



TRAINING MANUAL

CAPACITY BUILDING

for

FRONTLINE VACCINE WORKERS



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CAPACITY BUILDING

for

FRONTLINE VACCINATION STAFF

INTRODUCTION

The 'Capacity Building for Frontline Vaccination Staff' training program has been developed in response to community discussions with vaccination staff in Dak Lak province, Vietnam, which highlighted professional development skills and knowledge areas required to strengthen the vaccine program within the region, particularly with disadvantaged and minority communities.

A series of focus group discussions and interviews conducted by the Oxford University Clinical Research Unit – Vietnam (OUCRU-VN) in 2021 with health collaborators, health workers, district-level vaccination staff, and the secretary of Dak Lak EPI provided valuable local contextual insights to inform the development of a training curriculum.

These have been incorporated into the design of a reproducible and sustainable training program developed in collaboration with local partners, and with materials in local languages, aimed to enhance the capacity of frontline vaccination program staff directly involved with face-to-face communication on vaccinations at the community level.

This training program has been developed to be delivered by local trainers and vaccination staff with key training objectives identified (see below), and with the intention to increase the wellbeing of the community, especially the disadvantaged, vulnerable and marginalized. This aligns with OUCRU-VN's vision of creating local, regional, and global impacts on health through locally driven research and engagement on infectious disease in Southeast Asia.

TRAINING PROGRAM OBJECTIVES

The training aims to enhance the capacity and impact of health collaborators in communicating about vaccination through the local health program. The main objectives of this training program are:

Objective 1: Health collaborators are knowledgeable about vaccines.

Objective 2: Health collaborators gain a deeper understanding of the local community they are working with, including any local power dynamics and gender issues.

Objective 3: Health collaborators better understand engagement processes within the local context and to work effectively and cooperatively with cross-cultural community contexts.

Objective 4: Health collaborators are confident, persuasive and empathetic, and have strong communication skills for communicating about vaccination.

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TRAINING PROGRAM STRUCTURE

The training contains five modules. Each module refers to different aspects of skills and knowledge in communicating about vaccination. They can be arranged flexibly, depending on the specific context of different communities and the needs of participants and trainers.

- *Module 1: **BUILDING TRUST***
- *Module 2: **PERSUASION SKILLS***
- *Module 3: **LANGUAGES***
- *Module 4: **LOCAL SUPPORT NETWORK***
- *Module 5: **VACCINES AND THEIR BENEFITS***

KEY LEARNING TOOLS:

Health collaborators are experts in their roles and knowledgeable about their local communities within the framework of this training program. The training course can deliver skills and recommendations to enhance the effective implementation of their job. Health collaborators should explore and learn actively. We can create an active learning context and opportunity by developing a **social-interactive, contextualised** and **motivated** training program. The training program contains these essential training tools :

- **ROLE-PLAYING** is an activity in which the participants put themselves into somebody else's position or play themselves but in an imaginary situation. Role-playing is helpful to stimulate thinking from different aspects and is valuable to explore answers or solutions for some problems.
- **REFLECTION** is an activity in which the facilitators use questions/open discussion with participants to facilitate reflection/review of a specific activity/event and for analysis of their experiences, assumptions and to generate lessons-learned.
- **GROUP WORK** is any activity that requires the participants to practice or work in pairs/groups. This type of activity enhances teamwork skills and creates peer-learning opportunities for all participants.
- **PRESENTATION** is an activity in which participants must deliver a speech/message in front of the rest of the group. Practising presentation skills in a safe and encouraging environment is essential for participants to be more confident in presenting information.
- **CREATIVE/VISUAL TOOLS**, such as drawing or mapping, are activities in which participants visualise their thoughts and use colour, graphs or shapes to demonstrate these.
- **GAME-BASED ACTIVITY** is any activity that is formatted as a game with a learning purpose. Through playing, participants can both gather new knowledge and test their current understanding of a specific topic.
- **The "REFLECTIVE JOURNAL"** is a monitoring tool where participants share thoughts on certain aspects related to their work after attending the training. The journal contains questions following up each module topic to stimulate the ideas and writing.

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BEFORE YOU CONDUCT THE TRAINING ...

- *The following sections of the training program will demonstrate each module activity step by step.*
- *The general information pages give you an overall understanding of the module design in terms of objectives, soft skills and technical knowledge focus, and the structure and time allocation for each step and activity of the module. Each page will describe activity details and instruction for implementation.*
- *You can find the printable templates for some activity graphics and tables at the back of this training manual (each clearly indicates which module they relate to).*
- *A spacious room where participants can easily move around, sit/stand in a circle could support a more interactive and stimulating training session.*
- *We recommend that the training occurs with the current order of modules. However, you can flexibly change the order or switch some components according to the needs of the participants and your training focus, or as discussions and issues arise through the period of the training program.*
- *The knowledge sections about infectious diseases and vaccines can be flexibly adjusted to suit the local context and the needs of participants/facilitators.*

SYMBOLS EXPLANATION:



The magnifier indicates that the following charts, maps or illustrations demonstrate the activity outcomes. The templates for the participants can be found in the Appendix at the back of this manual.



The question mark indicates the question for facilitators to discuss and prepare when planning the training.



The notebook indicates some notes and tips for facilitators when conducting the training.

MODULE 1

BUILDING TRUST

This module is designed with the aim of building basic skills related to persuasion and communication about infectious diseases and their vaccines.

The module was designed in the context that the pilot group was implementing communication activities about diphtheria for local people. When applying this module in practice, it is possible to flexibly change the content of knowledge about infectious diseases and relevant preventive vaccines.

