World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

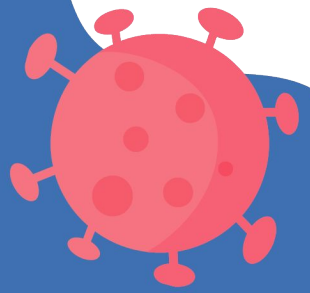
unicef

IFRC

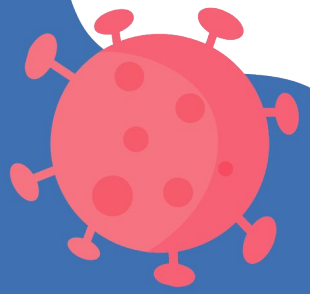
Risk Communication & Community Engagement

for

Community Health Workers to support COVID-19 Response and Vaccine Uptake



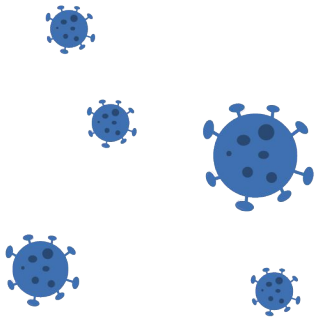
Contents



SESSION

01

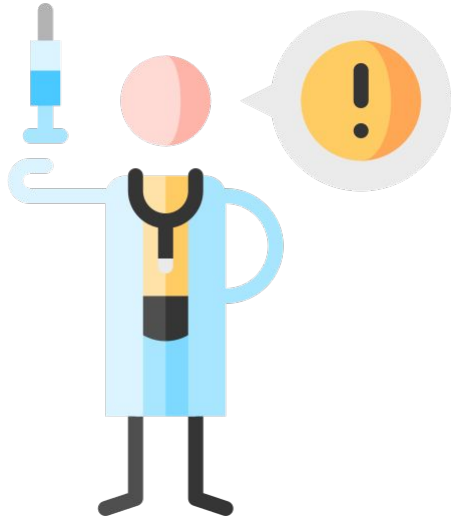
Introductory Peer Coaching



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 their role.
- Identify and manage infrastructural barriers and enable factors to empower their community in COVID prevention, detection and response.
- Define strategies to identify and connect health agencies and existing RCCE mechanisms with community needs and capacities.



minutes

5’

Get into Home Groups of 4 participants each.
Each participant introduces themselves and answers the question:
“A CHW’s most important job is…”

Now count off by 4 to see which Share Group to join.

10-15’

1 COVID transmission routes

2 COVID Prevention strategies

3 Vaccine risks & benefits

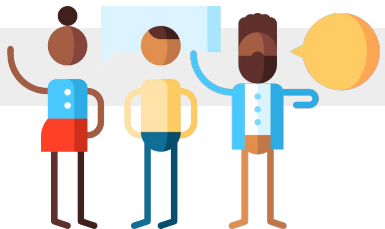
4 Building trust in community

30’

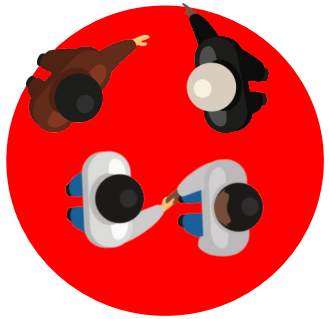
Back to Home Groups to share what was learned in Share Groups

20’

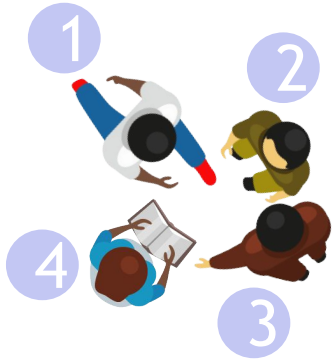
Plenary

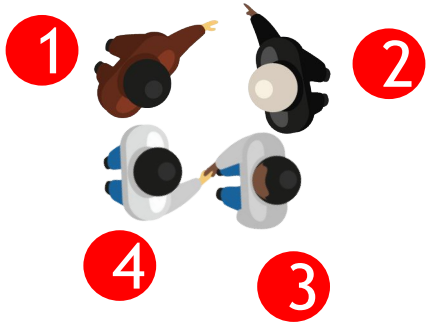


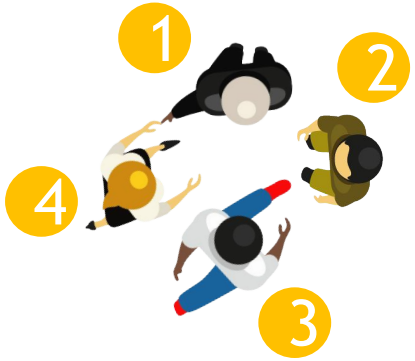
Get into home groups of four participants each



Now count off by four in your group

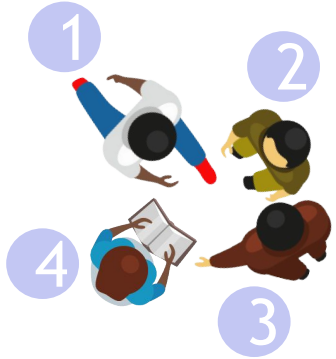


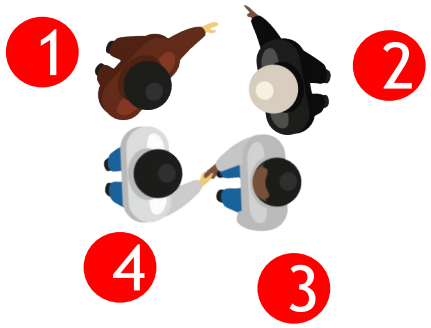


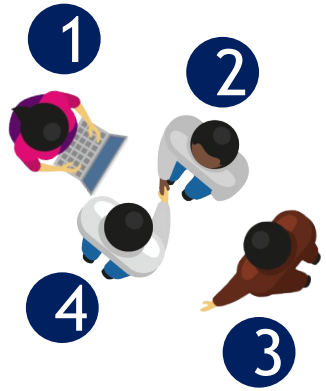


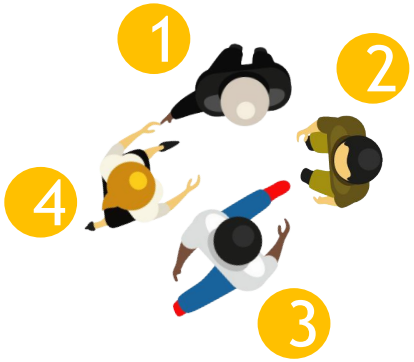
Discuss: the CHW's most important role

5 minutes









Get into share groups

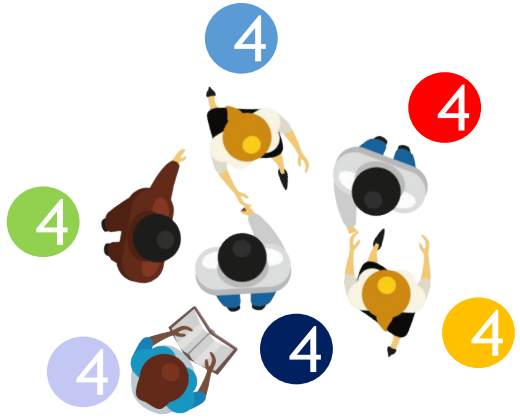
15 minutes

All the **1s** get together to discuss COVID transmission.

All the **2s** get together to discuss COVID prevention.

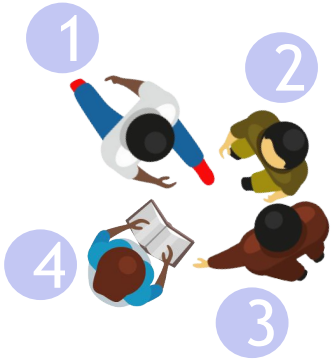
All the **3s** get together to discuss how vaccination protects us.

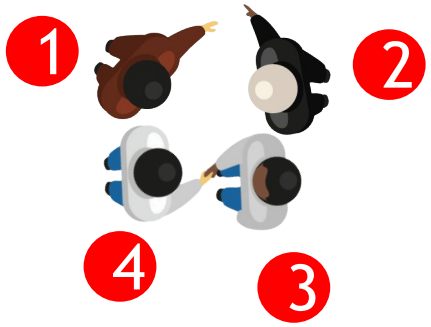
All the **4s** get together to discuss how to address rumours.

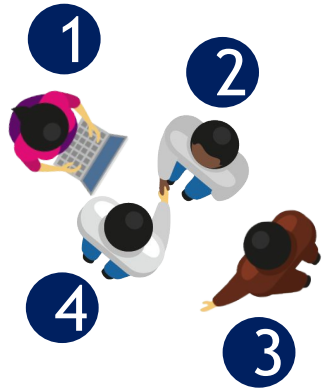


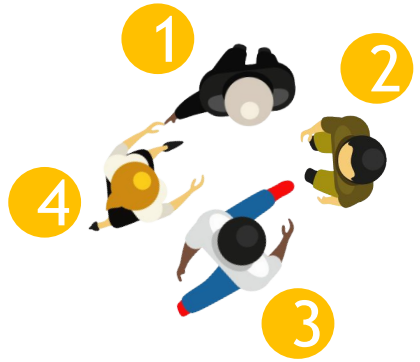
Back to home groups to share what was learned

