

MOMENTUM

Country and Global Leadership



VACCINE TOOLKIT IMPLEMENTATION GUIDE

Factors Associated with Successful Use of “Promoting Vaccination:
A Toolkit for Collaborating with Faith Communities”

INTRODUCTION

This implementation guide outlines factors that promote the successful use of the resource [Promoting Vaccination: A Toolkit for Collaborating with Faith Communities](#). The toolkit was designed to equip faith actors and stakeholders who partner with or work alongside faith actors, such as government and nonprofit entities, with the tools needed to raise awareness, reduce misinformation, and address barriers that prevent faith communities from engaging in vaccination.



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BACKGROUND

The vaccine promotion toolkit was developed as a part of the U.S. Agency for International Development’s MOMENTUM Country and Global Leadership project, which includes an initiative to identify and address concerns among religious leaders and faith-based communities around vaccination. The project completed a global landscape analysis and 18 key informant interviews¹ for engaging faith leaders in vaccination, which was synthesized into step-by-step best practices in the toolkit.

The toolkit was reviewed through advisory forums and pre-tested in India and Sierra Leone. It was disseminated to approximately 100 key stakeholders (consisting of 27 Muslim, 12 Hindu, and 16 Christian local leaders) across India, after being translated into Hindi, and Sierra Leone (24 Christian leaders, five Muslim leaders, 13 workers including Ministry of Health staff, and four traditional healers). Over 3,000 people were reached in India and 20,000 in Sierra Leone with in-person messages from the toolkit through various activities that were monitored and documented with monthly progress notes. After the six-month pilot period, stakeholders provided feedback on the implementation experience in their communities. These findings, along with the evidence from a research review² of factors that support the uptake of immunization resources, informed this implementation brief.

SUCCESS FACTORS FOR TOOLKIT IMPLEMENTATION

The following factors have been shown to promote successful adoption of the toolkit and use for both one-time initiatives and ongoing vaccination efforts.

Visit this folder (<https://tinyurl.com/VaccineToolkitBrief>) to access and download templates for invitation letters, agendas, action plans, and budgets.

VACCINE TOOLKIT RESOURCES



¹ Key informant interviews included stakeholders from Ethiopia, Kenya, Senegal, India, Switzerland, USA, and UK

² MOMENTUM. Factors Associated with Resource Uptake and Use <https://usaidmomentum.org/resource/factors-associated-with-uptake-and-use-of-immunization-toolkits-and-guidance/>