SOFT-SKILL FOCUS

- Present as trustworthy
- Be sympathetic.
- Be confident.
- Be clear.

TECHNICAL KNOWLEDGE FOCUS

- Diphtheria disease and its risks.
- Diphtheria vaccine and its benefits.
- Side effects of the vaccines.

MODULE STRUCTURE

This module has the total time length of 120 minutes with the structure as below:

Step 1	ACTIVITY 1: <i>Warm up activity</i>	10 minutes
Step 2	ACTIVITY 2: <i>Discussion on the content of the communication task</i>	10 minutes
	ACTIVITY 3: <i>Reflection - Happy and Unhappy moment</i>	20 minutes
	ACTIVITY 4: <i>Addressing cause factors</i>	20 minutes
	- <i>Tea break</i> -	
Step 3	ACTIVITY 5: <i>Role Play</i>	30 minutes
	ACTIVITY 6: <i>Discuss the solutions and Reflection</i>	20 minutes
Step 4	Review and closing	10 minutes

Note for facilitators:

This module uses "role-playing" as the main learning tool, so that participants can discuss and test solutions in situations where the community members disagree with or oppose their point of view. These scenarios are set in the context of an ongoing local diphtheria vaccination program and the required immunization targets not being achieved.

- Materials**
- Bingo handout for warm-up game (of activity used)
 - Diphtheria flashcard/posters
 - Pens/Pencils
 - A5 papers
 - A0 paper or board
 - Tapes
 - Table 1 template
 - Table 2 template
 - Table 3 template
 - Table 4 template

STEP 1: Warm-up and introduction

This step includes 01 activity – Total time length: 10 mins

After this step, participants will:

- *Feel relaxed and comfortable to speak within session.*
- *Share understanding about the tasks of communication about the vaccine.*

Facilitators can use games, fun activities or informal group discussion to learn about the monthly tasks of Health Collaborators (HCs). Through sharing about what they have or have not done (or the challenges they have experienced), the facilitators can then elaborate and start the conversation about the skills and knowledge sharing of the whole training program.

ACTIVITY 1: Games suggestion

Time length: 10 minutes

Two Truths, One Lie:

All participants form a circle. Each is invited to say 3 things about what they have done/achieved in the last month. However, only 2 things shared are true and one is a lie. The rest of the group must identify which is a lie.

Bingo with 9 numbers:

Each participant is given a sheet of paper with a 9 box grid. A clue is written on each square of the grid (about person's hobbies or features, etc). Participants will talk to one another in order to find the person that matches the clue, and will write that person's name in the relevant square. The fastest to complete the full grid is the game winner. Some small rewards for winners is recommended.



Note for facilitators:

- Facilitators note down some key points about the tasks mentioned by participants during this activity.
- The activity can be as simple as a request: “**please share what you have done this past week / month**”. HCs are given time to share about their activity. If this activity is implemented, it is advised that the facilitator asks participants to sit in a circle, so people face each other and start sharing from the person sitting to the right of the facilitator.
- Seating and sharing in a circle sets the scene for open discussion.

STEP 1: Warm-up and introduction

This step includes 01 activity – Total time length: 10 mins

ACTIVITY 1: Games suggestion

Time length: 10 minutes



Warm up with game-based activity in a training session
(Source: Training for health collaborators in Dak Lak, 2023)

Let's share more ideas on warm up activities!



STEP 2: Address challenges in communication about the diphtheria vaccination

This step includes 3 activities – Total time length: 50 mins

After this step, participants can:

- Address and reflect on the challenges they are facing in communicating about diphtheria.

In this step, the facilitator will support all participants clarify which tasks and aspects of their work as Health Collaborators that the training is targeted at enhancing. Then participants will identify and analyse the challenges that they are facing in communicating about vaccines.

ACTIVITY 2: Discussion on the content of the communication task

Time length: 15 mins

Following the warm up game ‘what I have done/achieved over the past month’, facilitators share the notes they have written about participants activities onto a board or piece of paper on the floor. Then ask participants:

- **Which things belong to their communication tasks?**
- **Which tasks are still missing from the list?**

Discuss and share as a group about understandings of the tasks of village health collaborators, especially communicating about infectious diseases and vaccination (See below for suggestions).

Write responses on A0 paper for all to see. Participants can then write answers on handout (See Appendix - Table 1: A “job description” for communication about infectious disease and vaccination”).

Table 1: A “job description” for communication about infectious diseases and vaccination

Tasks including:

- ❖ Disseminate information about infectious diseases;
- ❖ Disseminate information about vaccination program and schedule;
- ❖ Convince local community to participate in vaccination program;
- ❖ Convince local community to implement prevention measures;
- ❖ Other?



STEP 2: Address challenges in communication about the diphtheria vaccination

This step includes 3 activities – Total time length: 50 mins

ACTIVITY 3: Reflection - Happy and Unhappy moment

Time length: 15 mins

Facilitators ask participants to think about when they communicated about the diphtheria vaccination (recently), and to write down their answers to following on coloured paper provided:

The happiest / most exciting moment; and

The most unpleasant/ annoying/ disappointing moment

After providing time for participants to answer, facilitators ask participants to elaborate or clarify their notes and give time for participants to share their stories, both happy and unpleasant ones .

When finished, you will have a list of events like this:

Table 2: Happy and Unhappy moment

The happiest/ most exciting moment



- Convinced someone to get vaccinated;
- Many people showed up to vaccinate;
- Being complimented as knowledgeable about vaccines and diseases;

The unpleasant/ annoying/ disappointing moment



- A person refused to get vaccinated;
- A child was too sick to get vaccinated;
- Someone said they did not trust you because you are newly recruited health collaborator;



Do you have any note or reflection about this activity?