30 minutes









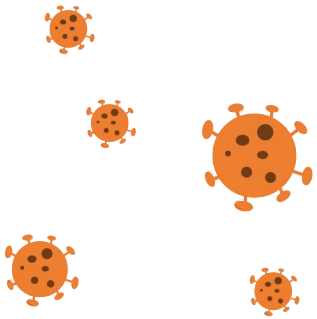
Plenary

20 minutes

SESSION

02

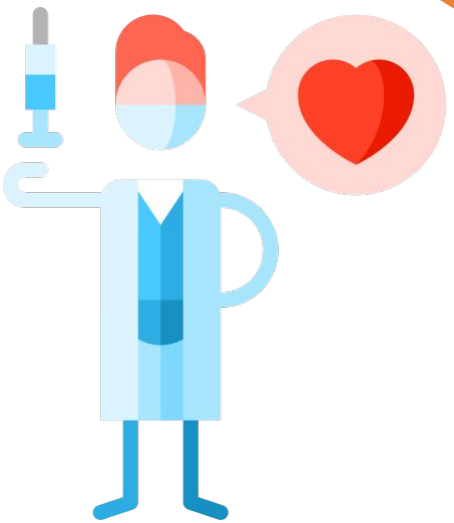
Communication Strategies



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



Consequences to misinformation

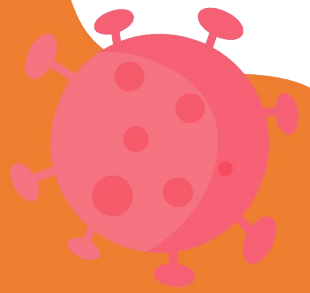
Rumour	Potential Consequence	Target Group which will suffer as a result of the rumour
Drink bleach to prevent spread of COVID-19	Could cause harm	Community members
Clinics will make your infection worse	Could stop people accessing services	Community members needing medical attention
This is a biological weapon made by community X against community Y	Could cause conflict	Community members fearful of other groups
You don't have to follow social distancing as long as you have not travelled out of the country or been in contact with someone who has.	Could result in risky behavior or putting your staff, family or community at risk.	Community members, family members, work colleagues, friends

Mythbusting

FACT:

FACT:

FACT:



How to respond

Applying an Evidence-Based Formula to Misinformation, Rumors & Myths

Overview

Myth: the vaccine is too new – it can't be safe

Start with fact

↓

State the myth

↓

Address the myth

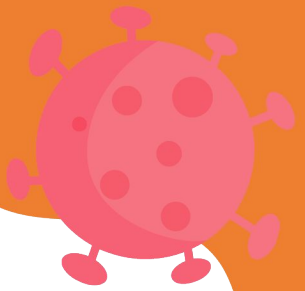
↓

Reiterate fact

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

How to respond

Myth: the vaccine is too new – it can't be safe



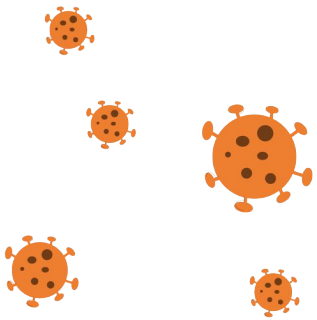
Start with fact

Some of the approved COVID-19 vaccines have been developed with messenger RNA (mRNA). The mRNA vaccine technology has been studied & developed for 10+ years, including in the development of vaccines for Zika, rabies and influenza. These mRNA vaccines have been rigorously assessed for safety. Clinical trials show that they provide a long-lasting immune response. mRNA vaccines are not live virus vaccines and cannot interfere with human DNA. The COVID-19 vaccine relies on ten years of mRNA research.

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.

"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.'"



How to respond

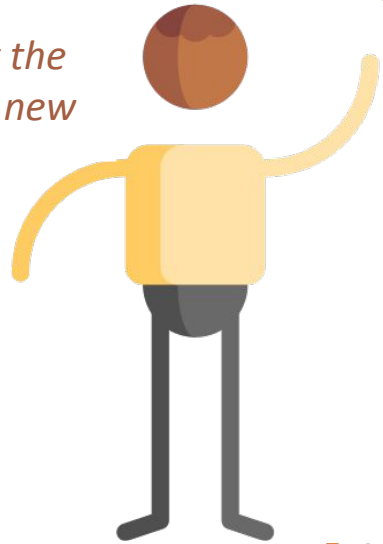
Myth: the vaccine is too new – it can't be safe

State the 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.

"A common myth is that the COVID-19 vaccine is too new to be safe."



How to respond

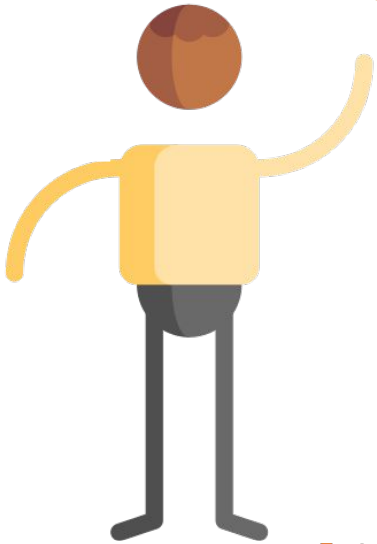
Myth: the vaccine is too new – it can't be safe

Address the myth

This myth does not recognize the fact that these vaccines are built on DECADES of mRNA research. The COVID-19 vaccine uses the existing mRNA technology for the COVID-19 variant. The COVID-19 vaccine was tested 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 undergoes many regulatory checks. The COVID-19 vaccine is safe as given to over 500 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.

"But thousands of doctors & scientists have worked for over ten years to develop the technology that was ultimately used to develop the COVID-19 vaccine. There were multiple steps to develop, test, trial and continuously check the efficacy and safety of the vaccine . Over 500 million people of every race, gender and age who are now vaccinated are safe from possible death and long-term consequences of COVID-19."



How to respond

Myth: the vaccine is too new – it can't be safe

Reiterate fact

Millions of people have safely received COVID-19 vaccines. All the approved COVID-19 vaccines have been carefully tested and continue to be monitored. Like all vaccines, COVID-19 vaccines went through a rigorous, multi-stage testing process, including large clinical trials that involved 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, including high blood pressure; diabetes; asthma; pulmonary, liver or kidney disease; and chronic infections.

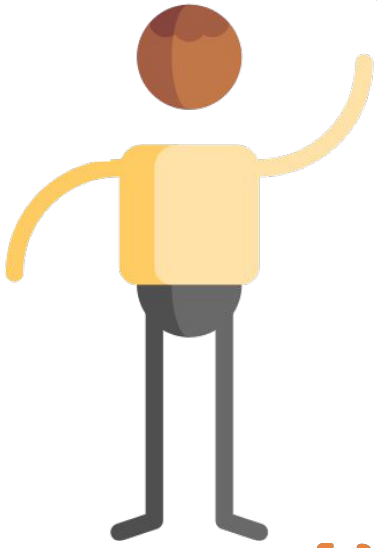
Finish by reinforcing the fact.

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

"I know this is a scary time. Tell me your concerns and I can share with 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.

"COVID-19 is a deadly disease and has killed millions thus far. The COVID-19 vaccine is one of the most powerful weapons against infection. It has been tested repeatedly across many groups over different spans of time and is proven to be safe and effective in preventing severe sickness and death"



Plenary

20 minutes

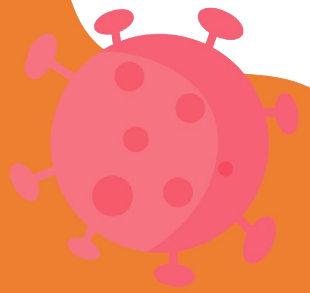
Questions to reflect upon

For those playing community members:

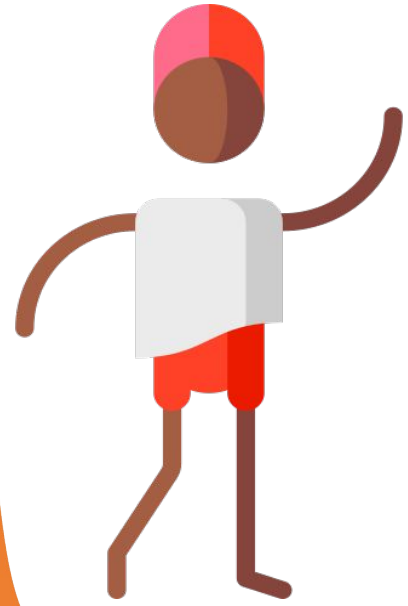
- Which approaches/answers/attitudes were most effective for you about your concern? Why?
- Did any of the CHWs change your mind personally about any issue?
- What feedback would you like to share?

For those playing CHWs:

- Which vaccine concerns did you hear about?
- What strategies were most effective?
- What can you take away from this activity?



Final thoughts



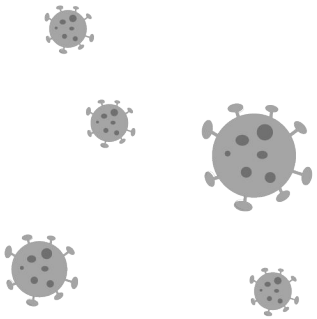
Let’s look at the concerns/issues/myths that were identified in our brainstorm, but that we did not address in this session.

Identify the top two issues and we will brainstorm strategies that a CHW could use to address these concerns.

ROLE PLAY

03

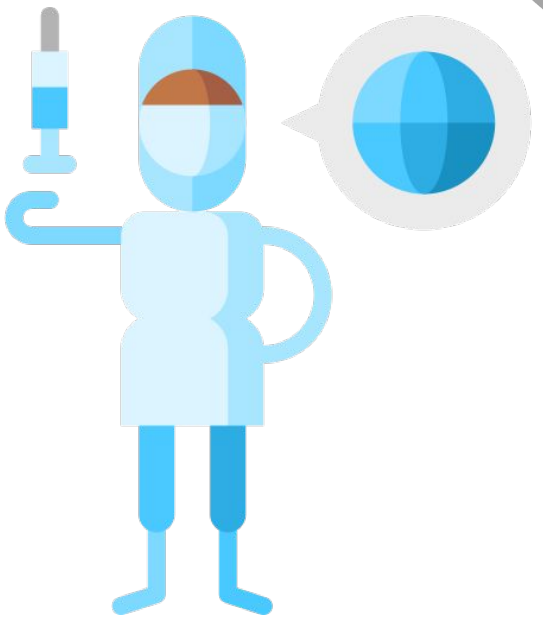
Community with Varying Vaccine Acceptance Levels



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 your community in COVID prevention, detection and response.