Success Factor	Practical Strategies
<p>1. Establish Buy-In</p> <p>For both short- and long-term efforts, users of the toolkit (faith actors and stakeholders who engage with faith communities) need to be aware of the toolkit and motivated to use it because of its perceived value.</p>	<ul style="list-style-type: none"> • Hire/identify staff who have connections to stakeholders/ geographic location • Conduct a rapid landscape mapping of local faith actors and identify champions in the target faith tradition(s) and other stakeholders who support vaccination and can articulate the need for vaccine promotion and mobilize resources for implementation • Invite faith leaders and key influential stakeholders from members of the ministry of health and other relevant groups to participate in the toolkit orientation workshop and action plan development to establish buy-in and commitment to implementing the toolkit • Facilitate opportunities to showcase influential individuals who can speak publicly about the value of the toolkit
<p>2. Identify Target Audience</p> <p>Applying the toolkit necessitates identifying the target audience so that messaging and activities can be tailored according to the group’s needs, background, and barriers to vaccination. It is beneficial to segment target audiences into subgroups that share common characteristics.</p>	<ul style="list-style-type: none"> • Map the local population into subgroups that share commonalities that may impact vaccine uptake, including age, gender, education level, religious tradition, cultural background, familial or professional role • Conduct a rapid assessment (e.g., in-depth interviews or focus group discussions) of each targeted subgroup to identify barriers and facilitators to vaccination, including prevailing social norms, mistrust and misinformation, and cultural and religious factors that can inform recommendations for communicating about vaccination • Segment your audience based on their vaccine uptake readiness and tailor the campaign/parts of the toolkit that will be used according to the messaging that will best move them toward vaccine acceptance
<p>3. Contextualize the Toolkit</p> <p>Adaptations to the toolkit content will be needed for implementation across different contexts. Local user input before and during implementation can identify necessary modifications to the toolkit related to language, level of base knowledge on the topic of vaccine promotion, culturally appropriate terminology, and relevance of examples.</p>	<ul style="list-style-type: none"> • Translate the toolkit to the local language using a vetted translator, ensuring the language and terminology are accurate, simple, and readable • Personalize messaging to address the context-specific barriers to vaccination. Refer to the <i>Drivers of Vaccine Uptake</i> section and sample messaging in the toolkit • Supplement the toolkit as needed with local statistics or contextual information that reflects the tribal, cultural, or national context and the barriers and facilitators identified in the needs assessment • Pilot test the translated version with local staff who are familiar with the toolkit and among members of local faith communities to evaluate if the language is appropriate for the intended audience • Establish a process for user reporting and feedback throughout implementation to update the toolkit based on learning during implementation/share lessons learned with other stakeholders
<p>4. Orientation Workshop</p> <p>Orientation and training for toolkit users will prepare individuals to implement it effectively. An initial onboarding workshop with training tailored to the users’ needs and ongoing supportive supervision should be provided throughout the use of the toolkit.</p>	<ul style="list-style-type: none"> • Conduct an orientation workshop for toolkit users, including familiarization of the resource content, capacity building in the application of the toolkit, and development of concrete action plans for implementation. Consider timing the workshop to align with another high moment of interest to capitalize on momentum toward community improvement, such as during a new vaccine roll-out, a national health campaign, or World Immunization Week • Establish a structure for supportive supervision in which users are offered ongoing technical support by trained personnel who can identify and address capacity gaps

Success Factor	Practical Strategies
<p>5. Action and Monitoring Plan Clear action plans that designate the activities, audience, and progress monthly can enhance accountability and promote coordination of efforts among toolkit users. Data collected and reported regularly on vaccine promotion activities and audiences reached, enhances successful implementation of both short- and long-term initiatives.</p>	<ul style="list-style-type: none"> • Provide toolkit users with the toolkit dissemination action plan template (Excel document) that can be used to record the target audience (religious affiliation, number and categories of individuals, and location), the toolkit section(s) to be addressed, SMART (specific, measurable, attainable, relevant, and time-bound) goals, and monthly activities • During orientation and training, facilitate completion of the action plan for the time period and establish a system for reporting on progress made monthly to supervisory staff who will assess any challenges in implementation and provide guidance for course correction as needed • Develop a monitoring, evaluation, and learning plan that is sufficiently robust to measure outcomes and impact • Leverage or align with existing local data systems to support data review and quality assurance
<p>6. Resources Assess human resources and the current infrastructure to ensure that there is an adequate number of individuals with the time, training, tools, and capacity to implement the toolkit as intended.</p>	<ul style="list-style-type: none"> • Assess the current workload of toolkit users and modify action plans accordingly to prevent individuals from being overburdened and thus not able to effectively promote vaccination among the faith community • Make contingency plans for personnel attrition/turnover and other human resource constraints, which can negatively affect implementation • Provide toolkit users with the necessary identification cards, badges, or government registration to promote verification with local authorities and community recognition of legitimacy • Capitalize on existing structures and resources when planning activities, such as established community or faith gatherings, household visits by frontline health workers, or government transportation
<p>7. Consider Costing Dedicate funds and other required resources to support sustained implementation of the toolkit.</p>	<ul style="list-style-type: none"> • Budget for critical elements of implementation, including translation and contextualization of the toolkit, orientation and training of champions and users, monitoring and evaluation, supportive supervision, and response to unexpected challenges • Consider multiple sources of funding, including monetary and in-kind support from the local and national government, ministries of health, medical and public health bodies, private donors, and religious organizations

RECOMMENDATIONS

Implementing the toolkit requires the engagement of faith actors and other stakeholders who can foster partnerships with these faith communities—such as ministries of health, nongovernmental organizations, private-sector stakeholders interested in vaccine adoption, interfaith councils, health workers, and others working to improve vaccine uptake.