STEP 2: Address challenges in communication (cont.)

This step includes 3 activities – Total time length: 50 mins

ACTIVITY 4: Addressing cause factors

Time length: 25 mins

Once all happy and unhappy moments are listed and shared, participants are asked to explore the factors/reasons that these moments happened.


All participants are divided into 2 groups and have 10 minutes to do their tasks of:

- One group exploring the **factors that contributed to the happiest moments** and;
- The other group exploring **factors that contributed to the unhappy moments**.

When finished, they will be asked to divide these identified factors into 2 categories:

- **Internal factors**
- **External factors**

See the example below:

 Table 3: Addressing cause factors	
INTERNAL FACTORS (Factors from within, including strengths and weaknesses of the individual which can be changed gradually with training, exercise and other supports, where needed.)	EXTERNAL FACTORS (Factors from outside influences that we cannot control e.g. time pressures on people, geographical location, transport...)
Don't have enough information to answer...	Local people are very busy and not at home...
Haven't had training on these skills...	It is too hard to travel to the village...
Being unconfident...	The children were sick on the date of the vaccination distribution...
.....
.....
.....

STEP 2: Address challenges in communication (cont.)

This step includes 3 activities – Total time length: 50 mins

ACTIVITY 4: Addressing cause factors (cont.)

Time length: 25 mins



Group discussion and presenting discussion result on papers and colour notes
(Source: Training for trainers in Dak Lak, 2022)

Do you have any note or reflection about this activity?



STEP 3: Discuss solutions

This step includes 2 activities - Total time length: 50 mins

After this step, participants can:

- Explain how vaccines work verbally and visually.
- Make a list of tips on communicating with people about certain vaccines.

Materials:

Roleplay materials

Handout - Table 4: "I can make communication more effective by..."

ACTIVITY 5: Role Play to find solutions

Time length: 30 mins

Task for each group: **"Convince the community member(s) to bring the child to the vaccination day and have them vaccinated"**.

How to role play:

- The facilitator provides participants with a set of **materials**.
- Participants are divided into **groups of three** people, and have five **minutes** to discuss their **communication plan**.
- Then 3 - 4 participants will take turns to **play the role of the "community member"**.
- Each group will try to deliver their communication plan in their turn of role-playing in the form of a typical conversation.
- Each interactive role play will be in 3 minutes or **finish whenever the "community member actors" agree** to bring the child to the vaccination centre/location.
- Group members **can support and help each other** during the role plays

Set of materials includes (not limited to):

- Information about diphtheria, the diphtheria vaccination;
- Graphics about diphtheria;
- Relevant magazines or photos from magazines.;

Clues for preparing communication plan:

- What to bring?
- What to prepare? How to arrange this information?
- Which information must be delivered?
- Be mindful of the cultural diversity and local dynamics.

Suggestions of community members roles:

- A housewife with 2 children (1 and 4 years old); neither are vaccinated.
- A housewife who doesn't speak Vietnamese with a 1 year old son who has never been vaccinated.
- A father who has a 10 month old infant, who had cried and experienced swelling from the first dose of TDPs. diphtheria.

STEP 3: Discuss solutions

This step includes 2 activities - Total time length: 50 mins

ACTIVITY 5: Role Play to find solutions (cont.)

Time length: 30 mins



Practicing presentation skills
(Source: Training for health collaborators in Dak Lak, 2023)



Note for facilitators

- In this module, the role-play scenarios are about the diphtheria vaccination context to explore the difficulties and solutions when communicating about the vaccine. This topic can be flexibly changed to match the current local context and vaccine program.
- Facilitators should encourage participants to explore roles and other scenarios that are more practical to their daily work when implementing a role-play activity.

STEP 3: Discuss solutions (cont.)

This step includes 2 activities - Total time length: 50 mins


ACTIVITY 6: Discuss the solutions and Reflection


Time length: 20 mins

In a role-play, the participants can either successfully convince the community members or not. It is necessary to ask all participants to reflect upon the following:

- a. *Have you encountered a similar situation? - How did you feel at the time? – What did you find most challenging at the time?*
- b. *What was happening in the role play? What has been done well? Why?*
- c. *What do we learn from here? (Pay attention to language, body language and use of materials, etc.)*
- d. *What was not solved? What would you do differently? (Participants can act instead of just describing their solution).*
- e. *From the role-play, what do you think would make communicating about vaccination more effective?*

You can fill in the table below with identified lessons learned:

 Table 4: ***“I can make communication about vaccination more effective by...”***



Be simple and clear.

Always being ready to response to question and concerns

Knowing that I respond to rejection by...

Preparing...

My attitude being positive...