Community with Varying Vaccine Acceptance Levels

Barriers that affect vaccine uptake

There are common barriers that you will need to overcome

Structural barriers

- *Cost*
- *Access*
- *Poor infrastructure*

Behavioral barriers

- *Inertia*
- *Prevailing social norms*
- *Present bias*
- *Forgetfulness*
- *Lack of determination*
- *Friction*
- *Misperception*
- *Social motives and meanings*

Informational barriers

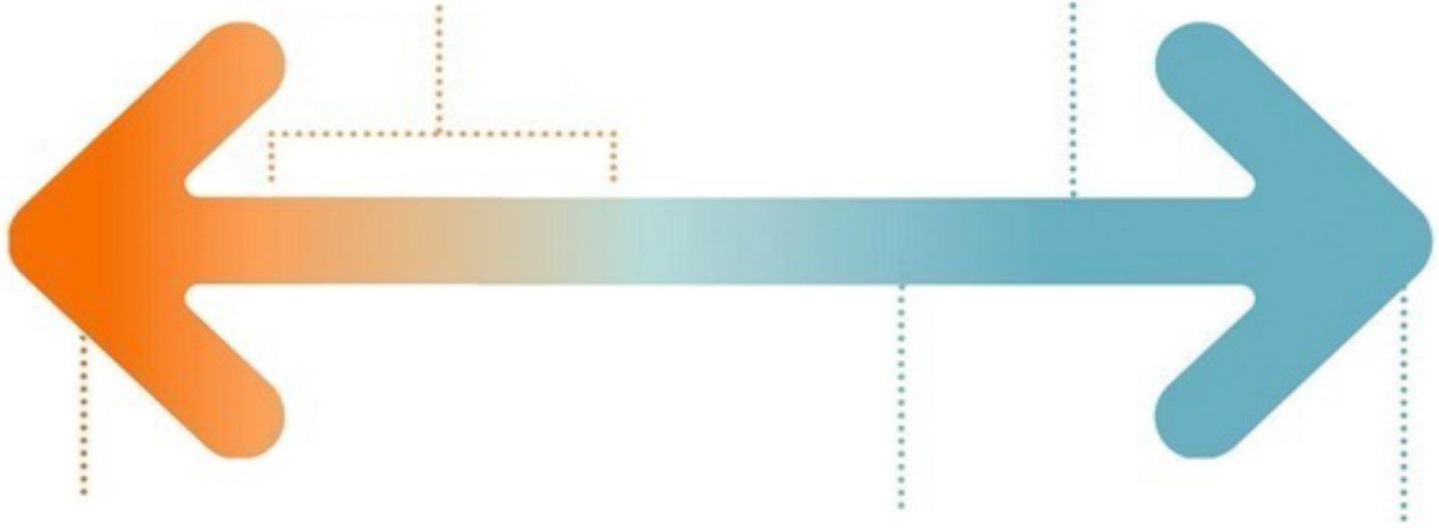
- *Misinformation*
- *Lack of adequate information*
- *Complexity of information*

Source: https://resourcecentre.savethechildren.net/library/little-jab-book18-behavioral-science-strategies-increasing-vaccination-uptake.

Spectrum of vaccine hesitancy/ acceptance

Vaccine hesitancy:
Vaccination is accepted but with delays, or it is rejected outright, despite availability (acceptance, delay, and/ or rejection of certain vaccines).

Active demand:
The public actively demands the services.



Rejection of all vaccines

Passive acceptance:
The public accepts vaccination services without seeking them out

Supply and access:
Availability of services and vaccinators for example, immunization services, knowledge and skills of health personnel.

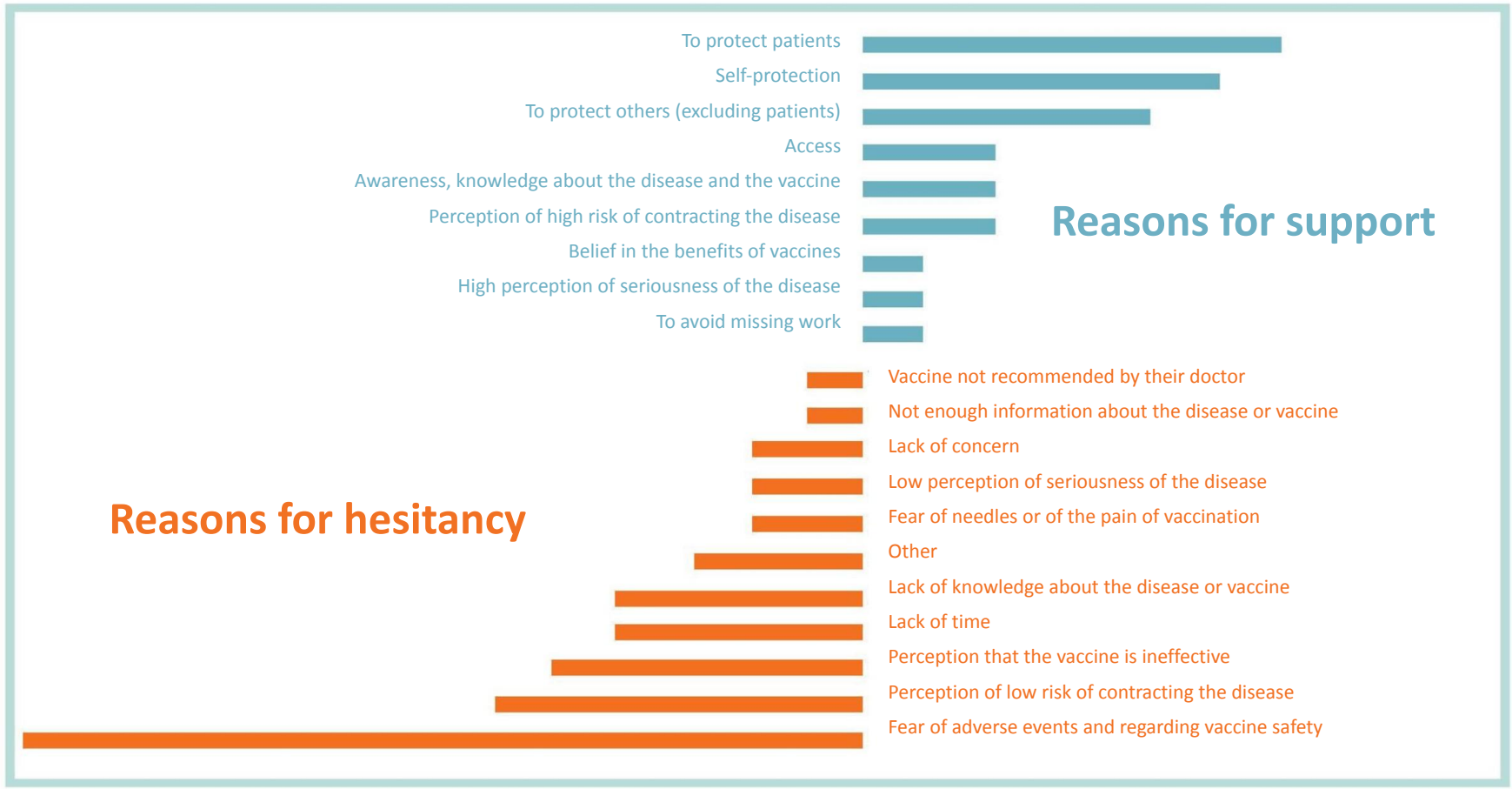
Source: Adapted from SAGE Group on Vaccine Hesitancy. Report of the SAGE working group on Vaccine Hesitancy [Internet]. 2014

Moving along the spectrum

Reasons to vaccinate or not vaccinate in the general population

Source: Adapted from Yaqub O, Castle-Clark S, Sevdalis N, Chataway J. Attitudes to vaccination: A critical review. Soc Sci Med. July1, 2014; 112:1-11.

Managing our own hesitancy/acceptance



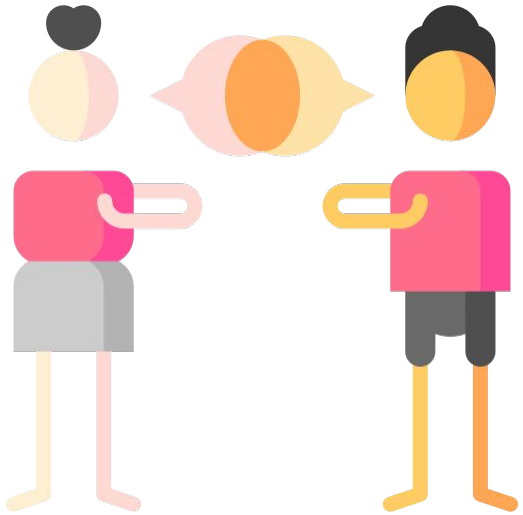
Reasons to vaccinate or not vaccinate and health workers

Source: Adapted from Yaqub O, Castle-Clark S, Sevdalis N, Chataway J. Attitudes to vaccination: A critical review. Soc Sci Med. July1, 2014; 112:1-11.

How to respectfully address hesitancy

- Don’t directly contradict people’s mistaken ideas about vaccine dangers.
- Approach people with empathy by acknowledging historical reasons for medical distrust, perhaps among people of colour, and work with leaders within their communities.
- Rather than contradicting someone’s views, use empathy.
- Respond to misinformation appropriately & show that you are listening to their concerns:

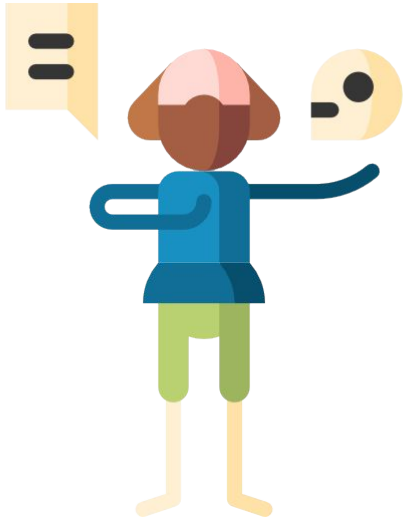
  "There’s a lot of information out there,
  some of it is true and some of it is not true. Let me tell you what I know.”



