eCBHFA
Immunization
Facilitator guide for empowering communities
The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest volunteer-based humanitarian network, reaching more than 150 million people each year through our 191 member National Societies and 12 million volunteers. Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

The Red Cross Red Crescent Movement especially aims to serve those left behind – people who are out of reach, out of sight, left out of the loop, out of money, or out of scope.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

Acknowledgments

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# Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Introduction and welcome</td>
<td>11</td>
</tr>
<tr>
<td>Topic 1 - Disease, infection and vaccination</td>
<td>15</td>
</tr>
<tr>
<td>Topic 2 - Vaccine-preventable diseases</td>
<td>19</td>
</tr>
<tr>
<td>Topic 3 - Following the national vaccination schedule</td>
<td>25</td>
</tr>
<tr>
<td>Topic 4 - Promoting complete vaccination</td>
<td>29</td>
</tr>
<tr>
<td>Topic 5 - Common barriers to vaccination</td>
<td>34</td>
</tr>
</tbody>
</table>
Introduction

Reaching the fifth child

Two to three million people’s lives are saved every year thanks to the success of vaccine programmes around the world.

Vaccines have helped get rid of smallpox, have nearly put a stop to polio and have dramatically reduced disability and child death rates worldwide. With the exception of safe water, nothing else, not even the use of antibiotics, has had such a major effect on reducing deaths, illness and disability and on allowing the population to grow.

It is estimated that about 85 per cent of children in the world receive routine infant immunizations. Most of the rest – about 20 million children, or nearly one in five – who do not receive vaccines often live in urban slums or remote communities and may face conflict, extreme poverty, or other conditions that make them vulnerable. Reaching these children is the challenge facing immunization programmes everywhere.

In the past ten years, there have been some new challenges that have had an effect on vaccine programmes. One of the major challenges is wrong or misleading information, often from social media, about the safety and effectiveness of vaccines. This can make parents and other caregivers hesitant to vaccinate their children. This has led to diseases like measles reappearing, with large outbreaks and many deaths from preventable diseases.

IFRC and the Red Cross Movement have an important role to play to increase access to vaccines everywhere, but particularly in vulnerable communities. Immunization programmes are also putting in place strategies to increase trust in vaccines and vaccination programmes and to improve the quality of immunization services. Red Cross Red Crescent volunteers are very well placed to access and talk to communities to address the problem of people being hesitant to vaccinate their children (known as “vaccine hesitancy”). It is part of our commitment to support parents in their efforts to fully protect their children and themselves throughout life.

The two main goals now are to reach the fifth child and to deal with vaccine hesitancy.

All countries have their own challenges, which may include parts of the population living in hard-to-reach areas, a country in conflict or experiencing frequent or unpredictable crises. Countries also have the challenge of dealing with vaccine resistance. This is where the IFRC with its strength in involving communities can make a massive contribution to reaching everyone with life-saving vaccines.

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This eCBHFA facilitator guide will equip you with basic information about immunization – how it works, and how to support your community with the right information and motivate them to protect their families. No two communities, or even families, are the same, and so the ability to adapt our work to the context is critical in this effort. You are a vital part of a global movement to protect every person from vaccine-preventable diseases.

Your role in reaching households is incredibly important, both for protecting children from vaccine-preventable diseases, but also for introducing families to the health system. When children are vaccinated, it is possible to bring them and their families into the formal health care system where they can receive maternal and child health services and broader health care. A positive experience with vaccination helps us to reach the unreached and the most vulnerable groups and fragile communities with more health services.

**Immunization module topics**

This is the core information that all Red Cross Red Crescent volunteers should know and be prepared to share with community members.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disease, infection and vaccination</td>
</tr>
<tr>
<td>2</td>
<td>Vaccine-preventable diseases</td>
</tr>
<tr>
<td>3</td>
<td>Following the national vaccination schedule</td>
</tr>
<tr>
<td>4</td>
<td>Promoting complete vaccination</td>
</tr>
<tr>
<td>5</td>
<td>Common barriers to vaccination</td>
</tr>
</tbody>
</table>

**RED CROSS RED CRESCENT COMMUNITY VOLUNTEER ROLE IN IMMUNIZATION**

Community volunteers have a critical role to play in promoting childhood immunizations and vaccination campaigns by:

- promoting routine immunization in the community, especially to women of reproductive age, newly pregnant women and households with children
- sharing information about vaccination campaigns with community members
- helping to organize vaccination sites during campaigns
- bringing people to vaccination sites and making sure that all eligible people have been vaccinated
- explaining the benefits of immunization to members of the community
- reassuring parents about the safety and efficacy of vaccines
- supporting the local health centre during National Immunization Days
- knowing the national vaccination schedule
**Detailed and timed agenda page**

<table>
<thead>
<tr>
<th>Introduction and welcome</th>
<th>30 min</th>
<th>Tool 1.0 Word tree</th>
</tr>
</thead>
</table>
| Topic 1: Disease, infection and vaccination | 60 min | Tool 1.1 Vaccine infographic  
Tool 1.2 Vaccination is like….. |
| Topic 2: Vaccine-preventable diseases | 60 min | Tool 2.1 Fill in the blanks. A story of disease  
Tool 2.2 Name and fame the most common VPDs.  
Counselling cards |
| Topic 3: Following the national vaccination schedule | 65 min | Tool 3.1 Vaccination planner  
Tool 3.2 Vax timeline infographic |
| Topic 4: Promoting complete vaccination | 65 min | Tool 4.1 Making a plan  
Tool 3.1 Vaccination planner |
| Topic 5: Common barriers to vaccination | 130 min | Tool 5.1 Card sort  
Tool 5.2 Responding to resistance fact sheet |
| Vax facts board game (on its own) | 30 min | Tool 5.3 Vax facts board game |
Introduction and welcome

Overview

This is an opportunity to set the tone for the day. It will help volunteers prepare for what is to come. You should aim to present yourself as a guide for learning, rather than as a teacher who has all the answers. This session should help you begin to understand how much your group knows about immunization and how vaccination is perceived in their communities.

Learning objectives

By the end of this session, volunteers will:

1. Explain the goals of the eCBHFA immunization training
2. Introduce themselves
3. Understand the basic structure and flow of the training
4. Share their views of how the community currently understands immunization

Outline of activities

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
<th>Toolkit reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5 min</td>
<td></td>
</tr>
<tr>
<td>Overview of training</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>Introduction exercise: “Vaccination is…..”</td>
<td>15 min</td>
<td>Tool 1.0 Word tree</td>
</tr>
</tbody>
</table>
Materials

- Flipchart, markers, post-its or note cards
- Tool 1.0 (word tree)
- Nametags, sign-in sheet, as required/desired

Preparation

1. Write the learning objective on a sheet of flipchart paper and tape it at the front of the room.
2. Prepare or print word tree exercise.

Introduction

1. Introduce yourself and welcome trainees to the session.
2. Explain:
   - That the training is based on a belief that Red Cross Red Crescent volunteers can help to increase immunization coverage at community level.
   - That volunteers are an essential part of a worldwide movement to protect children from vaccine-preventable diseases.