Selecting information to form the message and not too technical

Explaining the importance from my unique point of view

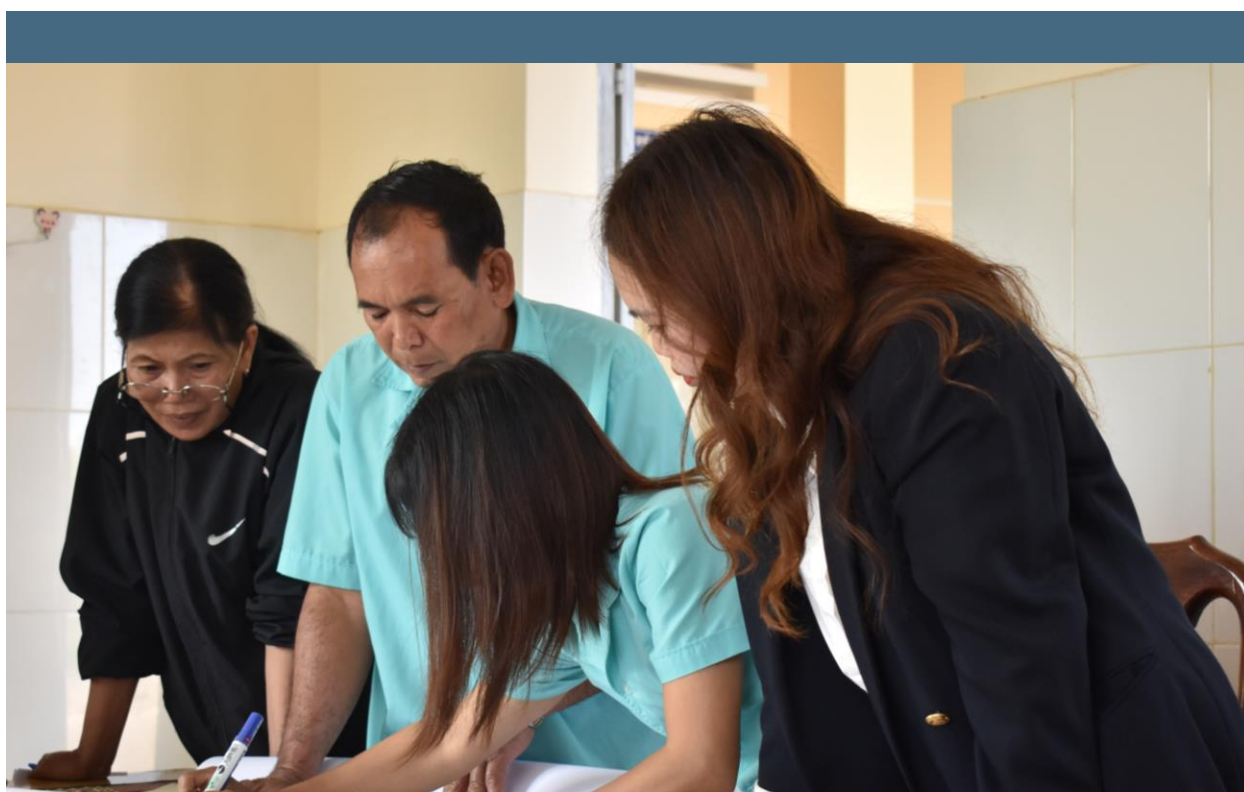
My language being clear and easy to understand...

STEP 3: Discuss solutions (cont.)

This step includes 2 activities - Total time length: 50 mins

ACTIVITY 6: Discuss the solutions and Reflection (cont.)

Time length: 20 mins



*Group discussion to solve a problem and presenting the result on paper
(Source: Training for health collaborators, 2023)*



Note for facilitators

- In the role-play, discussion and reflection activities, it is essential to highlight ‘what lesson can we learn from this’ in order to do a better job in the future, rather than pointing out what may be right or wrong in an approach or opinion.
- Facilitators should encourage participants to write down notes in their journals, on coloured sticky notes or on the board during discussion and reflection. This helps them to follow up and remember the points discussed.

STEP 4: Review and Closing

Time length: 10 mins

Review activity: *The reflective journal*

Hand out and introduce the journal to participants and how it will be used over the course of the training to support their learning.

Spend 5 minutes for participants and facilitators to individually complete Training No 1 and the review section in the journal.

Closing activity: *The Learning circle*

All participants are asked to stand in a circle. The facilitator will have a small object to toss around to assign whose turn it is to speak. Whoever has the object will answer these two questions:

- *How am I feeling right now?*
- *What I find the most useful from today's session?*

These questions help the facilitator understand more about the dynamic of the group and get to know more about the participants. It is also helpful for the participants to reflect after a long session with much technical knowledge and information. More than that, this activity is relaxing and suitable for a new group of learners, in which some people might feel shy to express themselves in a group.

Outcome checklist:

- Share understanding about the tasks of communication about vaccines.
- Use materials to verbally explain how a vaccine works.
- List of challenges health collaborators are facing in communicating about vaccines and vaccine-preventable diseases (for example: diphtheria).
- List of tips on communicating with people about certain vaccines.

MODULE 2

PERSUASION SKILLS

This module aims to build and strengthen participants' persuasion capacity through the set of skills: Listening - Observing - Feedback. The content is designed to emphasize that effective communication is not a one-way process and that practising empathy in communication is the key to building trust.

SOFT-SKILL FOCUS

- Presenting Persuasively
- Listen – Observe – Response.
- Create and deliver motivational messages.

TECHNICAL KNOWLEDGE FOCUS

- Basic understanding about immunization
- Basic understanding about how vaccines work

MODULE STRUCTURE

This module has the total time length of 120 minutes with the structure as below:

Step 1	ACTIVITY 1: <i>Warm-up and Learn about the Immune System</i>	20 minutes
Step 2	ACTIVITY 2: <i>Creating a communication message</i>	30 minutes
	- Tea break -	
Step 3	ACTIVITY 3: <i>Role-Play delivery of a communication message</i>	40 minutes
	ACTIVITY 4: <i>Reflection and Discussion.</i>	20 minutes
Step 4	Review and closing	10 minutes

Note for facilitators:

This module uses the form of "self-reflection" and role-playing as the main tools for participants to analyse their own experiences, then to develop their own lessons with a communication procedure that applies to their collaborators' tasks.

- Materials**
- Flipbook/poster about immune system
 - Markers/Pens
 - Table 5.1 template
 - A0 papers
 - Table 5.2 template
 - A5 papers
 - Table 6 template
 - Tape

STEP 1: Warm-up and Learn about Immune System

This step includes 1 activity – Total time length: 20 mins

After this step, participants will:

- Feel relaxed and open up.
- Share understanding about human immune system.