Communicating about AEFIs

- Communicate first
- Be frequent in updating people
- Be transparent and honest about what has happened
- Avoid over-reassuring people
- Be empathetic
- Respond to questions and be honest if you don’t know something
- Let people know how they can get in touch for more info

Transcript

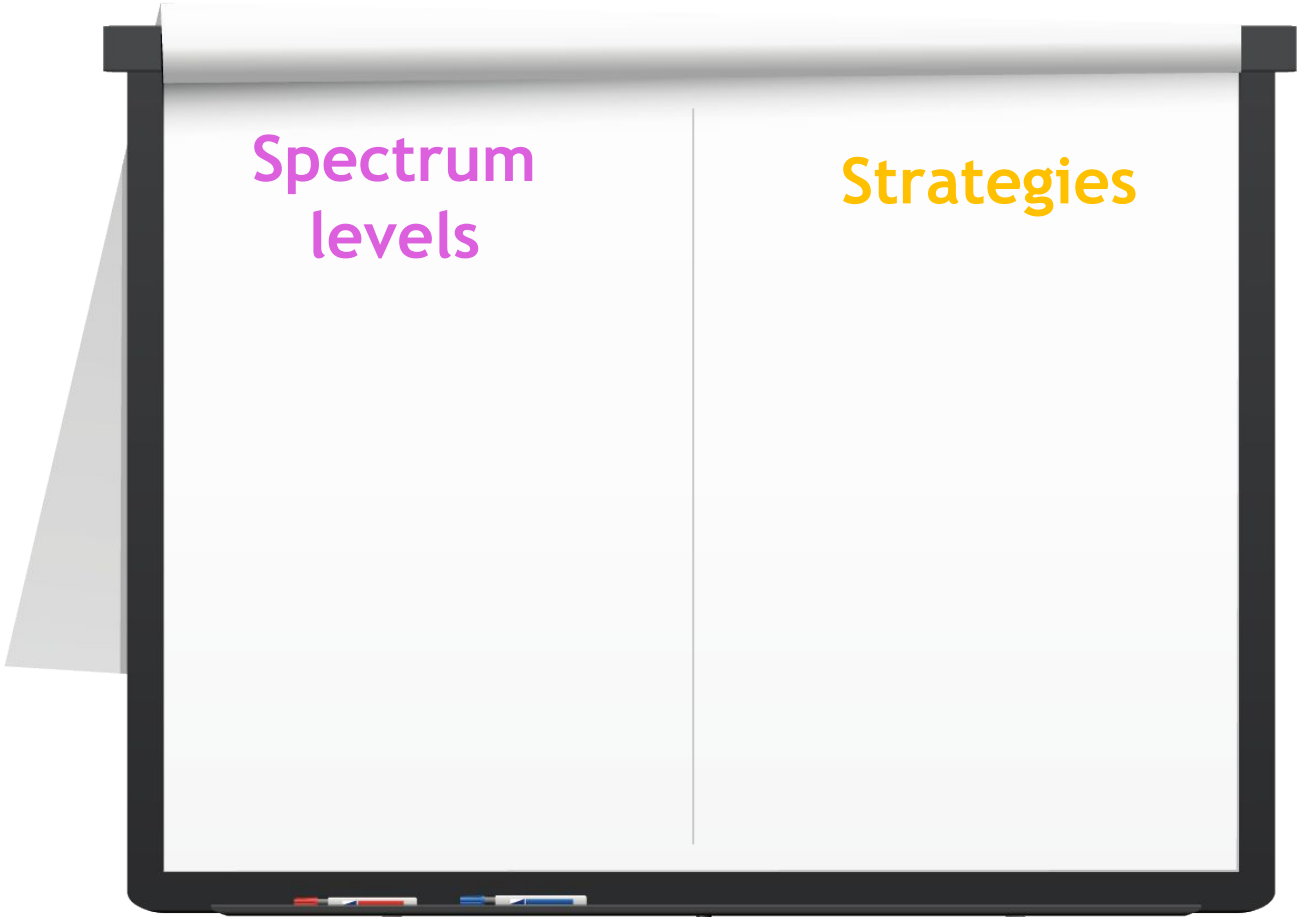


Nadia is a CHW in an urban area. She is a trusted member of the community. Nadia is tirelessly preparing her community members in acceptance of the COVID-19 vaccine as it is slowly becoming more available. She regularly expresses her willingness to get the vaccine when it is offered to her but she herself 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 rumors or misinformation they have heard from others or on social media.

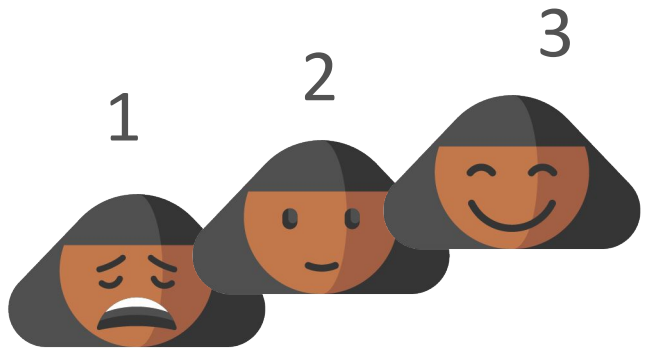
Nadia is going to community meetings and households to talk about the vaccine to sensitize people in preparation to get the vaccine. Nadia goes to one household where the mother is in active demand of the vaccine for her family but the father is vaccine hesitant because of discussions he heard from friends about the speed in 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.

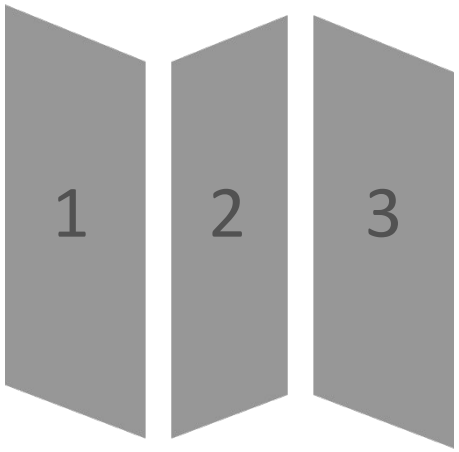
In a community meeting, Nadia talks to a group of young mothers who saw on Facebook that one of the COVID vaccines is dangerous to women of their age group. The other COVID vaccines did not pose the same concerns, however a small, but vocal, group say that they are distrustful of all COVID vaccines.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

Spectrum levels and strategies



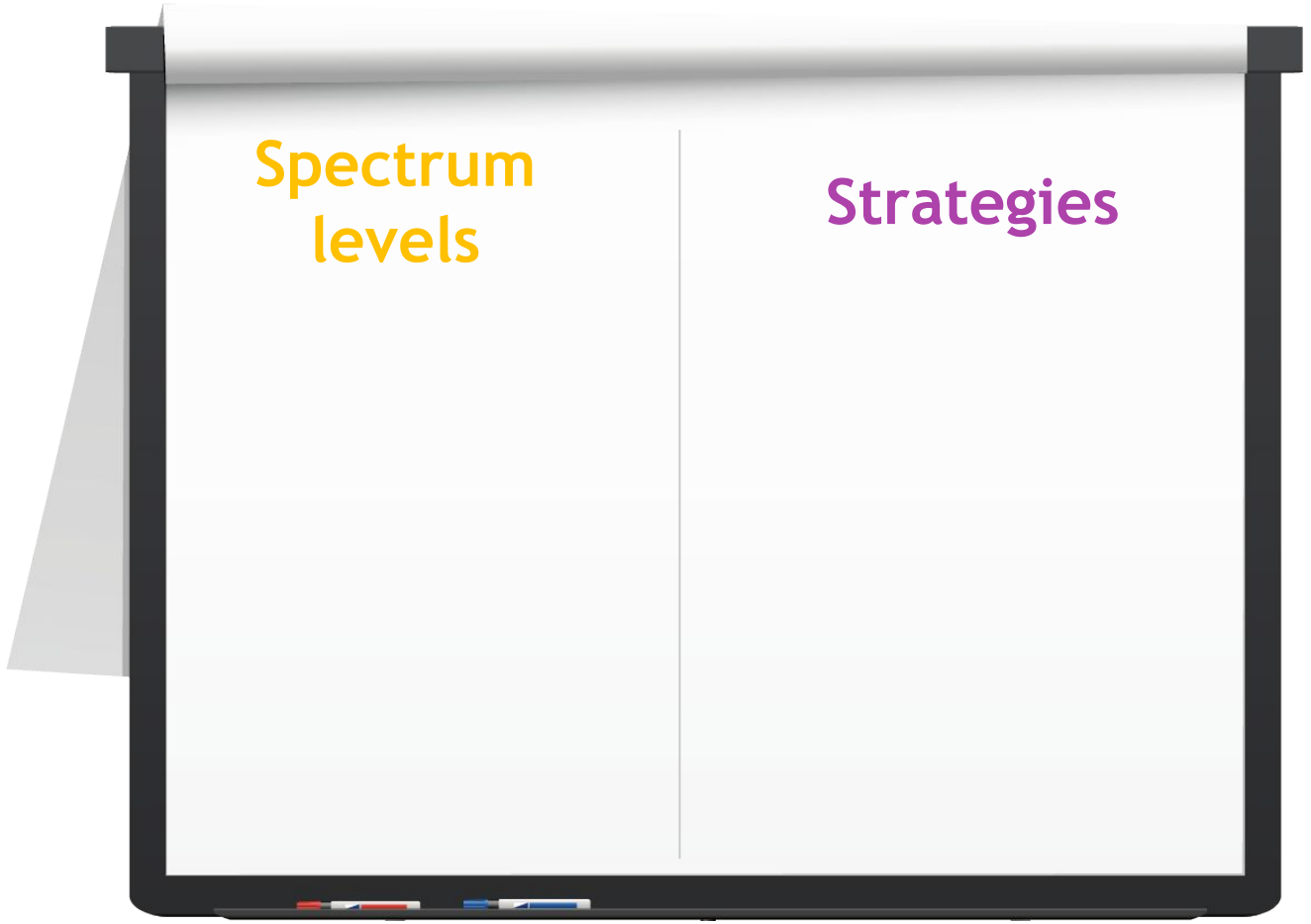
Let’s rate how Nadia does





- Manages myths/misinformation
- Provides accurate information
- Is respectful
- Shows confidence in COVID-19 vaccine
- Explains the risks in refusing the COVID-19 vaccine
- Is convincing

In groups of four, identify 1-2 strategies per spectrum level.