Overview of training

3. Explain:
   - The training is set up to adapt materials on immunization to local context and challenges.
   - The goal of this training is to teach basic information about immunization and to focus this as much as possible on community and local context.
4. Ask:
   - Are there any “burning questions”, or any particular goals, concerns or questions they hope will be answered in the learning? Write these on the flipchart or area visible to all.
   - Highlight any questions that fall outside this training, and if possible, direct them to other eCBHFA modules or resources for support.

Introduction exercise

5. Say:
   - You want to do two things with this quick exercise:
     - Ask everyone to introduce themselves.
• Ask everyone to complete the sentence: “People in my community THINK VACCINATION IS...”.

6. Explain:
• The answers do not have to be correct or accurate and need only be shared if they feel comfortable doing so. But ask volunteers to imagine what their family, neighbours etc. feel and think about vaccination. Feelings can be positive or negative.
• They may focus on things like vaccination is “important” or “critical” or they may describe it, “vaccination is about getting my child protected” or in some cases even, more technical, “vaccination is about creating immunity”.

7. Say:
• All answers are useful, and each participant might want to contribute more than one. Promote honesty and not simply how they think vaccination should be described.
• Participants should listen to all contributions, but reserve their comments for discussion later in the session.

8. Do:
• Write contributions down on flipchart paper or similar and begin to cluster these by theme. Themes could include:
  • Importance (critical, not a priority...)
  • Difficulties (confusing, hard to remember, vaccine shortages, poor treatment by health workers...)
  • Safety (safe and effective, too many, too few)
  • Awareness/knowledge (about protecting children, people do not know, people do not think about it)
• You can also draw a simple word tree to begin to organize this feedback, with branches for each theme that comes up. Write “Immunization” at the base of your tree and explain that the branches represent the beginning of community views.
• There is a sample in your toolkit (tool 1.0), but your word tree does not need to be too complicated. Simply drawing one on your flipchart paper or white board can help save time.

9. Reflect:
• You should start to see common themes emerge. For example, people may say that people do not know or care about vaccination. Or feel there are concerns about safety or effectiveness of vaccines. They may highlight a lack of vaccine supply, or poor treatment at the vaccination site or clinic. Equally, they may say that vaccination is important for all parents to know about, and that children should be protected against diseases that can be prevented by vaccines.
Wrap-up

1. Read out the themes and explain that they will learn how to accurately explain immunization and the country’s vaccination schedule to the community, but that they need to make sure that they always consider existing community beliefs, concerns and values in how they adapt the messaging and prioritize information and how it is delivered.

2. Explain that accurate information is only part of how people make decisions and that they will learn more about this in later topics.

3. Thank everyone for their honesty and input.
Topic 1
Disease, infection and vaccination

Overview

In this topic you will learn that vaccination provides important protection against disease and that vaccines are safe, effective and affordable. However, vaccination can be a difficult concept for people to understand so it is helpful to have a quick and easy way to describe it during your work with communities.

Learning objectives

On completion of this topic, volunteers will be able to:
1. Explain the principles of infection, disease and how the body protects itself
2. Explain the role of vaccination in protecting children against disease
3. Use an analogy that fits the local culture to explain vaccination

Outline of activities

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
<th>Toolkit reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection, disease and vaccination</td>
<td>20 min</td>
<td></td>
</tr>
<tr>
<td>What is a vaccine?</td>
<td>15 min</td>
<td>Tool 1.1 Vaccine infographic</td>
</tr>
<tr>
<td>Using analogies to explain vaccination</td>
<td>15 min</td>
<td>Tool 1.2 Vaccination is like…</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>5 min</td>
<td></td>
</tr>
</tbody>
</table>
Materials

- Flipchart paper and markers, or similar
- Immunization volunteer guide
- Vaccination graphic – Tool 1.1
- Vaccine is like…. – Tool 1.2

Preparation

1. Write the learning objectives for Topic 1 on a sheet of flipchart paper and tape it at the front of the room.
2. Prepare toolkit contents as described above.
3. If not already done, distribute a copy of the immunization volunteer guide and toolkit to each trainee.

Facilitator directions

Infection, disease and vaccination

1. Introduce the learning objectives one by one, using the flipchart.
2. Ask participants to start reading the short Infection, disease and vaccination section in Topic 1 in the volunteer guide.
3. Divide the group into pairs to discuss the reflection questions together. They should be prepared to respond back to the larger group.
4. They will have ten minutes to read and discuss.
5. After 15 minutes, hold a brief group discussion to check for understanding. Monitor responses for evidence of learning.
6. Explain, correct and review:
   - When germs such as bacteria or viruses invade your body, they attack and multiply.
   - This invasion is called an infection, and the infection is what causes illness and disease.
   - The first time the body encounters a germ, it makes and uses all the germ-fighting tools, called “antibodies”, needed to get over the infection. This can take several days.
   - After the infection, the body’s immune system remembers how to protect the body against that disease.
   - In other words, the body remembers – and can act quickly if it encounters the same germ again.

What is a vaccine?

7. Using the Vaccine infographic (Tool 1.1), explain that:
   - Vaccines help develop immunity by imitating an infection.
• Vaccines do not cause illness, but they do cause the immune system to produce germ-fighting tools, called antibodies, needed to protect the body from the disease.

• Vaccines encourage your body’s natural immune response by safely introducing a weakened form of the disease through the vaccine. **In other words, a vaccine acts like an infection, without making you sick.**

• Vaccines are normally delivered through injection, though they can also be given through drops (polio is one example), or through inhalation (some flu vaccines).

• Though no vaccine offers 100 per cent protection, if you are vaccinated, your body will be much better able to protect itself against that disease if it ever tries to invade again. The vaccine helps your body to remember and to develop long-term immunity against that particular disease.

• The act of giving someone a vaccine is called **vaccination or immunization.**

• Sometimes a vaccine needs to be given many times, in a series, to help remind the body how to recognize the disease and develop immunity.

• Vaccines are safe and effective and the strongest protection available against vaccine-preventable diseases.

• Today, immunization is considered to be one of the most important public health interventions, and it is estimated that the lives of two to three million children are saved by vaccines every year.

**Using analogies to explain vaccination**

8. Explain that:

• Vaccination and immunity can be difficult ideas for people to understand.

• One way to explain the importance of vaccinating children to their families is to use an “analogy”. This means making a comparison between what you want to explain and something more common or familiar to your audience, to try and make the difficult idea clearer. This helps people remember and can make it more relevant to their lives.

• Think of an analogy for vaccination that might work in your community. Try them out in your community and see which one works best.

9. Here are a few ideas to get you started. Use **Tool 1.2** for more.

   **Example: Soldiers preparing for battle:** A vaccine helps your body to make soldiers to fight against an enemy invader, in this case a disease. For example, the measles vaccine helps your body create special soldiers to protect from a measles invasion.

   So, if the real disease turns up, your body can respond quickly and fight it so that you do not fall sick.

   **Example: Studying for an exam:** Vaccines are like teachers. They train and teach the body to remember certain diseases.

   So, when the exam comes (when the disease invades the body), your body will know how to fight it.