Facilitators can use games, fun activities or informal group discussion to learn and discuss the human immunity system. This part plays an important part in setting a motivated and energizing learning atmosphere for the whole session.

ACTIVITY 1: Transfer the news

Time length: 20 minutes

How to play

- All participants form a single line.
- Facilitators give a written message secretly to the first person in the line.
- That person then needs to pass on this message/news by whispering it to the next person, who in turn whispers the message to the next person. This continues until the last person in the line.
- The last person then will write the final message on the board or say it out loud to the whole group. “How correctly was the message passed along the line?”

Facilitators can organize the game in 2 or more teams. The winner is the team which has passed the message correctly and the quickest.

Suggestions of game messages:

1. Everyone has a different immune system.	5. The body forms immunity when it is attacked by an infection.
2. Babies are born with immune systems that can fight most germs.	6. Vaccines helps your immune system recognize and learn to fight serious diseases.
3. There are some deadly diseases that the innate immunity system can't handle.	7. Once infected, the immune system can memorize the effective way to fight against the disease.
4. The infection-causing agent can mutate to a new, stronger strain.	8. If infection reoccurs, the immunological memories help combat the infections.

STEP 1: Warm-up and Learn about Immune System

This step includes 1 activity – Total time length: 20 mins

ACTIVITY 1: Transfer the news (cont.)

Time length: 20 minutes

In follow up to the warm up game, the facilitator asks participants what they know about the human immune system. Some suggestions to prompt discussion include:

- *What information is new to you?*
- *What do you want to know more about the immune system?*
- *Which information did you already know? Which sources do you use to find out more information?*

Some suggestions of official resources to learn more about immunization and vaccines:

- The EPI training materials about infectious disease and vaccines;
- The Ministry of Health website;
- The Centre for Disease Control website;
- The Vietnam News Agency;
- *Other local focal points in health programs.*
- *Other?*

Do you have any creative ideas for ways to learn about immunization?



STEP 2: Creating a communication message about vaccination

This step include 01 activity – total time length: 30 mins

After this step, participants can:

- Practice creating persuasive communication messages about vaccination.
- Be familiar with the 5W technique to create persuasive and motivational messages.

ACTIVITY 2: Creating a communication message

Time length: 30 mins

The facilitator will introduce the technique ‘5W’ (What- Who- When- Where- Why) to identify the key content of a communication message.

Then, the participants will practice in groups to create a message with the goal to: **“Encourage your target group to get the vaccine”**.

All groups must finish this task before moving on with the next activities.




Table 5.1: THE 5W TECHNIQUE

Keep the message on-point.	<div style="text-align: right; background-color: #f0f0f0; padding: 2px 5px; font-weight: bold; color: #800000;">WHAT ...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Is the objective of this message? <input type="checkbox"/> Topic do you want to communicate about? <input type="checkbox"/> Are key contents of the message?
Understand your target audiences and tailor the message accordingly.	<div style="text-align: right; background-color: #f0f0f0; padding: 2px 5px; font-weight: bold; color: #800000;">WHO ...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Is the target group? <input type="checkbox"/> Are your supporter?
Adjust the message according to the specific occasion, location, scenario	<div style="text-align: right; background-color: #f0f0f0; padding: 2px 5px; font-weight: bold; color: #800000;">WHERE...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Is the location <input type="checkbox"/> Can you get resources for information?
Keep track of the length of time and other external factors.	<div style="text-align: right; background-color: #f0f0f0; padding: 2px 5px; font-weight: bold; color: #800000;">WHEN...</div> <ul style="list-style-type: none"> <input type="checkbox"/> Is the date and time of delivering message? <input type="checkbox"/> How much time do I have to deliver the message?
Create a touching and motivating message with an even balance proportion of information and encouragement.	<div style="text-align: right; background-color: #f0f0f0; padding: 2px 5px; font-weight: bold; color: #800000;">WHY ...</div> <p>Should I get vaccinated</p> <ul style="list-style-type: none"> <input type="checkbox"/> (scientific information)? <input type="checkbox"/> (personal motivation)?

STEP 3: Delivering a communication message for vaccination

This step include 02 activities – total time length: 60 mins

After this step, participants can:

- Practice the delivery of a communication message.
- Have a set of suggestions [DOs and DON'Ts] when delivering a message, especially in listening, observation and response.

Role-playing is helpful to explore solutions for some typical case contexts. We can position ourselves in a number of roles/perspectives in one scenario and view the issues from different angles, and "rewind" and review a moment as much as we want. Thus, we can analyse the situation deeply and figure out our lessons holistically as a group.

In this step, participants will continue to role-play and then follow up with a time of reflection and discussion to share lessons learned in the process of delivering a communication message to the community members.

ACTIVITY 3: Role-Play

Time length: 40 mins

Task for each group: **“Convince the community member(s) to agree to vaccinate on schedule.”**

How to Role-play:

- Facilitator asks for volunteers from amongst the participants to play the role of community members. Roles are then assigned with details for each.
- Each group then presents their communication message to their assigned community member for 3 minutes. Follow up the role play with 5 minutes for questions/answers and time to further convince the community member to join the vaccination day.
- During the conversation, the community member can freely express their answer: YES/NO.
- The conversation ends when the time is up or whenever the group acquires a YES response from the community member.
- Facilitator can freeze the scene at any time to give clues or ask for support from the audience. They can give their suggestions verbally or join the roleplay and act the suggestion themselves.

Suggestion for Community members role:

- A farmer with low literacy.
- A housewife who rarely leaves her neighbourhood and has no personal transportation.
- Other?.....