Start with *Section I: Toolkit Introduction* to gain a common understanding of the importance of vaccination, vaccine confidence and hesitancy, and the role of faith actors as vaccine advocates and influencers. Then, use the *Table of Contents* and the suggested focus areas below to identify the sections that are most relevant to you. The following process map illustrates the pathways each user group can follow to maximize impact.

Toolkit User	Illustrative Activities
<p>Faith Actors</p> <p>Religious leaders, local faith actors, and traditional healers can raise demand for vaccination and address vaccine hesitancy in their communities. These trusted, influential individuals can combat myths and misinformation through personal outreach and show support from faith texts and teachings for vaccination uptake.</p>	<ul style="list-style-type: none"> • Provide evidence-based, faith-informed information that addresses concerns or barriers of the audience. Review the “dos” and “don’ts” (Table 4) of communication. • Conduct outreach with consistent, tailored messages with members of the faith community—formally during religious gatherings or informally through conversations at common gathering places, such as markets, to emphasize theological teachings supporting vaccines. • Share personal testimonials of vaccine acceptance and adoption via social media or during events. Include names, voices, faces of trusted faith leaders. • Post Christian, Muslim, and Hindu faith messages on social media, see <i>Social Media Messages</i> • Design a campaign across multiple modes of communication to reach the broadest audience. Consider those with and without technology access. • Design a radio interview with scripted questions and answers with faith leaders providing theological responses to common vaccine objections.
<p>Ministry of Health</p> <p>Ministry of health and other government officials can foster national dialogue and programming around vaccination and can allocate appropriate funding for partnerships with faith actors to promote vaccination.</p>	<ul style="list-style-type: none"> • Disseminate evidence-based, faith-informed vaccination behavior change communication messages repeatedly through simple, factual statements about vaccine safety and benefits. • Facilitate social listening sessions to uncover myths or concerns prevalent locally and address them. • Host community informational panels with medical authorities and respected faith actors to support vaccination and to provide evidence-based information to counter fears/misconceptions. • Promote vaccination through official ministry of health/government social media platforms by highlighting personal testimonies of faith leaders supporting vaccination.
<p>Nongovernmental Organization Staff/Health Workers</p> <p>Implementers and frontline health workers can use their understanding of the theological dimensions of vaccination to tailor messages and promotion activities to address faith communities.</p>	<ul style="list-style-type: none"> • Use the toolkit to provide community health workers with a basic understanding of the various behavioral and social drivers of vaccine uptake. • Familiarize staff with common vaccine concerns and sample responses (Table 1 in the toolkit). • Apply the toolkit’s section <i>Principles for Vaccine Communication</i> to integrate motivational messaging into existing health promotion activities. • Promote vaccination through the organization’s social media channels by highlighting personal testimonies of faith leaders supporting vaccination.
<p>Interfaith Councils/ Technical Bodies</p> <p>Interfaith, medical, scientific, and other technical bodies are well-positioned to foster collaborative relationships and communication channels between faith actors and other key stakeholders, which can build a foundation of trust to combat vaccine hesitancy.</p>	<ul style="list-style-type: none"> • Hold public vaccination “camps” in partnership with faith leaders to provide mutual support to encourage group immunization and to overcome social stigma barriers related to gender, religion, or socioeconomic status. • Facilitate interfaith conversations with faith leaders to foster dialogue and collaboration in developing joint health and social behavior change campaigns. • After holding an interfaith discussion forum and identifying primary and supporting behavior change messages, per <i>Annex 1</i>, key representatives from each stakeholder group can utilize the template in <i>Annex 2</i> to develop an interfaith vaccine message framework and campaign. • Host a discussion panel in which members across faith groups are invited to ask questions of a panel of trusted faith leaders and medical experts. Rotate the host among faiths to encourage diverse participation.

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