10. You can think of your own analogy by simply finishing the sentence: **“Vaccination is like...”**. **Remember** analogies work best when they are drawn from people’s everyday experience or from local stories, culture and traditions. In this way, they help people to learn and better remember facts by
relating them to something they already understand or with which they are familiar.

Exercise: Tool 1.2: “Vaccine is like…” infographic and exercise

This exercise is intended to explain the way vaccines work in different ways that people can relate to.

11. Divide the group in pairs, or small groups of three to four, depending on size and preference. Print out the poster and post it somewhere everyone can see it. Read each panel using the words written below them.

12. When you have finished, ask participants to:
   - Discuss the relevance of the sample analogies. Why do they work? Or not?
   - Now, come up with an analogy of your own! Think about your community context and what might work best among mothers/caregivers where you live.
   - How would you complete the sentence “Vaccination is like_______?”

Group reflection: agreeing on an appropriate analogy

13. Invite pairs or groups to share their discussions and answers to the guiding questions.

14. Once complete, ask each group which was the most compelling analogy for vaccination? Is it accurate? Memorable? Appropriate? Why is it effective or compelling?

15. Review sample analogies in the volunteer guide and those shared by the groups.

16. VOTE! The whole group votes on the best example. With a show of hands, ask the group to select the best example. These could include those shared in the volunteer guide or any given by the facilitator.

17. Write the chosen analogy on the whiteboard/flipchart paper so everyone can see it.

18. Now, ask each participant to say the selected saying or analogy out loud. This helps them try it out, remember it, and hear it spoken, so they know how to use it within the community.

19. Ask each team member to write it down.

Wrap-up

1. Infection is caused by bacteria and viruses that invade your body.
2. Your body responds by making antibodies that fight the infection.
3. Vaccines are safe and effective and are a natural way to help to prepare your body to fight off infection.
4. Sometimes it can be hard for people to understand how vaccines work. However, comparing vaccination/immunization to something memorable or familiar can help you to explain it to your friends, family and neighbours.
5. Read out the chosen analogy.
**Topic 2**

**Vaccine-preventable diseases**

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**Overview**

In this topic you will learn that children get sick for many reasons and that vaccines can protect them from diseases like polio, diphtheria, pertussis (whooping cough), tetanus, tuberculosis and measles. When given at the right time by qualified people, vaccines are safe and effective.

**Learning objectives**

On completion of this topic volunteers will be able to:

1. Name the common vaccine-preventable diseases that threaten their community
2. Explain possible side-effects following vaccination/immunization
3. Explain the danger of not vaccinating
4. Explain that immunization is safe and effective and the best protection against vaccine-preventable diseases.

**Outline of activities**

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
<th>Toolkit reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common childhood vaccine-preventable diseases</td>
<td>15 min</td>
<td></td>
</tr>
<tr>
<td>Protecting children from disease through vaccination</td>
<td>15 min</td>
<td>Tool 2.2: Name and fame the most common vaccine-preventable diseases (VPDs). Counselling cards</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>5 min</td>
<td></td>
</tr>
</tbody>
</table>
Materials

- Flipchart paper and markers, or similar
- Immunization volunteer guide
- Fill in the blanks: a story of disease – Tool 2.1
- Name and fame. VPD counselling cards – Tool 2.2

Preparation

1. Write learning objectives for Topic 2 on a sheet of flipchart paper and tape it at the front of the room.
2. Prepare toolkit contents as described above.
3. Come prepared with a personal story of a sick child or a story related to immunization to help kick off the exercises.

Facilitator directions

Introduction

1. Introduce the learning objectives one by one, using the flipchart.

What makes children sick?

2. Ask the entire group what they think are the most common reasons that children get sick in their community. As they call out answers, write them on a flipchart.
3. Explain that:
   - It is useful to know about the diseases and health problems that children face in your community. This will help you to understand the health issues that parents and other caregivers may be most concerned about.
   - These may be more of a priority with them than vaccine-preventable diseases.
   - You should also make sure that you know any local names for diseases so that it is easier to talk to families about them.
   - Children get sick for many reasons. For example, poor nutrition, poor sanitation and lack of access to clean water can make them ill.
   - Children can also catch diseases that cannot be prevented with vaccines and diseases that can be prevented with vaccines (vaccine-preventable diseases).
   - Communities with high levels of malnutrition and poor child health are more vulnerable to disease and disease outbreaks.

Remember: even diseases that are not currently common in your community can return at any time if children are not protected.
Exercise: Tool 2.1: A story of disease

4. Ask the group to turn to Tool 2.1 in the toolkit: Fill in the blanks – a story of disease.

5. Explain that:
   - People remember stories much better than facts and information.
   - Tell your participants you are going to create a story together about disease.
   - You may print out this exercise, or simply talk them through it if literacy is a challenge. Fill in the blanks together.

Exercise: sharing our stories

6. Ask volunteers to think about a time when “your child, or a child you know (neighbour, relative, friend…) was sick”.

7. Give participants 5 minutes to think about this and to make some notes in their notebooks. They should be trying to fill in the blanks in Tool 2.1.

8. Ask them to consider not just the facts, but how they felt, and how this affected other community members involved.

9. Tell them that you may ask them to share their stories.

10. Prepare your own story in advance. Do you have any examples you can use to kick things off? Remember the purpose of this exercise is to remind volunteers that stories are more memorable than facts. Try to link your story to a vaccine-preventable disease. Maybe someone you know had measles, polio or whooping cough.

11. After 5 minutes, ask volunteers to get into pairs to share their stories. Ask them to explain as much as possible, how it felt and how the illness impacted their child, or those of their colleagues, friends, and neighbours.

12. After 10 minutes, ask participants to return to the group.

13. Ask the whole group to share what they remember from the stories. Ask for details. Did they remember the clinical or medical names or reasons for sickness?

14. Or did the human and emotional impact stick with them more?

15. Explain that:
   - Storytelling is one of the most effective ways of sharing information.
   - Parents are more likely to remember stories than simple facts, especially if they can relate to something with which they are familiar.
   - Think about how you can work stories into your work with communities.
   - Our own stories can be powerful tools for reaching parents.
   - Our best approach is to use storytelling to reach parents emotionally, but also to include facts about vaccination and disease prevention.

Common childhood vaccine-preventable diseases

16. Say:
   - Let us look at diseases in more detail.
   - It is helpful to understand the links between common symptoms, the disease and the vaccine that can help prevent it.
   - The table in your volunteer manual can provide you with a handy reference to the basics.
17. Ask volunteers to look at the table and particularly at the information on the effects of each disease (the column “In brief”). Ask if anyone has any experience of anyone close to them getting any of the diseases listed. If so, what was the impact on the sick person and on their family?

18. Remember: vaccines **prevent** disease, they are **not treatment** for disease. So, use the information in the chart to help parents understand the impact of disease on their child.

The best decision is always to vaccinate before children in the community become sick.

19. Vaccines can offer a simple, often free protection from disease. Children who are vaccinated will have a greater chance to live healthier and longer lives.

**Remember!** Your job is not to diagnose sick children. As a general rule, when children experience some combination of long-term fever, vomiting, extended periods of diarrhoea, pain (joint, stomach, chest) and cough, they should be taken to the nearest clinic or health worker for diagnosis and treatment.