Clue to presenting:

- Individual or team presentation?
- Make eye contact, not only reading from a piece of paper.
- Use props and visual materials?

Tip:

- Receiving a NO for an answer is not failing, but is an opportunity to learn and explore other approaches.
- In developing persuasive arguments, consider gender and cultural issues, the local context and any power dynamics present.

STEP 3: Delivering a communication message (cont.)

This step include 02 activities – total time length: 60 mins

ACTIVITY 4: Reflection and Discussion.

Time length: 20 mins

Facilitators ask questions to initiate reflection and discussion among participants. The discussion will focus on useful tips they can utilise to be more persuasive. These could be new approaches they have never tried previously, they could be approaches they have been using for a while, and which they could strengthen through the activity.

Some suggested questions to explore with participants:

- *How does it feel to try to persuade other people? How do you maintain an appropriate manner in this context?*
- *Think about the similarities and differences between acting this role play and doing this in reality in your role as health collaborator, what elements can you apply to your work?*
- *When the community member said “No” or showed disagreement, what signals did they give out? (physical responses, eye contact, facial expressions...) Please elaborate and try to find the reasons why they disagreed. How should we respond to these signals?*
- *When they said “Yes” or showed agreement, what signals did they give out? Please elaborate and try to find the reasons why they agreed. How should we respond to these signals?*
- *What other lessons have you learnt from practicing this role play?*

The facilitators and participants can put the results of the discussion into a list of DOs – DON'Ts of delivering a communication message to the community. For example:

 Table 6: “DO and DON’T” when delivering a communication message



DON'T

- Be judgmental to the questions asked
- Only read from prepared notes.
- Make up your own information.
- Use tactics to scare people.



DO

- Be open to answering questions.
- Point to the source of information.
- Pay attention to signals.
- Be expressive and respectful.
- Be clear, consistent and relevant.
- Be empathetic.

STEP 4: Review and Closing

Time length: 10 mins

Review activity: *The reflective journal*

Facilitators and participants spend 5 minutes filling in the review section in their reflective journal individually.

Closing activity: *A promise to myself*

Each participant will take a piece of paper, preferable A5 size and some markers to write down one sentence on the sheet. Participants will have 5 minutes to think and write a note for themselves, starting with:

“To practice my persuasion skills, I will...”

After three minutes, they will return to the group and stand in a circle. Each one will read out their note to the group loud. Once everyone has finished reading their promises, and to conclude the session, the facilitator will ask all participants to show their encouragement towards their peers by patting their peers on the back while saying: “We believe you can do it”.

This activity will encourage the participants to review the suggestions for better communication that they have developed throughout the training and pick the most practical and valuable tips to apply for their work.

Outcome checklist:

- Basic understanding about the human immune system.
- The 5W technique to create persuasive and motivational messages.
- A set of suggestions [DOs and DON'Ts] when delivering a message, including listening, observation and response.

MODULE 3

LANGUAGE

This module focuses on verbal and non-verbal language skills. Participants will adapt their use of language: words, body movements, signals, gestures, and facial expressions to become confident and trustworthy in communicating with the community. At the same time, this module will also support health collaborators in applying appropriate communication in multicultural settings.

When applying this module in practice, it is possible to flexibly change the content of knowledge about infectious diseases and relevant preventive vaccines.

SOFT-SKILL FOCUS

- The use of verbal language in presenting communication messages.
- The use of non-verbal language to communicate about vaccination.
- Sensitize to local dynamics in the different cultural contexts.

TECHNICAL KNOWLEDGE FOCUS

- Neonatal tetanus, its risks, and impacts on community health.
- Tetanus vaccine and benefits.

MODULE STRUCTURE

This module has the total time length of 120 minutes with the structure as below:

Step 1	ACTIVITY 1: <i>Warm-up and learning about Neonatal tetanus and Tetanus vaccine</i>	15 minutes
Step 2	ACTIVITY 2: <i>Group work to create and deliver a communication message.</i>	30 minutes
	ACTIVITY 3: <i>Discussion about the use of verbal language</i>	20 minutes
	- Tea break -	
Step 3	ACTIVITY 4: <i>Game “One word - Many meanings” to learn about non-verbal language.</i>	25 minutes
	ACTIVITY 5: <i>Discussion about the use of non-verbal language</i>	20 minutes
Step 4	Review and closing	10 minutes

Note for facilitators:

This module uses role-playing and game-based activities as the main tools for participants to experience and engage in different roles, and build up a helpful list of tips and strategies to better communicate in a diverse cultural setting.

- Materials**
- Flipbook/poster about tetanus and vaccine
 - Markers/Pens
 - A5 papers
 - Tape
 - Table 7 template
 - Table 8 template

STEP 1: Warm-up and learning about Neonatal tetanus and the Tetanus vaccine:

This step includes 01 activity – Total time length: 15 mins

After this step, participants will:

- Have basic information about neonatal tetanus and the tetanus vaccine
- Feel energized and relaxed.

Facilitators can use games, fun activities or a short presentation about the disease and vaccines. It is highly recommended to have an interactive session to learn and memorize this technical information more effectively.

ACTIVITY 1: Ring the golden bell

Time length: 15 mins

How to play:

- Participants sit in rows and have pens and papers ready to quickly write down their answers for each question.
- Facilitators read out aloud questions one at a time. Participants have 30 seconds to write down each answer. There are 10 questions.
- After 30 seconds, participants show their answers by holding their answer sheets over their heads.
- Participants with the correct answer stay for the next round; participants with the incorrect answer are eliminated from the round.
- Facilitators can adjust the rules for different groups of participants.
- The last person who gets through all 10 questions correctly wins the grand prize.