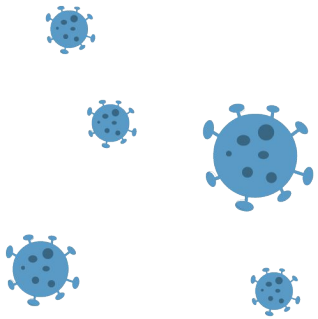
Plenary

20 minutes

SESSION

04

Peer Coaching on Norms and Perceptions



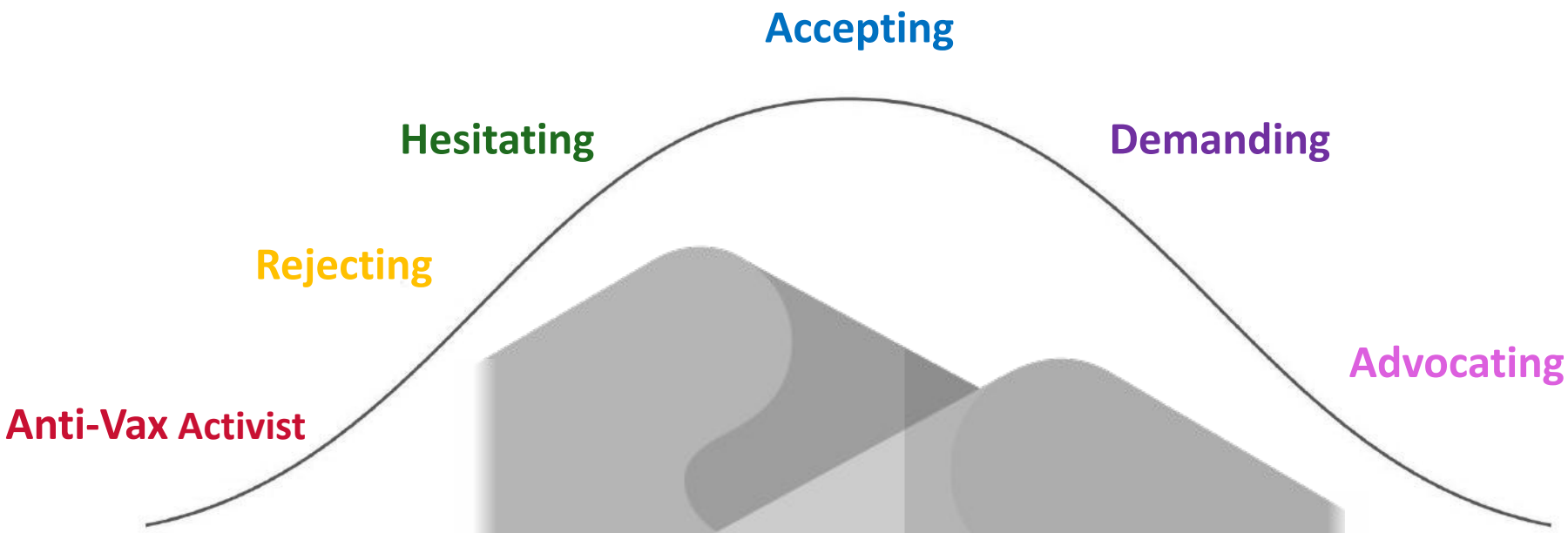
Learning objectives

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 their role.

Factors influencing how people perceive of COVID-19 vaccine safety

overview



Factors influencing how people perceive of COVID-19 vaccine safety

Anti-Vax Activist

Reduce impact on other groups.

Oppose all / just COVID-19 vaccination, engage in protests. May source and share misinformation about vaccine safety, particularly via social networks.

Factors influencing how people perceive of COVID-19 vaccine safety

Rejecting

Minimize the group size by good management of vaccine safety issues.

Rejection often based on safety concerns, but experience, perceptions and values could be involved.

Factors influencing how people perceive of COVID-19 vaccine safety

Hesitating

Listen and address concerns. Facilitate access to evidence-based information.

Due to the newness of disease, novel vaccine platforms and uncertainty surrounding vaccine safety, hesitancy/acceptance is dynamic and can be influenced by communication with trusted health care.

Factors influencing how people perceive of COVID-19 vaccine safety

Accepting

Address questions, provide resources.

Depends on motivation to be vaccinated, social/professional influences and the availability and access to a vaccine. May have questions about potential side effects.

Factors influencing how people perceive of COVID-19 vaccine safety

Demanding

Address questions.

Absolutely want a COVID-19 vaccine. High demand with low supply could lead to conflict and perceptions of “favoritism” that may diminish trust in the overall programme.

Factors influencing how people perceive of COVID-19 vaccine safety

Advocating

Provide tools that address safety concerns.

Motivated by a personal experience or strong support of vaccination. Asset in safety communication, sharing information rapidly via their social networks.

minutes

5’

Get into Home Groups of 4 participants each.
Each participant introduces themselves and answers the prompt:
“My community is…”

Now count off by 4 to see which Share Group to join.

10-15’

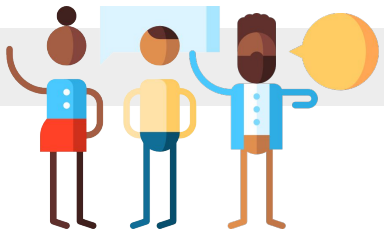
1. **Building and maintaining trust**
2. **Factors that affect vaccine acceptance**
3. **Exploring CHW vaccine hesitancy**
4. **Managing misinformation**

30’

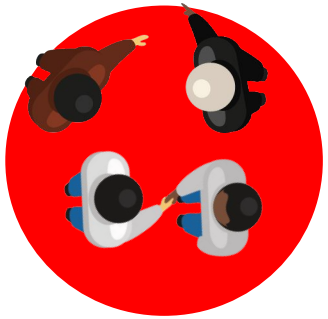
Back to Home Groups to share what was learned in Share Groups

20’

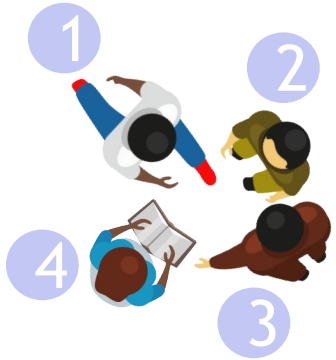
Plenary

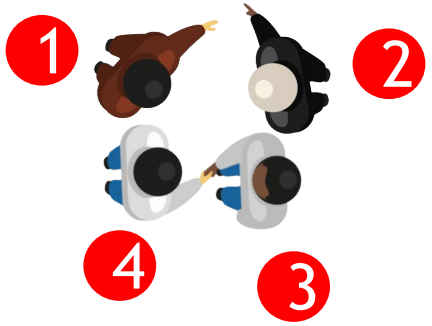


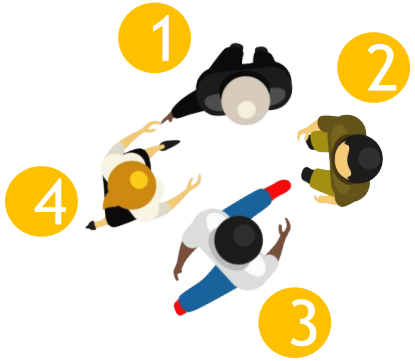
Get into home groups of four participants each



Now count off by four in your group

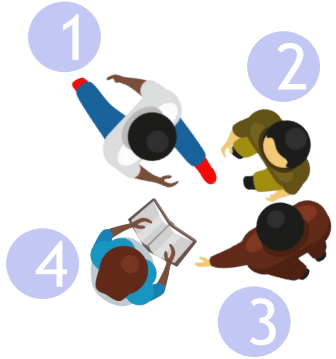


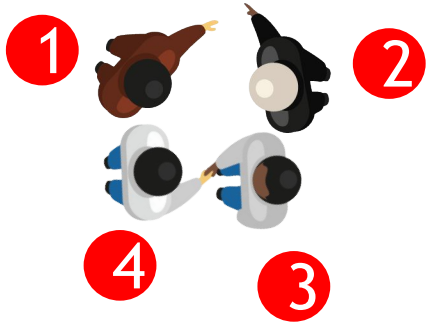


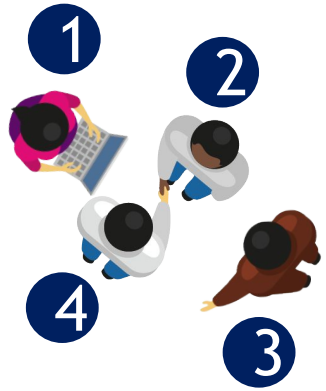


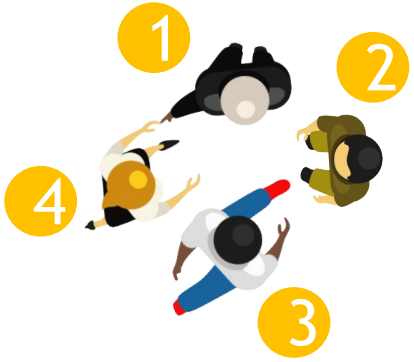
Discuss: my community is…

5 minutes









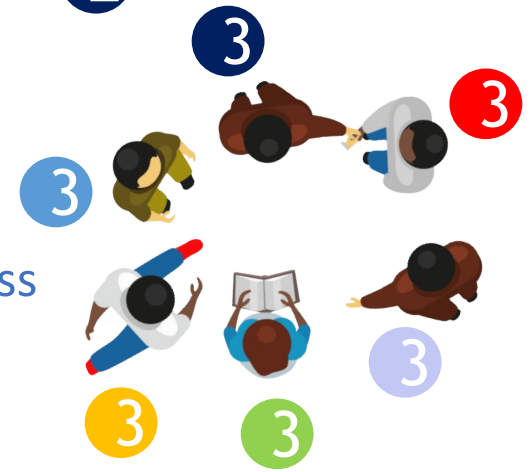
Get into share groups

15 minutes

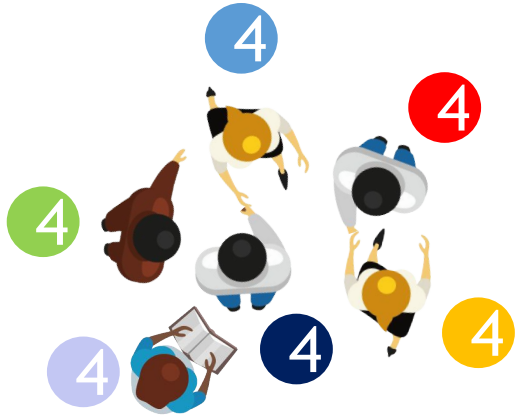
All the **1s** get together to discuss building & maintaining trust.