**Protecting children from disease through vaccination**

20. Explain that:

- Vaccination protects girls and boys against childhood diseases that can make them very ill or even kill them.
- They encourage people’s immune systems to produce a defence against the real disease.
- Countries encourage what is called “routine vaccination”, which simply means the minimum number of vaccines required for a child to be protected.
- Ask participants to name as many vaccine-preventable diseases as possible.
- Write them down on a flipchart and add any that may have been left out.
- These are the most common vaccines in routine immunization schedules to protect both children and adults against many vaccine-preventable diseases:
  - Diphtheria
  - Pertussis
  - Tetanus
  - Hepatitis B
  - Haemophilus influenza B
  - Polio
  - Measles
  - Mumps
  - Rubella
  - Meningitis
  - Yellow fever

**Exercise: Tool 2.2: Name and fame the most common VPDs. Counselling cards**
Part 1: 15 minutes

21. Ask participants to form groups of 3.
22. Give each group a copy of the counselling cards. Explain that as a group they will present all cards to each other.
23. Give them some time to look through the cards and to divide them evenly among themselves, so that each participant will present 4 cards.
24. Give them 5 minutes to review the cards – the name of the disease and the related symptoms and vaccine.
25. Now, ask each member of the group to present to the others. They should present the name of the disease, symptoms and vaccine.
26. It does not matter if the presentations are not perfect. Tell them it is the first step in learning this complicated information. It also helps to put us in the shoes of the community and the kinds of information we may expect them to know and remember. Ask them to think of this when they work with community members.

Part 2: 20 minutes

27. Now, ask them to discuss as a group which disease they think children are most at risk of contracting in their community.
28. Organize the cards in order of risk, from highest to lowest.
29. Ask each group to present their views in turn and discuss why they made these choices.
30. Ask the whole group if they think their friends, neighbours and family members are aware of these diseases and the risks they pose? Could you play a role in raising their awareness?

31. Guiding questions may include:
   - How did you make this decision?
   - Which diseases or vaccines did you find the most difficult to explain?
   - Can you think of any ways that we can help parents remember?

32. Explain that these cards are in the toolkit and can be valuable discussion tools to understand existing knowledge, risk and priority among the community.

33. Explain that:
   - When vaccines are given at the right time, by qualified people, vaccination is safe and effective.
   - Sometimes children can have some side-effects following a vaccination, such as a slight fever and redness or soreness where the injection was given. In some cases, parents see this as evidence that the vaccine is working.
   - These side-effects usually go away quickly and are easily treated. Serious reactions to vaccinations are very rare.

34. It is safe and important to vaccinate ALL children. This includes:
   - Healthy children
   - Children with disabilities
   - Newborns: this also means vaccinating pregnant women to protect their unborn babies
   - Very young infants, older children and adolescents
   - Sick children who have coughs, colds, diarrhoea, fever or malnutrition. The physician or health worker will make the final decision whether to
vaccinate a sick child.

35. The risk of illness and death from NOT vaccinating is far more serious than any temporary side-effect from the vaccine itself. A child who is NOT vaccinated is more likely to get sick from disease, to become permanently disabled, undernourished or die prematurely.

**Remember:** vaccination is not just for the benefit of the person being vaccinated. When target vaccination rates are reached, it is much more difficult for disease to spread among the population. This helps protect the most vulnerable in your community, including children who are too young to be vaccinated, people with immune system problems, and people who might be too ill for vaccination (cancer patients, for example). This is called “herd immunity”.

**Tip:** If you want to dig further into herd immunity, there are many simple animations online. Here are a few places to start:

- https://vimeo.com/264967033

**Wrap-up**

1. Vaccines offer a powerful, safe and affordable protection from disease. They help prevent disease.
2. Even when diseases have not been present in your community, they can come back at any time and make unvaccinated children sick.
3. Children may experience minor side-effects, such as fever or soreness, but more serious reactions are very, very rare.
4. A fully-vaccinated community helps protect people who cannot be vaccinated. This is called herd immunity.
Topic 3
Following the national vaccination schedule

Overview

In this topic you learn about the national vaccination schedule. This is a national plan that tells you which vaccines should be given to children at what age. Babies, older children, adolescents and even adults need vaccines so that they are protected from some diseases throughout their lives.

Learning objectives

On completion of this topic volunteers will:
1. Explain that vaccines should be delivered at certain times in children’s lives to work best
2. Explain which vaccine-preventable diseases are in your national vaccination schedule
3. Say that vaccination is important not only in childhood but throughout life

Outline of activities

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
<th>Toolkit reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>National vaccination schedule</td>
<td>45 min</td>
<td>Tool 3.1 Vaccination planner</td>
</tr>
<tr>
<td>Immunization: a lifelong process</td>
<td>15 min</td>
<td>Tool 3.2 Vax timeline Infographic</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>5 min</td>
<td></td>
</tr>
</tbody>
</table>
Materials

- Flipchart paper and markers, or similar
- Immunization volunteer guide
- Vaccination planner – Tool 3.1
- Infographic – Tool 3.2
- Your national vaccination schedule
- A sample vaccination booklet from your country

Preparation

1. Write learning objectives for Topic 3 on a sheet of flipchart paper and tape it at the front of the room.
2. Prepare toolkit contents as described above.
3. Copy or write your national vaccination schedule down on flipchart paper to save time in discussion.
4. Prepare a copy of the national vaccinations schedule for each participant.

Facilitator directions

The national vaccination schedule

5. Explain that:
   - Vaccines need to be delivered at the right age in a child’s life to work best.
   - This is why each country has a national vaccination schedule. This is a plan that outlines which vaccines (and how many doses) should be given to children and at what age.
   - It is important to vaccinate infants and children early in life when they are at their most vulnerable and before they are exposed to dangerous diseases.
   - Most parents already know that vaccinations can prevent disease, and they do not need further convincing. More importantly, they need to know:
     - When and where to bring their child for the next vaccination
     - What common side-effects they might expect
     - What they should do if these occur
     - Any wrong information or concerns should also be addressed with correct information (more on that in Topic 4)
   - You do not have to be an expert in vaccine-preventable diseases. However, it is important that you are familiar with the diseases and vaccines in your country’s national vaccination schedule.
   - Learning the common symptoms of these diseases and their vaccines can also be helpful when visiting homes where you may see sick chil-
dren. Remind yourself of the chart and exercise in Topic 2 where you learnt about common childhood diseases, their symptoms and their related vaccines
• The most effective protection from these diseases is vaccination.

Exercise: Tool 3.1: Vaccination planner
6. Start by pointing out the country’s vaccination schedule from the flipchart.
7. Many parents do not vaccinate their children because they are not familiar with the routine vaccination schedule, and when they must visit or return to the clinic. This tool will help provide a practical take-away for parents or caregivers with whom you work who have children under two years old.

