs, we want to assess the existing capacity of people in the group and what capacity you personally need in order to to prepare your community for COVID-19 vaccine uptake.

Please complete to help us prepare for your learning experience.

1. Email

2. Rate these factors according to how you feel about your capacity to do the following (Highly unprepared) 1 - 2 - 3 - 4 - 5 (Highly prepared).

Mark only one oval per row

	No experience and/or comfort	Minimal experience and/or comfort	Some experience and/or comfort	Good experience and/or comfort	Expert experience and/or comfort
Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.					
Identify and manage varying levels of vaccine acceptance in the community and apply appropriate communication and					

community engagement strategies to address different audiences.					
Identify and manage infrastructural barriers and enabling factors to empower your community in COVID prevention, detection and response.					
Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.					
Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.					

3. Do you personally feel prepared to be fully vaccinated against COVID-19?

☐
☐
☐
☐
☐

Not at all
Slightly
Moderately
Very
Extremely

4. Where do you go for help now for information about COVID-19 vaccination preparedness and safety? (tick all that apply)

☐
☐
☐
☐
☐

Colleagues
Internet

My organisation
Ministry of Health / WHO / UNICEF/ Red Crescent
Other _____

5. Are there specific skills you would like in preparing for COVID-19 vaccination uptake? Please indicate these below.

Please share if you have any unique learning needs that our team should consider for the upcoming training.

Annex 3

Level 1 Evaluation Sample

Level 1 Evaluation COVID-19 Immunisation for CHWs

You have completed the training! Your feedback is really valuable to us. It will help us to evaluate how the workshop went and how it can be improved in the future.

1. How did you find the organisation of the training (agenda, split groups, length, etc.)?

- ☐ All was great!
- ☐ It was good.
- ☐ It was ok.
- ☐ It was not as helpful as I expected or needed it to be.
- ☐ It was not good.

2. What skills/information did you learn this week that you think are the most important in your work?

- ☐ Addressing unhealthy norms and/or false perceptions in the community.
- ☐ Addressing barriers in the system.
- ☐ Addressing misinformation and rumours as a CHW.
- ☐ Confronting fears and lack of accurate information about the COVID-19 vaccine.
- ☐ The role of CHWs in bridging between community and health systems for vaccination reach.
- ☐ Other: _____

3. What skill/information did you learn this week that you think was least important to include in future CHW trainings?

- ☐ Addressing unhealthy norms and/or false perceptions in the community.
- ☐ Addressing barriers in the system.
- ☐ Addressing misinformation and rumours as a CHW.
- ☐ Confronting fears and lack of accurate information about the COVID-19 vaccine.
- ☐ The role of CHWs in bridging between community and health systems for vaccination reach.
- ☐ Other: _____

4. Did the training meet your needs to build your capacity?

Mark only one option.

- ☐ Yes
- ☐ No
- ☐ Partially

5. Do you have any suggestions/recommendations for us about how future trainings should be run?

Thank you so much for your contributions, commitment and time this week. You have helped to improve the quality of global tools as a result of your participation in this training. If you have any further questions, let us know below. Safe travels and we shall see you again soon!

Annex 4

Level 2: Evaluation Sample

Evaluating our time together

We would like to hear what you think about the training, including what you have learned, what worked well, and what we can improve for next time!

1. What is your name? _____
2. What is your current work role? _____
3. The workshop objectives are below. Please indicate for each how well you feel the training helps you to address and meet each objective. Take one option in each row.
Mark only one box per row.

	Very well	Well	Somewhat met	Not met
Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.				
Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.				

Identify and manage infrastructural barriers and enabling factors to empower your community in COVID prevention, detection and response.				
Define strategies and plans for CHWs to keep physically safe and mentally well amidst the evolving situation of a pandemic.				
Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.				

4. How useful will the training be for your work?

Mark only one option

☐ Very useful

☐ Useful

☐ Somewhat useful

☐ Not useful

5. How likely do you think it will be that you can transfer what you have learned this week to your work? Mark only one oval.

☐ Very likely

☐ Likely

☐ Somewhat likely

☐ Not very likely

6. What would you like to discuss or learn more about?

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7. Which content was most applicable to you for your work?

- ☐ Addressing unhealthy norms and/or false perceptions in the community.
- ☐ Addressing barriers in the system.
- ☐ Addressing misinformation and rumours as a CHW.
- ☐ Confronting fears and lack of accurate information about the COVID-19 vaccine.
- ☐ The role of CHWs in bridging between community and health systems for vaccination reach.
- ☐ Other: _____

8. Any other comments or suggestions?

ANNEX 5

Certificate
of
Attendance
– given on-site
at end of
training after
Level 1 &
Level 2
Evaluations



CERTIFICATE OF ATTENDANCE

presented to

For attending the training for

**Community Health Workers on preparing local communities for
COVID-19 vaccination using community engagement techniques.**

Annex 6

Level 3 Evaluation Sample

CHWs Training Level 3 Evaluation

Hello! You were part of the COVID-19 immunisation training for CHWs course in [INSERT LOCATION] several months ago. We were glad you were able to join us and learn about ways to apply behaviour change and communication strategies to improve your work. We are just checking in to determine how well you have been able to apply your learning in your communities. When you complete this form, we are happy to send you a completion certificate! If you have any questions, feel free to reach out.

*Required

1. What is your name? _____
2. What communities do you currently serve? _____
3. Indicate for each whether you have PRACTICED the learning objective skills. Mark only one box per row.

	I have repeatedly performed this skill	I have occasionally performed this skill	I have not yet been able to demonstrate this skill
Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.			
Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.			

Identify and manage infrastructural barriers and enabling factors to empower your community in COVID prevention, detection and response.			
Define strategies and plans for CHWS to keep physically safe and mentally well amidst the evolving situation of a pandemic.			
Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.			

4. Indicate your CONFIDENCE in practicing each of the learning objective skills.*

	I have successfully performed this skill	I feel I need more support in this skill	I do not feel confident performing this skill
Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of CHWs' role.			
Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.			
Identify and manage infrastructural barriers and enabling factors to empower your community in COVID prevention, detection and response.			
Define strategies and plans for CHWS to keep physically safe and mentally well amidst the evolving situation of a pandemic.			

Define strategies to identify and connect applicable agencies and existing RCCE methods with community needs and capacities.			
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Thank you! We will respond to you within two weeks with your completion certificate. If you have additional info to share or questions for us, please indicate below.

Annex 7

Level 3

Certificate of Recognition



CERTIFICATE OF RECOGNITION

presented to

For demonstrating applied strategies as a
**Community Health Worker in preparing their local communities for COVID-19
vaccination using proven community engagement techniques.**

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