All the **2s** get together to discuss factors that affect vaccine acceptance in community.

All the **3s** get together to discuss exploring vaccine hesitancy/ acceptance in CHWs.

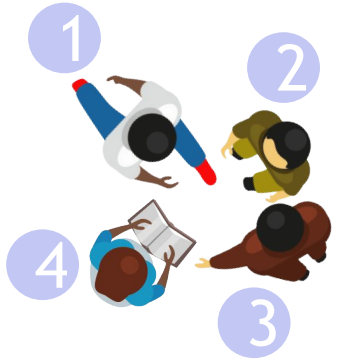


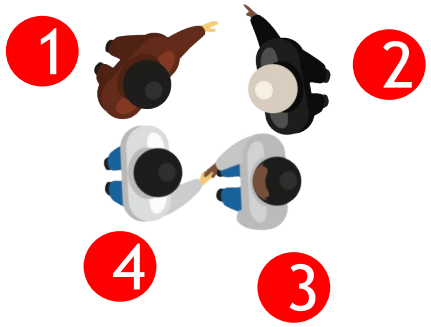
All the **4s** get together to discuss managing misinformation.

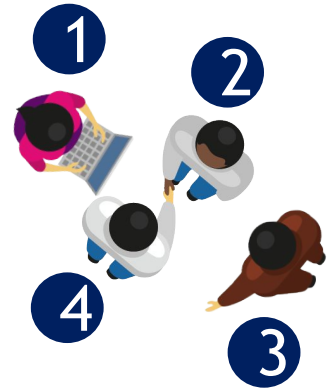


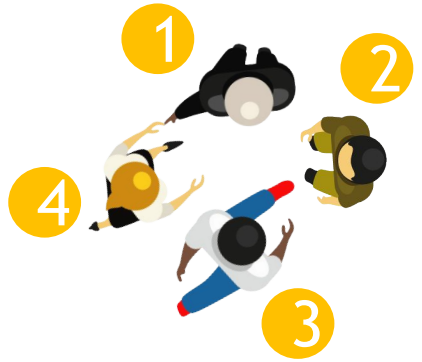
Back to home groups to share what was learned

30 minutes









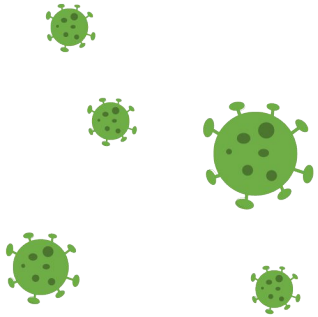
Plenary

20 minutes

SESSION

05

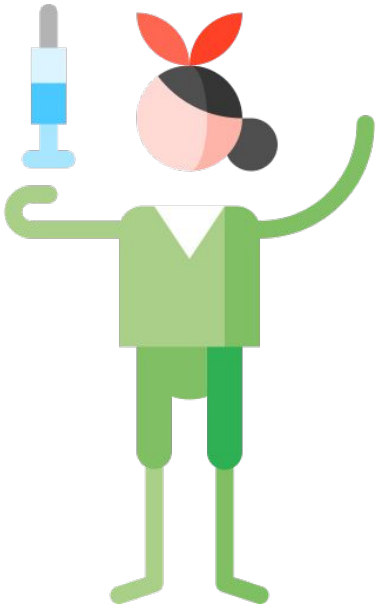
CHWs Staying Safe in the COVID-19 Pandemic



Learning objectives

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

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



Brainstorming challenges

Question set to facilitate towards solutions

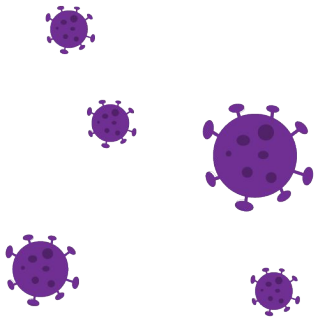
- How do you know when *problem X* is present?
- How do you contribute effectively to solving *problem X*? (This includes how it affects you personally and how it affects others.)
- What prevents you from doing this or taking these actions all the time?
- Do you know anybody who is able to frequently solve *problem X* and overcome barriers? What behaviors or practices made their success possible?
- Do you have any ideas?
- What needs to be done to make it happen?
- Who else needs to be involved?

Plenary

20 minutes

06

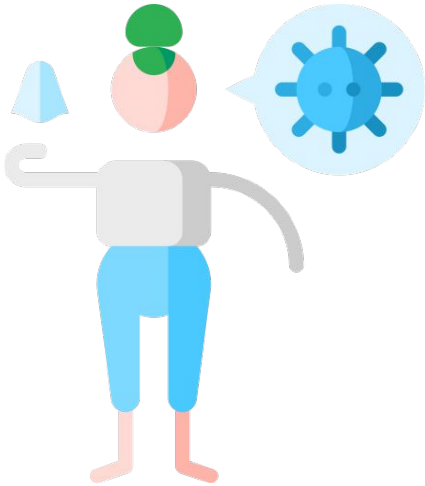
Vaccine Uptake



Learning objectives

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

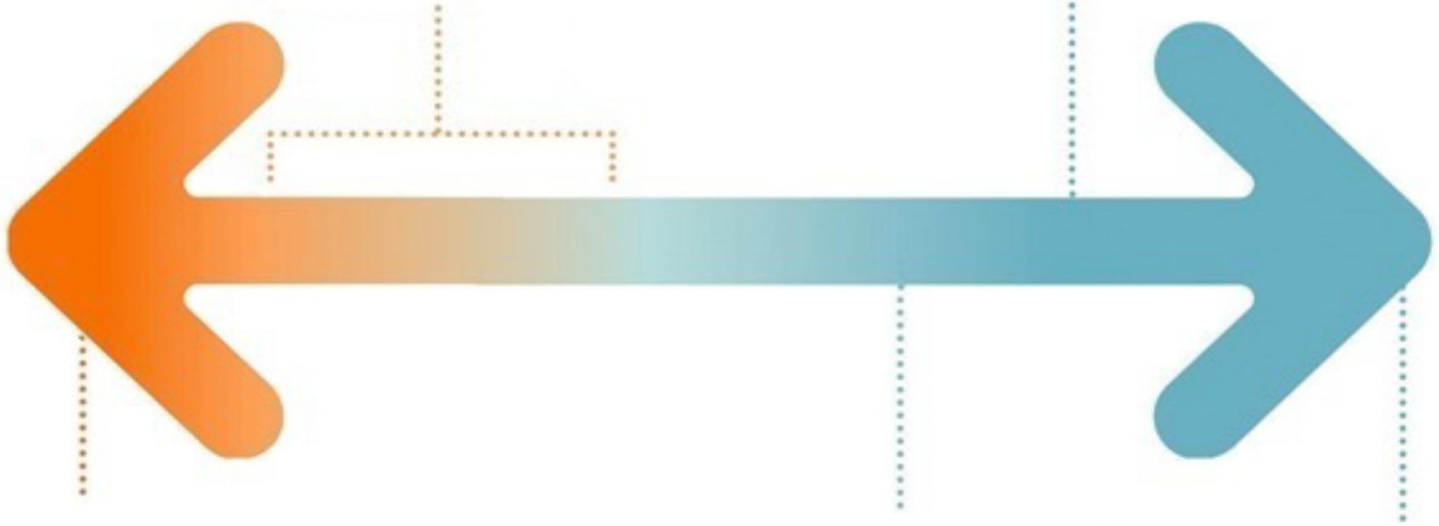
- Explain how personal biases and perceptions can affect vaccine acceptance and how to address these as part of their role.
- Identify and manage varying levels of vaccine acceptance in community and apply appropriate communication and community engagement strategies to address different audiences.
-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



Spectrum of vaccine hesitancy/ acceptance

Vaccine hesitancy:
Vaccination is accepted but with delays, or it is rejected outright, despite availability (acceptance, delay, and/ or rejection of certain vaccines).

Active demand:
The public actively demands the services.



Rejection of all vaccines

Passive acceptance:
The public accepts vaccination services without seeking them out

Supply and access:
Availability of services and vaccinators for example, immunization services, knowledge and skills of health personnel.