Part I: Planning vaccination visits
8. Hand out copies of the national vaccination schedule.
9. As a group, highlight and confirm the diseases in your country’s vaccination schedule.
10. Break the group into pairs. Ask one person to play the role of a parent with a child under two years old, and the other to play the role of a volunteer.
11. Give each imaginary child a name and a birth-date that fits with the child being under two years old.
12. Next, ask “parents” to fill in Columns 1 to Column 3, that is, vaccinations required at different ages, vaccinations done and date to go to clinic. The “volunteer” should help. Remember, the objective is to practise using this vaccination planner tool.
13. Make sure the answers correspond to the national vaccination schedule.
14. At the end of the exercise, collect up the plans. You will need them in Topic 4.

Immunization: a life-long process
15. Put Tool 3.2: Lifelong vaccination infographic up where participants can see it to illustrate the following talking points:
16. Vaccines are not only for young children.
17. They can protect people from serious infectious diseases throughout their lives, from infancy and adolescence to early adulthood and old age.
18. Older children and adults often need vaccinations too, particularly during emergencies and outbreaks of disease, when many new cases happen in a short time.
19. Ask them to look at the chart in their volunteer guide showing key times in a child’s life for different vaccinations. They do not have to memorize this chart, but can have Tool 3.2 with them when they talk to community members and help them to make a vaccination plan.

Remember! In general, it is better to vaccinate late than never. In most cases, there is no upper-age limit for vaccinations. Make sure that you check your country’s recommended vaccinations for older children and adults. You may need to remind adults to not only vaccinate their babies, but their older children and even themselves.
Wrap-up

1. The national vaccination schedule is your guide to recommended vaccination.
2. Make sure you know the diseases prevented by vaccines in your country and the number of vaccination visits that families need to make to fully protect their children and themselves.
3. Remember how many clinic visits the group decided on after using Tool 3.1.
4. Vaccination is needed throughout all phases of life. Older children and adults often need vaccinations, particularly during emergencies and outbreaks of disease, when many new cases happen in a short time.
Overview

In this topic you learn that only children who receive all of the doses of the vaccines in their national vaccination schedule are fully protected against disease. You will also learn that resistance to vaccination, though challenging, is not normally the main reason for unvaccinated children. You will look at ways to reduce the number of children who do not complete a full vaccination schedule, often referred to as drop-outs.

Learning objectives

On completion of this topic volunteers will:

1. Explain the importance of promoting full immunization according to the national vaccination schedule
2. Identify key moments in family and community life that can help people to remember when they should next vaccinate their children
3. Share any relevant national reminder systems (SMS, vaccination cards) that can reduce drop-outs with caregivers

Outline of activities

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
<th>Toolkit reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>The importance of complete vaccination</td>
<td>45 min</td>
<td></td>
</tr>
<tr>
<td>Making it easier to remember the vaccination schedule</td>
<td>15 min</td>
<td>Tool 3.1 Vaccination planner Tool 4.1 Making a plan</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>5 min</td>
<td></td>
</tr>
</tbody>
</table>
Materials

- Flipchart paper and markers, or similar
- Immunization volunteer guide
- Tool 3.1 Vaccination planner (filled in from Topic 3)
- Tool 4.1 Making a plan
- Your national vaccination schedule
- A sample vaccination booklet from your country

Preparation

1. Write learning objectives for Topic 4 on a sheet of flipchart paper and tape it at the front of the room.
3. Print out copies of Tool 4.1: Making a plan.
4. Display the national vaccination schedule on flipchart paper.

Facilitator directions

The importance of complete vaccination

1. As we have seen, some vaccines are given to babies right after they are born. Others come a few weeks, months or even years later and are given in several stages or doses.
2. Though no vaccine is 100 per cent effective, it is important that children receive all of the required doses of each vaccine. If they do not, they will not be fully protected against the disease.
3. Complete vaccination = complete protection.
4. That means that one of your main jobs as a volunteer is to help reduce the number of children who do not return for follow-up vaccines and who do not complete their vaccination schedule.

Making it easier to remember the vaccination schedule

5. Although most people are supportive of vaccines, they often forget when their child’s next vaccination is due, even when you have helped them make a plan, like Tool 3.1.
6. This is understandable. As we have seen, the schedule is long and complex. It is no wonder that this is one of the biggest reasons for drop-outs globally.
When thinking about vaccination coverage, there are generally three categories of children:

1. **Drop-outs** are children who receive one or more vaccinations, but do not return for follow-up vaccines to complete the schedule.
2. Children from **unreached or resistant** populations who do not use immunization services for their children for reasons including refusing and not being reached by the health system.
3. **Fully immunized** are children who have received all the necessary vaccinations according to the national schedule.

Our job is to help as many drop-outs and unreached children to become fully immunized, while offering positive feedback to families who have fully vaccinated their children.

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**Exercise: Tool 4.1: Making a plan**

7. Explain that:
   - Sometimes, we all need help to remember. We are busy and have other priorities. It is easy to forget when to go to the clinic for the next vaccination. Making a plan is a proven and simple way to help people remember.
   - Tool 4.1 is simple but powerful as it helps caregivers to form a concrete plan about when, where and how to prepare for and attend their next vaccination visit.
   - Consider Tool 3.1: Vaccination planner, that we filled in in Topic 3, as the overall roadmap, and Tool 4.1 as a reminder for parents/caregivers. It can be a good way to leave something with the people with whom you are working – and also gives you as a community volunteer something tangible to follow-up on.

**Instructions**

8. Give everyone a copy of Tool 4.1.
9. Ask them to take a few minutes to read it.
10. Explain that research has shown that committing in advance to something can be a very powerful motivator for future action. It helps make something general (“I will take my child for her next vaccination” more specific and tangible (“I will take Marie to the clinic for her next measles vaccination on September 12 at 12:30PM.”))
11. Tool 4.1 can be a very simple way to make things tangible and memorable.
12. Ask each person to take a few minutes to fill it out, based on the imaginary child from the vaccination planner exercise (Tool 3.1).
13. Explain that these are not vaccination reminder cards, but are instead a simple commitment device. It is therefore essential that the mother or other caregiver fill this out themselves!
14. Ask the group for any feedback on the form. Make any adjustments or suggestions to the form to suit your local context.
15. Guiding questions could include:
   - How did you feel filling out the form yourself?
   - How can this be used or improved in settings with low literacy levels?
   - Do you think this could be even more useful with more detail on transportation (how will I get there), logistics (who will look after my other children?) etc.?
16. When using this in your groups, ask parents/caregivers to put it somewhere they can easily see as a constant reminder.

17. As volunteers, this can also be a handy way to keep track of each family’s vaccination schedule in your area of responsibility.

Exercise: Tool 3.1: Vaccination planner (Part 2)

18. We are going to go back to the exercise we started in Topic 3, using Tool 3.1: Vaccination planner. It is important to find different ways to help parents remember their child’s next vaccination appointment so that they get all of the follow-up vaccine doses they need. One way to do this is to make the vaccination schedule relevant to their regular lives. You can do this by linking the vaccination schedule to real life events or personal experiences, such as religious or traditional days, birthdays or other milestones.

19. Examples could be:

- “Remember when your child has his/her naming ceremony it is time to visit the clinic!”
- “By your child’s first birthday, they should have had XX vaccines! Visit the clinic to make sure!”