Suggestions of game questions:

1. True or False? Spores of tetanus bacteria are everywhere in the environment, including in soil, dust, and manure. [TRUE]
2. Is tetanus spread from person to person? [NO]
3. True or False? The incubation period — time from exposure to illness — is usually between 3 and 5 days. [FALSE]
4. Which is a common way that the tetanus spores enter through into an infant's body and cause neonatal tetanus? [THE UMBILICAL CORD]
5. True or False? Tetanus spores enter the body through contaminated breaks in the skin. [TRUE]
6. True or False? Tetanus is an infection caused by a virus. [FALSE]
7. Which is NOT a symptom of tetanus infection? [ANSWER: D]
 - A. Headache
 - B. Jaw cramping
 - C. Painful muscle stiffness
 - D. Vomiting
8. True or False? The mother's immunity due to the vaccine is valuable in preventing Neonatal tetanus for the child. [TRUE]
9. How many doses of tetanus vaccine is recommended for pregnant women during their pregnancy? [TWO DOSES]
10. True or False? People who have had tetanus before no longer need to be vaccinated. [FALSE]

STEP 2 : Exploring the use of verbal language in communication

This step includes 02 activities – Total time length: 50 mins

After this step, participants will:

- *Be aware of the use of clear verbal communication which is necessary for effective communication;*
- *Participants create a list of suggestions for the use of verbal language when communicating about vaccines.*

Presentation/ speech could be perfect on paper or in our head when we are planning. However, many internal and external factors could affect the quality and effectiveness of our speech, and it is possible that our audiences, no matter how focused they are, could still miss the points being communicated. This activity will use group presentation and discussion to explore factors of our verbal language that could affect the quality of our message delivery.

ACTIVITY 2: Group work to create and deliver a communication message.

Time length: 30 mins

- The facilitator divides the participants into groups of 2-3 people.
- The group members will develop a communication message for a case they are assigned.
- Participants can review the knowledge and skills in previous modules to complete this task.
- After 15 minutes of preparation, each group will present their own message for up to 1.5 minutes.
- While each group presents, the other groups will listen and take note of their comments for the presentation.

Suggestions for scenario:

- A man whose wife is about to give birth. He wants to know about neonatal tetanus and how he can prevent their child from getting sick.
- A new mother has just given birth and she has questions about the risks of giving her baby the tetanus vaccine.
- A grandmother, whose son and daughter-in-law work far away, so she is the main carer of her 1 year old grandchild. She wants to ask about the vaccination schedule for her grandchild.

Other scenarios?

STEP 2 : Exploring the use of verbal language in communication

This step includes 02 activities – Total time length: 50 mins

ACTIVITY 2: Group work to create and deliver a communication message.

Time length: 30 mins



Team members reading materials and working on creating a vaccine message
(Source: Training for health collaborators in Dak Lak, 2023)

Do you have any notes or reflections about this activity?



STEP 2 : Exploring the use of verbal language in communication (cont.)

This step includes 02 activities – Total time length: 50 mins

ACTIVITY 3: Discussion about the use of verbal language

Time length: 20 mins

Follow up the presentation, the facilitator will walk the participants through a discussion on how to deliver a communication message clearly and effectively. Some suggested discussion questions are:

- *Can other groups repeat some of the main ideas they heard from your group's presentation? Is this the key message the group wanted to convey?*
- *What content has been well received by the listeners? What content has not been mentioned yet?*
- *What factors could affect the quality or effectiveness of a conversation?*
- *Understanding the factors that affect the effectiveness of the communication, what can we do to improve the quality of verbal message delivery?*

Facilitators and participants can write down the answers for the last question on a large sheet of paper, and save it as a list of suggestions for better message delivery.

For example:



Table 7: What tips do you think could be useful for further verbal communication?

- Choose suitable style for each occasion and each group (casual or formal).
- Be sympathetic and understanding.
- Be appropriate and respectful to the local culture.
- Speak with appropriate intonation and volume.
- Don't speak too fast nor too slow.
- Do not use technical words and terminology unless necessary.

Other?





STEP 3 : Exploring the use of non-verbal language in communication

This step includes 02 activities – Total time length: 45 mins

After this step, participants will:

- *Be aware of the use of expressive non-verbal communication necessary for effective communication;*
- *Create a list of suggestions for the expressive use of non-verbal language when communicating about vaccines.*

While the previous activity focuses on enhancing the use of verbal language in communicating a message, this activity will focus on the use of non-verbal language in supporting the message delivery and better communication with the target group. The activity will be formatted as a game for a change of learning environment, as well as lifting energy levels of participants after an intense brainstorm and discussion in the previous steps.

ACTIVITY 4: Game “One word - Many meanings” to learn about non-verbal language.

Time length: 25 mins

Game rules:

- Facilitators divide the participants into 2 groups: *interviewers* and *interviewees*
- Interviewers pick a random question and can ask *closed questions* (Yes/ No question) and must find out the real answers through *reading the expressions of the interviewees*.
- The facilitators give the interviewees the answers, but they have to keep them secret until the end of the round.
- Interviewees can ONLY answer interviewers' questions with the '*Answer words*' - they are singular words with no exact meaning - Such as: *Yes* or *Uhm* or *Yeah*.
- Each round lasts a maximum of 5 minutes or when the interviewers find out the actual answer

What materials and stationary should you prepare for this activity?



STEP 3 : Exploring the use of non-verbal language in communication (cont.)