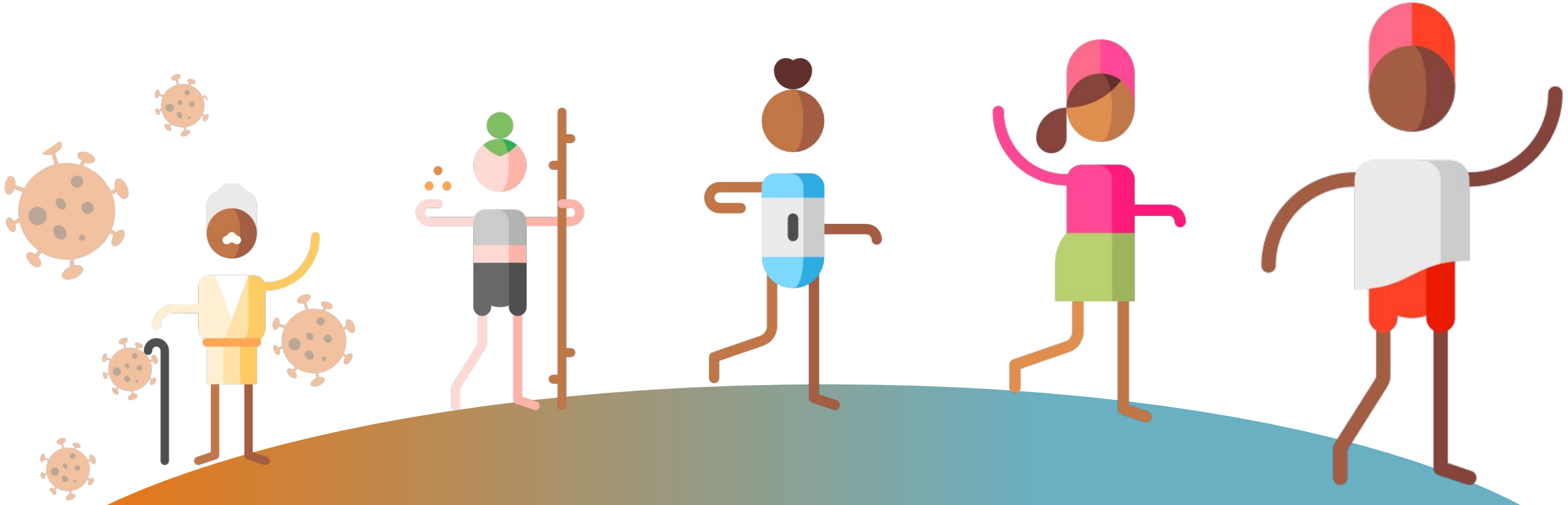
Source: Adapted from SAGE Group on Vaccine Hesitancy. Report of the SAGE working group on Vaccine Hesitancy [Internet]. 2014

CON

I do not want the vaccine

PRO

I want the vaccine as soon as I can get it



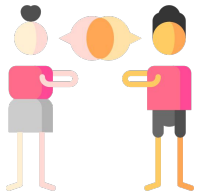
Debate overview

Round	Explanation	minutes
1. Preparation	Teams have time to prepare the points they can present to defend the view they have been assigned. They decide which two people will make their arguments in the actual debate.	15’
2. PRO presents arguments	The PRO team explains why their viewpoint is the best.	3’
3. CON presents arguments	The CON team explains why their viewpoint is the best.	3’
4. Team discussion & preparation	The teams both have time to gather and plan their next arguments privately.	1.5’
5. PRO team criticises CON’s points	The PRO team criticises the CON team’s viewpoint and arguments.	3’
6. CON team criticises PRO’s points	The CON team criticises the PRO team’s viewpoint and arguments.	3’
7. Team discussion & preparation	The teams both have time to gather and plan their next arguments privately.	1.5’
8. PRO response to criticism	The PRO team has a chance to defend themselves from the points that the CON team raised against them.	3’
9. CON response to criticism	The CON team has a chance to defend themselves from the points that the PRO team raised against them.	3’
10. Team discussion & preparation	The teams both have time to gather and plan their next arguments privately.	1.5’
11. PRO final argument	PRO team makes their final arguments about why their viewpoint is better and why.	1’
12. CON final argument	CON team makes their final arguments about why their viewpoint is better and why.	1’

COVID-19 vaccine uptake debate guidelines

The facilitator will keep time. You may not go beyond your allowed time.

The teams will get time to prepare before each debate round.



Only the two chosen representatives from each team may talk 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!

Team members may pass written notes to the speakers during the debate.

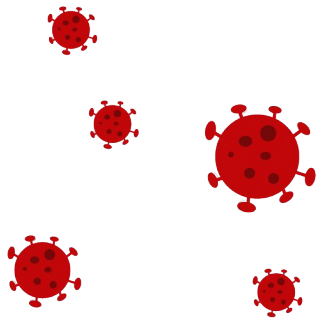
Plenary

20 minutes

ROLE PLAY

07

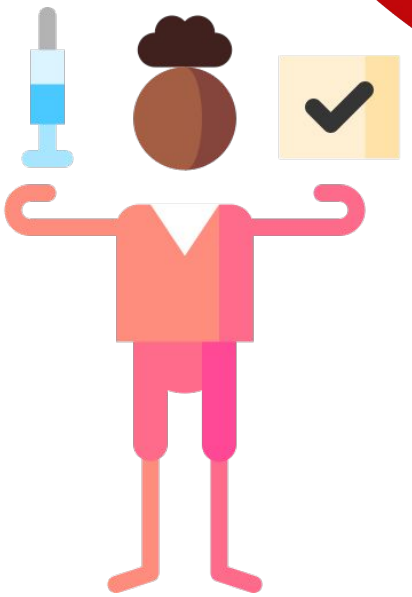
Infrastructural Barriers



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.
- Define strategies to identify and connect health agencies and existing RCCE mechanisms with community needs and capacities.

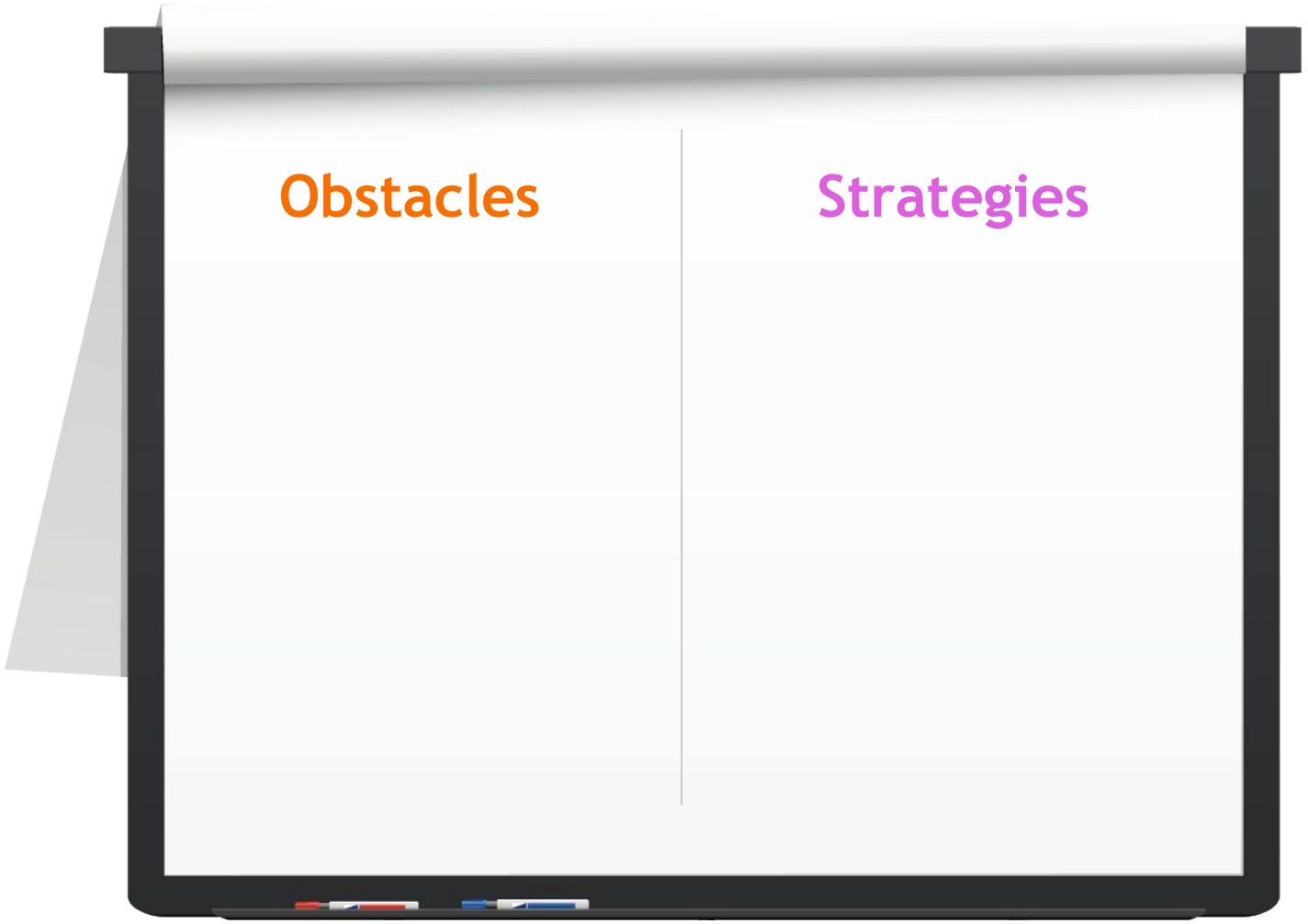


Maya

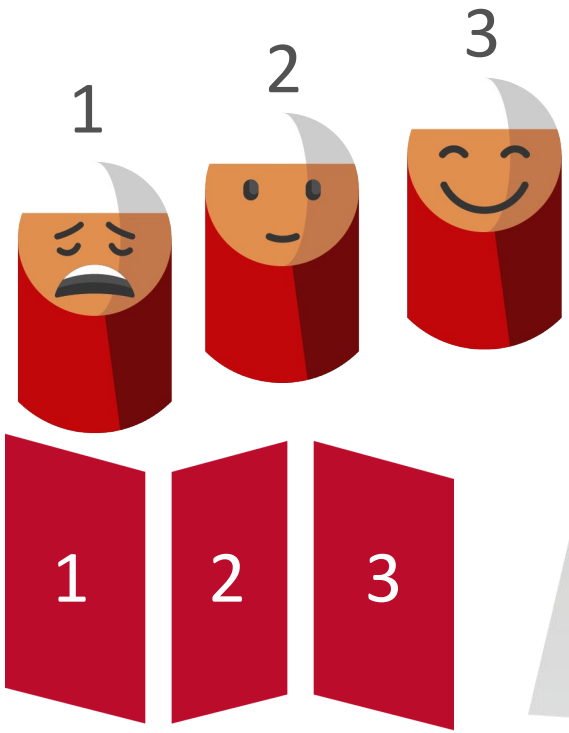
a CHW from a small community.