20. See an example of a vaccine schedule linked to community and family traditions in the volunteer guide:

21. We will try to make the schedule more real by linking each visit to something else that is happening around the same time as vaccination— a community or family tradition or holiday, for example – which can be a useful reminder. This information fits into column 4 of the planner. The goal is to connect vaccination to tradition and important events in parents’ lives.

22. Ask participants to return to the vaccination planner (Tool 3.1).

23. Break the group into pairs.

24. In pairs, discuss common family, community and cultural traditions in the first two years of a child’s life in YOUR community.

25. Write them down. These could be celebrations, ceremonies, informal or formal events.

26. Take the examples you have come up with and link them to these time periods in the empty column, Column 4 of the vaccination planner in Tool 3.1:

- Pregnancy
- Birth – two weeks
- Up to six months
- Up to one year
- Up to two years

27. Take 15 minutes to do this together and then ask each group to present back in plenary.

28. Agree together the most important traditions and cultures that can be valuable reminders for vaccination in your community and context.

29. Explain that:

- Traditions are important, but you can also work with parents to uncover personal dates and moments of importance that will help families remember the vaccination schedule.
- Consider family celebrations like birthdays or anniversaries. Memorable dates could be linked to sports events, weddings, national holidays, elections or other important events that should be easy to remember.
- This vaccination planner can be a helpful tool to leave for parents to be
reminded of their next visits and reinforce the vaccine schedule in a more personal way. Remember, it is important that the mothers or caregivers themselves fill this out, as much as they can.

Other reminders

30. Other common ways to remind caregivers about their child’s next vaccination appointment include:

- **Vaccination cards:** Each time that a child gets a vaccination, health workers write it down in a vaccination card or booklet which the caregiver keeps. This is a very useful tool for tracking which vaccinations a child has completed and which vaccinations they still need. Make sure that you remind caregivers to keep their child’s vaccination card updated and in a safe place.

- **National reminder systems:** You should encourage community members to register for national reminder systems (if they exist in your country). These remind people about their child’s next vaccination appointment, for example by sending them a SMS vaccination alert on their phone.

- **Vaccination publicity campaigns:** You might be able to link your vaccination work with national vaccination marketing campaigns that are designed to promote vaccination. They may have slogans or use celebrity spokespeople that can remind parents to vaccinate, and help you discuss vaccination in general.

- **Ask parents about the next vaccination visit:** Simply asking parents when and how they will have their child vaccinated for the next dose can increase the chances they will do it. Try this out by asking parents detailed questions such as: How will they travel to their next vaccination appointment? Who will look after their other children? What will they take to the appointment? What day of the week will they vaccinate?

31. If possible, use the Tool 4.1 format for them to write this information down.

**Wrap-up**

1. Dropping out – children who do not complete the full vaccination schedule – not resistance – is normally the main reason that children remain unprotected from vaccine-preventable diseases.

2. Remember that the vaccination schedule is complicated so it is your job to help families remember when their next visit is and encourage them to follow through.

3. When they do, think about ways to both provide positive feedback, and to share their stories with other parents.
Topic 5
Common barriers to vaccination

Overview

In this topic you will understand common reasons why people may say no to vaccination and how to listen and respond to their concerns.

Learning objectives

On completion of this topic volunteers will:

1. Explain why people do not get vaccinated and have a plan to address each reason
2. Be able to respond to parents’ concerns about vaccination with a mix of empathy, compassion and information

Outline of activities

<table>
<thead>
<tr>
<th>Section</th>
<th>Time</th>
<th>Toolkit reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common barriers</td>
<td>15 min</td>
<td>Tool 5.1: Card sort</td>
</tr>
<tr>
<td>Understanding and managing resistance to vaccination</td>
<td>15 min</td>
<td></td>
</tr>
<tr>
<td>Addressing common barriers</td>
<td>25 min</td>
<td>Tool 5.2: Responding to resistance fact sheet</td>
</tr>
<tr>
<td>Exercise: Design your own role play</td>
<td>40 min</td>
<td></td>
</tr>
<tr>
<td>Exercise: Vax facts board game</td>
<td>30 min</td>
<td>Tool 5.3: Board game</td>
</tr>
<tr>
<td>Wrap-up</td>
<td>5 min</td>
<td></td>
</tr>
</tbody>
</table>
Materials

- Flipchart paper and markers, or similar
- Immunization volunteer guide
- Card sort – Tool 5.1
- Responding to resistance fact sheet – Tool 5.2
- Your national vaccination schedule
- A sample vaccination booklet from your country
- You may want to bring props for the role play

Preparation

1. Write learning objectives for Topic 5 on a sheet of flipchart paper and tape it at the front of the room.
2. Prepare toolkit contents as described above, including printing of appropriate cards and fact sheets.

Facilitator directions

1. Explain:
   - Most people will seek and accept immunization if they know when and where to bring their children
   - Once at the vaccination site, if they find that services are available, accessible, reliable and friendly, they will return another time.
   - In many cases, small annoyances, poor treatment or having the wrong information can be enough to make parents and other caregivers hesitate and not return.
   - If they have a bad experience, they may share these negative comments with others.

   Activity: Tool 5.1: Card sort

2. Explain:
   - People may say no to vaccination for many reasons, including safety concerns, side-effects, poor service, cost, lack of information and their religious or cultural beliefs. These are called barriers.
   - Barriers may be in the physical world around you (such as long distance to the health clinic or being poorly treated by health workers) or internal (such as how parents think, what they believe, what they think others think). And wrapped around all of this are people’s family influence, cultures, traditions and values which can also have an impact on their decisions.
   - Barriers can also be difficult to talk about honestly. We may not be able to explain why we do or do not do something. Or what we believe others think or do about the same behaviour.
1. A card sort is a quick and easy way to spark conversation about what matters most to the people with whom you are speaking.
2. By putting a deck of cards in someone’s hands and then asking them to rank them in order of importance, you will gain insight into what really counts with them.
3. You can also use the card sort exercise to start a deeper conversation about what he or she values and why.

3. Do:
   1. Cut out the cards supplied, or create your own set of cards with participants, to encourage discussion and learning.
   2. Lay them all out on a flat surface.
   3. You can do this in a larger group, or in smaller groups.
   4. The objective is to practise using this community engagement tool.

4. Ask: What determines why children do not get vaccinated in your family or community?
5. Groups can select the cards that have some relevance for them. They can select as many cards as they like. If none of the cards are selected, you may ask them to think of another reason that is not listed.
6. Use the blank cards provided to reflect any new or unexpected reasons for not vaccinating. Add as many as you need.
7. Ask: Which of these are the most important reasons you or others may not get vaccinated? Can you rank them in order?
8. Ask them to start with themselves, and then imagine the community as a whole? What are the common concerns?
9. If it helps to practise with the tool, select people to play the role of a mother, and others to play the role of a Red Cross Red Crescent volunteer.
10. Ask each group to explain their results and their ranking. How and why did they order the barriers this way?
11. See the common barriers to immunization chart in the volunteer guide. Are there any missing? Did anything else come up in your conversation that is not included in that chart? For example, access, personal safety and emergencies are other common concerns that are often raised. Service delivery and trust are common categories in humanitarian emergencies and complex environments.

Understanding and managing resistance to vaccination

12. Explain:
   1. Each community is different and can have different reasons for and against vaccinating children.
   2. It is important to put yourselves in the shoes of your family, neighbours and community leaders to understand their concerns and fears about vaccination, as even small worries can grow and spread if not addressed. While resistance to vaccination may not be a big problem right now, situations can change quickly.
   3. You can often overcome people’s resistance to vaccination if you take the time to listen to them and to understand their reasons. In many cases, the reasons that people give for not vaccinating their children may not reveal the full story at first. For example, parents may begin by saying that they do not believe in vaccination. If you question them a bit more, however, you may discover that their concern is related to a poor
experience at the clinic, or a misperception about the cost, or a rumour that has left them uncertain.

- Whenever you can, spend time with people. This investment can help you to get to the core concerns that stop people from vaccinating and help you to work together to resolve them.

13. In some cases, resistance may be based on more difficult issues: strong beliefs related to religious practice, lack of trust in government, faith in traditional medicine, or misinformation and rumour that have taken root.

14. If a parent or caregiver does not want their child to be vaccinated, the first step is always to listen to their concerns with understanding and empathy. You can think of empathy as simply imagining yourselves in their shoes. Why might they believe or feel that way? What are the conditions in their lives that might make this true for them?

15. After you have listened patiently and expressed your understanding, provide them with accurate information and advice. You can also try to dig deeper into their concerns by asking them questions. Always act respectfully. Their answers to your questions can help you to understand any further reasons behind their reluctance to vaccinate. You may not convince them to vaccinate but giving your time and listening is an investment that may help the next time you come to visit.

A note about vaccine hesitancy

In most of the world, parents want their children to be vaccinated. This is most likely the case where you live. However globally, there is increasing concern about immunization. This includes worries about the effectiveness and safety of vaccines and the motivation of manufacturers and vaccination programmes. This concern is often called "vaccine hesitancy".

There is overwhelming scientific evidence that vaccination is safe, effective and critical for protection against vaccine-preventable diseases. However, the growing use of the Internet and social media means that rumours and doubts about vaccination can easily and quickly spread from country to country. This growing global anti-vaccination movement may increase doubts about vaccination among parents and communities.

Every parent and caregiver is motivated by what is best for their children. You may find that many parents have questions and concerns about vaccine safety and effectiveness. You may have these questions yourself. So being prepared with answers to concerns is very important.

Activity: Review tool 5.2: Responding to resistance fact sheet

16. Ask the group to read over Tool 5.2 quietly to themselves.

17. Explain that this is not a script but is designed to get participants thinking about how each response to concerns needs a different strategy to address them.

18. Discuss these in pairs or small groups. Do you agree with the approach? Why/Why Not? Can you practice one with a partner to see how it feels?

19. Ask if there are any questions or concerns. Explain that we will be practicing all of these skills in a role play in the next activity.
20. Explain that regardless of the situation, there are some general guidelines for working with concerned parents and community members that can be powerful:

**Respond with empathy and compassion**

21. On its own, providing people with information and facts to persuade them to vaccinate their children is rarely enough.
22. What matters is that you treat people with respect and listen to their concerns with patience and compassion.
23. People naturally respond to being treated with respect. If you acknowledge and listen to their views and concerns about vaccination and do not immediately rush to correct them, you are more likely to open the channels of communication and begin to get your message across. It can be the first step to building trust.
24. When dealing with resistant parents, remember:
   - Parents and caregivers have the right to have questions and concerns.
   - No matter how incorrect, peoples’ reasons for resisting vaccination are valid and rooted in their motivation to do what is best for their children.
   - One of the first and most important steps you can take is to acknowledge and express respect and concern for peoples’ views and their desire to take care of their family.
25. Sometimes just asking for or already knowing the names of peoples’ children can also help to build trust and familiarity.
26. Use your judgment and knowledge of your community and try some of these phrases out:
   - I understand why you have concerns…
   - I had similar worries at first…
   - Your children are the most important thing…
   - I hear you…
   - I believe you…
   - You are right about… but….
27. Sharing a personal story (for example, about a time when a child close to you was ill) can also be a powerful tool for reaching resistant parents.
28. People are more likely to remember stories and their emotional impact lasts much longer than pure facts and information.

**Follow-up with information**

29. Once you understand people’s concerns try to respond to them by providing accurate information. You can use this as an opportunity to provide them with other information that might make vaccination seem like a good choice.
30. Use tools and aids to help you to explain vaccination and if you cannot answer peoples’ questions, offer to find someone who can.

**Example: Parents want to vaccinate but do not know when the clinic is open.** This is a relatively simple concern to address. Besides sharing the clinic opening hours with the parents, you could also inform them that vaccines are free and that their neighbours are vaccinating. Reassure them
that vaccines are safe and healthy.

**Example**: Parents heard a WhatsApp rumour that vaccines are unsafe for their children. This can be a more difficult challenge. Let them know that vaccines are safe and effective, and that the vast majority of people in your community do vaccinate. You may find that this resistance has its root in something other than safety – mistrust of the health system or government, for example, or concerns from a spiritual point of view. It may also be a concern about going against influential community members or friends.

31. If possible, introduce them to other families who have made the choice to vaccinate. Direct them to a similar group on WhatsApp or online that you know has accurate information. If this is a major and growing concern, consider setting one up!

**Remember!** If you do not know the answer to a parent’s question, you should say so and offer to find someone who does. This could be a Red Cross Red Crescent team member, a community leader, religious leader or a local health official. Make sure it is someone who can respond to the parent’s particular concern. If their concern is medical, a religious leader may not be the best choice. Similarly, if the concern is related to their belief system, a Red Cross Red Crescent supervisor may not be the best choice. But, if you do offer to find someone, this is a critical moment for building trust and must be given priority. Find someone, follow-up and find out how it went.

32. Just as good experiences are to be promoted and encouraged, poor experiences also require attention.

33. People are naturally more likely to share negative experiences than positive ones. Remember to quickly acknowledge, record and follow-up on any negative perceptions, rumours and experiences.

**Reminder!**

**Explain that:**
Vaccinating is a constant process. Parents must bring their children for follow-up vaccinations, remember their next appointments and ideally encourage others to do the same.

Remember, parents who are already vaccinating their children can also use some encouragement and praise. Do not forget them as they can become strong ambassadors for vaccination in your community. You can use phrases such as:

- It is great you are vaccinating and that you continue so that your children and the community are fully protected.
- We appreciate you vaccinating. It protects not only your children but the entire community. You are doing a great thing.
- You obviously want the best for your children. Keep it up.
- Would you consider speaking with other mothers and caregivers about your good experience at the vaccination clinic?

Reassurance and praise feel good and can motivate people to continue the behaviour.

Vaccination has also proven to be a valuable entry into the health system, where more health services can be offered for children and other family members. Immunization can be the first step to healthier children in your community.
Exercise: Design your role play

34. Explain that we are going to design a role play together, one that is relevant for your community and your work.

Step 1: Agree on the problems

35. Ask the group to agree on 2 to 4 scenarios together that capture the most important challenges for vaccination in your community.
36. Make sure this is as specific as possible.
37. A clear and specific definition of the problem could look something like these examples:
   - Mothers from community x believe vaccination is unsafe because there are unknown ingredients in the vaccines.
   - Children do not get vaccinated as frequently in community x because there are often vaccine stock outs.
   - There are many rumours about vaccines because several children in the community got sick after a measles vaccination campaign.