"Let's brainstorm some ways that Maya might respond."

Obstacles and strategies

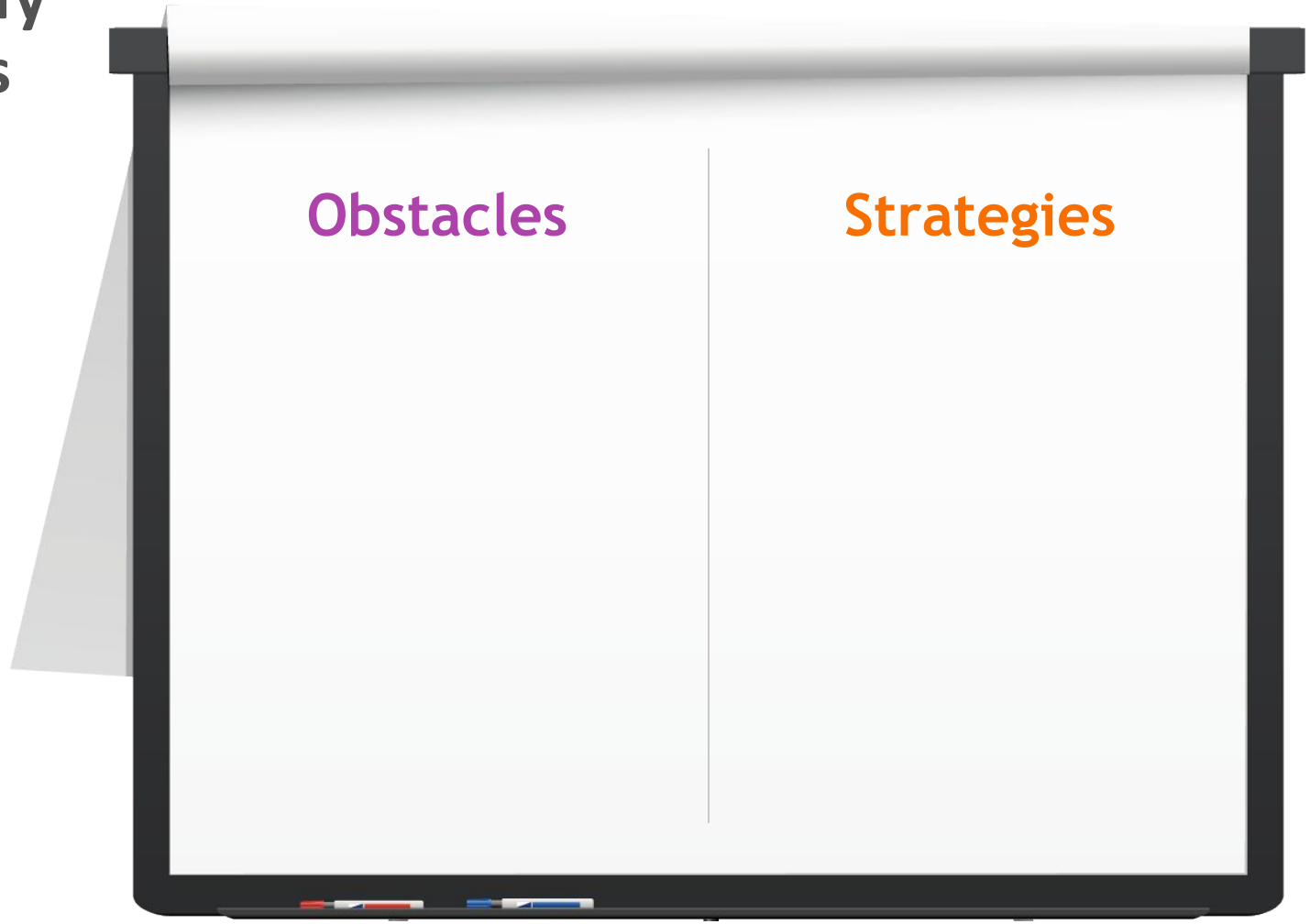


Let’s rate how Maya does

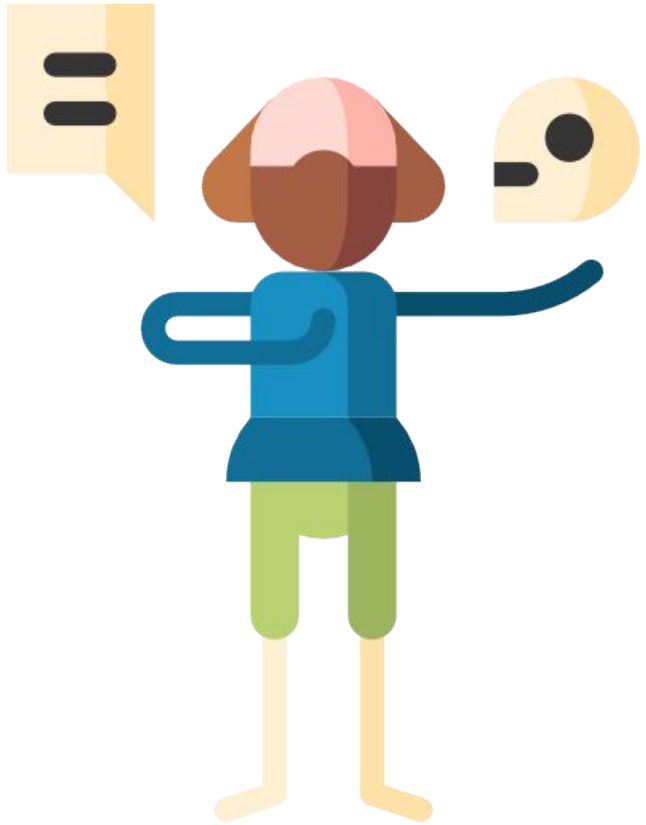


- Manages myths/misinformation
- Provides accurate information
- Is respectful
- Shows confidence in COVID-19 vaccine
- Explains the risks in refusing the COVID-19 vaccine
- Is convincing

In groups of three, identify 1-2 obstacles



Role plays



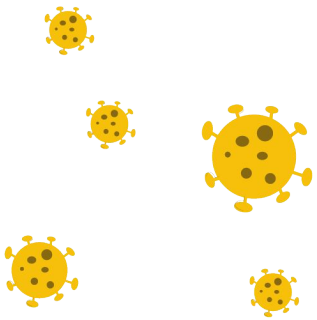
- Groups of 3
- Roles:
  - CHW
  - Infrastructure
  - Observer
  - Groups of 3
- Choose 1-2 obstacles
- Plan dialogue
- Perform for another group

Plenary

20 minutes

08

Vaccinate Me



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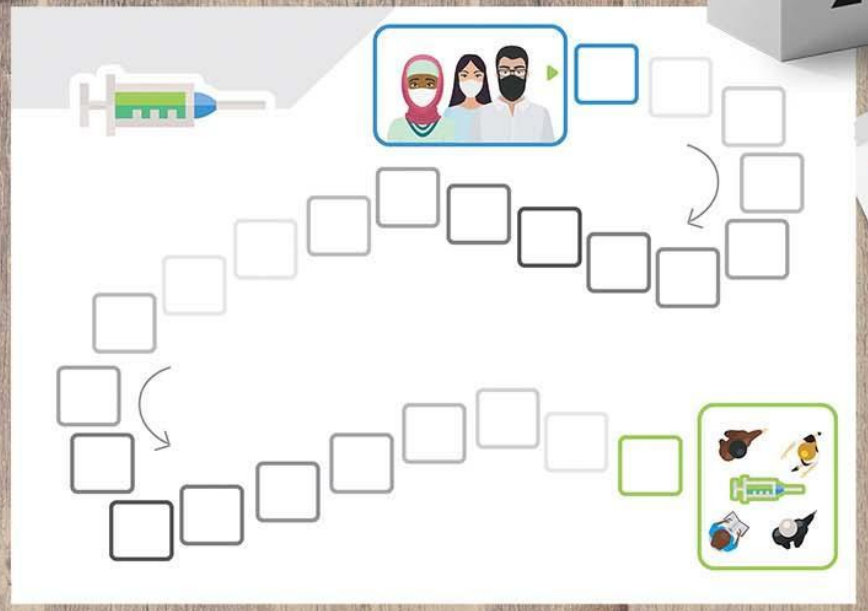
Vaccinate Me game

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

The goal of the game is to reach the finish line successfully having at least 1 Health Coin (HC) in your 'bank statement.'

The board game components:

- Game board and die
- Health Coins statement sheet
- Cards

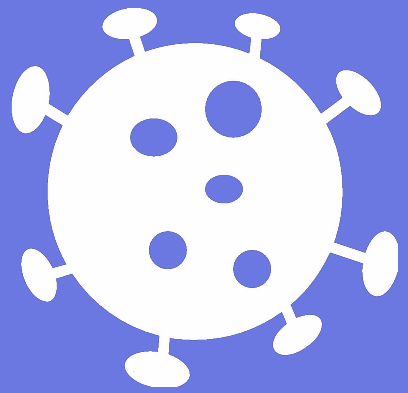


Play the game

Plenary

20 minutes

Evaluation



Conducted today

LEVEL 1

Conducted today

LEVEL 2

LEVEL 3

Sent to you in three months.
We will check in on how you brought this learning back to your community.