Step 2: Discuss what a good result looks like

38. Next, ask the group to agree on a good result for the problems and barriers you have identified. Examples could include:
   - A community leader publicly supports vaccination
   - A parent agrees to vaccinate a previously unvaccinated or under-vaccinated child
   - A neighbour agrees to speak to another neighbour about their positive experiences vaccinating
   - A previously unsupportive religious leader now sees the importance of vaccination

Step 3: Prepare scenario and assign roles

39. Once the issues and results have been agreed-upon, break into smaller groups of 3 to 4 to assign roles.
40. Explain to groups they have 10 minutes to prepare.
41. Ask each group to work together on assigning roles to manage their scenario. Who will play what role? Think about who needs to be convinced? What might convince them? Who needs to be encouraged? What or who influences their decision? How do they manage cultural and gender differences etc.?
42. Where is this scene taking place? Who is there and why?
43. Encourage them to consider the individual values, perspectives and motivations of each role.
44. Ideally, role players in the same group should act as realistically as possible and be guided by the actions and steps taken during the role play.
45. Remind groups that they need to present the right mix of information, empathy and understanding for each scenario. In some cases, it will be a mix, in others, it will rely more on one or the other.
46. Explain that there are some suggestions they can try out in Tool 5.1: Card sort and by using Tool 5.2: Responding to resistance fact sheet.
Step 4: Act it out!

47. Ask the groups to come to a central area where everyone else can observe and be prepared to provide constructive feedback.

48. Groups may not have the vaccination schedule memorized, so the volunteer guides can be used as needed.

49. Each group should take about three to five minutes to play out their situations.

Press pause!

As facilitator you can pause the role-play if:

1. The role-play is not serving its purpose or getting off-track
2. The role players get frustrated or angry
3. You want to explain something in more detail or offer a variation
4. You want to pause to ask role players to share their feelings. (For example, “How does it feel when the volunteer tells you, you should vaccinate?”)

Step 5: Reflect and discuss

50. Ask the other groups to take notes on the role plays they are observing. Think about: general impressions (was the goal achieved), personal interactions (communication skills), compassion, empathy, information/facts.

51. The other groups should be prepared to share constructive feedback to the larger group.

52. Ask the group:

- What stood out for you? Was this a successful interaction – why or why not?
- Why do you think the role-players behaved the way they did?
- How did they do in terms of applying the skills learnt so far?
- Where did you think improvements could be made?

53. Ask the role-players:

- How did you feel during the role-play? Did your feelings change? Why was that?
- What was the most difficult part of the role-play and how did you overcome this?
- Reflecting back, is there anything you would have done differently?
- What advice would you give a Red Cross Red Crescent volunteer encountering the same situation in real life?

Remember! Constructive feedback is another way to practise our interpersonal skills. Make sure input from the larger group is helpful and a mix of both positive and constructive comments. Feedback should not be personal, but should ideally be action-oriented, as the objective is to improve ourselves.

54. Take note of areas for improvement. There will be more time in the coming sessions to revisit the areas where more practice is needed.
Tool 5.3: Vax facts. Board game

55. This game brings everything you have learnt so far together in one place.
56. You can use this at any time during the training, to either review concepts already covered or preview things to come.
57. It may also be a good way to summarize and practise all the learning to this point and question cards cover all Topics:
   - Disease and Infection
   - Vaccine-preventable disease
   - Barriers to vaccination
   - Vaccination schedule
   - Complete vaccination

INTRODUCTION

58. Vaccinating your child is not always easy. In Vax facts, you will take on the role of a mother or father who must get your child all the vaccinations they need up to two years old.
59. This is a card-based game. There is no die. You move around the board using two kinds of cards:
   - **Question cards:** Test your knowledge of immunization. If you get the question right, the card tells you how many spaces you move forward. If you get it wrong, remain where you are.
   - **Chance cards:** Because life is unpredictable, in addition to the question cards, there are “chance cards”. These are smaller cards that are drawn only if you land on the chance space on the board. Chance cards can both support or hurt your vaccination efforts. Some chance cards will be positive and will send you forward. Others will be barriers to vaccination, and will send you backward.
60. The entire game should take about 20-30 minutes to complete.

**Remember:** This is about learning, so help each other out. Discuss the cards together. Talk about the images on the board and how they relate to vaccination. Have some fun on your way to fully vaccinating your two-year-old child!

SET-UP

61. Vax facts can be played by up to six teams or six individual players.
62. Connect the three A4 pieces, lay out the board and have the players sit around it.
63. Find a playing piece. Something to represent you, or your team. It could be a coin, a rock, or anything else at hand.
64. If you have not already done so, fold the cards so the answer is on the back. You can keep them folded, or if you prefer, glue, staple or tape them. Now shuffle them.
65. Next place the chance cards and question cards in the correct space on the board.
66. You are ready to play!
67. Note there is no die. Players move according to the number of spaces highlighted on the card.

PLAY-BY-PLAY INSTRUCTIONS

68. The youngest player (player 1) draws the first question card from the top of
the pile. He/she then reads it out loud to the person or team to the left of them (player 2).

69. If a correct answer, player 2 moves their playing piece according to the number of spaces shown on the card. Players can discuss the answer and agree whether the answer given was correct or not.

70. If player 2 lands on a chance space after a correct answer, they must now also take a chance card and move forward or backward, depending on the card.

71. If the answer is incorrect, they remain where they are. It is then the next player’s turn to their left (Player 3).

72. Player 2 now reads the next question card for Player 3.

73. The game continues this way until time is reached or a player or team reaches the final space on the board: a fully vaccinated child.

CLARIFICATIONS

74. Players can land on the same space with no penalty.

75. If a player has answered incorrectly for two rounds or more in a row, they can choose to take a risk on their next turn with a chance card, instead of drawing a question card. Remember, chance cards can be both positive and negative. This could make things worse!

76. If a player is sent backwards they cannot go past the Start space. If for example, they are asked to go back three, but only have one space, left on the board, they would simply start at the first space.

WINNING THE GAME

77. The winner is the first player or team to get to complete the board and cross the two year-mark with a fully-vaccinated child!

78. Players do not need to land on the final space exactly. For example, if there are two spaces remaining, they can move forward three or more and still win.

79. If there is not enough time to complete the game, the player closest to the final space at the time of completion is the winner.

Wrap-up

1. There can be many reasons for resistance to vaccination. In many cases, these can be easily overcome. You can learn how to respond to resistance.

2. Building trust and bringing together community leaders and Red Cross Red Crescent team members can help.

3. Remember, no one should be made to feel bad about their worries or concerns around vaccination. All parents want their child to be healthy and happy. It is your job to understand and respond as best you can.
Notes:
The fundamental principles of the international Red Cross and Red Crescent movement

**Humanity** The international Red Cross and Red Crescent movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The international Red Cross and Red Crescent movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
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