This step includes 02 activities – Total time length: 45 mins

ACTIVITY 5: Discussion about the use of non-verbal language

Time length: 20 mins

Following up *with each round* of the game, the facilitator will explore the non-verbal language with all participants by discussing the following questions:

- **What signals helped you with discovering the answers?**

(Clues: facial expression; body movement; hands/ arms/ feet movement; head movement; eye movement; shifting of position, etc.)

- **What can we learn from here about the non-verbal language in a conversation?**

Facilitators note down the answers into a list of suggestions for the effective use of non-verbal language. For example:





Table 8: Understand non-verbal languages

Head movements: *nod, shake, tilt...* show how people agree/disagree with the message.

Direct eye contact or looking away, ... show level of interest to the speakers.



Arms: *cross, clasp, hold behind or on the chest,...* show the level of security towards the speakers.

Lips: *smile, frown, bite lips,* ... show positive/ negative emotion towards the speakers.

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STEP 3 : Exploring the use of non-verbal language in communication (cont.)

This step includes 02 activities – Total time length: 45 mins

ACTIVITY 5: Discussion about the use of non-verbal language (cont.)

Time length: 20 mins



Learning about non-verbal language through a Role-play activity
(Source: Training for health collaborators in Dak Lak, 2023)



Notes for facilitators:

- All types of body movement could contribute to the delivery of messages. As communicators, it is necessary for participants to be aware that they could adjust their body language to support and improve their verbal communication.
- Communicators can also observe their target group expression and adjust accordingly to better communicate with them.
- The facilitator can expand the discussion to the **topic of cross-cultural communication**, in which non-verbal language may be interpreted differently. (e.g. in some cultural context it is not respectful to look a leader in the eye, and looking down may be a sign of respect in that community, where in another context it may be viewed as being disinterested in what is happening).

STEP 4: Review and Closing

Time length: 10 mins

Review activity: *The reflective journal*

Facilitators and participants spend 5 minutes filling in the review section in their reflective journal individually.

Closing activity: *A moment to remember*

Facilitators ask all participants to form a circle; the facilitators also join the process with the participants.

The facilitators can start first as an example so that all participants will understand the assignments. Going from the right side of the facilitators, everyone will share a moment from the training that they either:

- **Find something new and impressive, or**
- **Something they already knew but was not very sure about until now.**

Facilitators will start first and show examples, then the whole group will share in a circle one by one.

This activity will encourage everyone to reflect on the last training content, speak out before a crowd, and highlight the active learning process in finding the link between knowledge and personal experiences.

Outcome checklist:

- List of basic information about neonatal tetanus and tetanus vaccine
- List of suggestions for the use when communicating verbally about vaccines.
- List of suggestions for the expressive use of non-verbal language when communicating about vaccines.

MODULE 4

LOCAL SUPPORT NETWORK

This module focuses on building and maintaining the support network for a better working environment for health collaborators. They can connect with local and professional communities and find and receive support when in need.

SOFT-SKILL FOCUS

- Identify and analyse the changes in the local context.
- Map and make use of local support networks.
- Sensitize about personal wellbeing in the local changing context.

TECHNICAL KNOWLEDGE FOCUS

- Understand the overall local context, especially during COVID-19 outbreak.
- Have general information about the local health program.

MODULE STRUCTURE

This module has the total time length of 120 minutes with the structure as below:

Step 1	ACTIVITY 1: <i>Warm up activity to address changes in the local context</i>	30 minutes
Step 2	ACTIVITY 2: <i>Drawing pictures of impacts</i>	40 minutes
	- <i>Tea break</i> -	
Step 3	ACTIVITY 3: <i>Stakeholder mapping</i>	40 minutes
Step 4	Review and closing	10 minutes

Note for facilitators:

This module uses game-based activity, creative drawing and stakeholder mapping tools to stimulate the participants to think about the overall local context and stakeholders. These tools are interactive and visualised. Therefore, they can also simplify complicated concepts and are suitable for general participants, especially for a diverse group of participants with varied levels of literacy and work experiences.

STEP 1 : Addressing changes in the local context

This step includes 01 activity – Total time length: 30 mins

After this step, participants will:

- *Be able to list recent events/changes in all life aspects of the local community, including social, economic and political changes.*

In this step, facilitators motivate participants to identify changes in the local context which they have witnessed. This step will bring the focus of participants to their hometown - to social, economic and political events which are important, and which affect their lives and work. The following activity will be a game-based brainstorming session to recall those changes. However, a circle discussion or traditional brainstorm session will work as well.

Materials

- Pens/Pencils
- A5 papers
- A0 paper or board
- Example photos (Annex 11)
- Tapes
- Table 9 template
- Table 10.1
- Table 10.2 template

ACTIVITY 1: Identify local changes and events

Time length: 30 minutes

• How to play:

- Facilitators ask ***“Name at least one event/ change in your hometown that is most memorable to you.”***
- Participants have 5-10 seconds to write down, on their pieces of paper, an event or a change then show their answers to the group.
- The facilitator will ask participants to elaborate on some description of the event that they mentioned.
- After 4-5 rounds, facilitators can gather much information about the changes in the local context. Facilitators will ask all participants to arrange these events into three categories: Social changes, Political changes and Economic changes.

Suggested elaboration questions:

- What do you remember about the event/ change?
- When/ Where and how did the event/ change happen?
- Why do you think the event/change is critical?

STEP 1 : Addressing changes in the local context (cont.)

This step includes 01 activity – Total time length: 30 mins

ACTIVITY 1: Identify local changes and events (cont.)

Time length: 30 minutes

Table 9: Changes in local context

Social Changes	Political Changes	Economic Changes
<i>Many people migrate back to their hometown due to the COVID-19 pandemic.</i>	<i>New chairman of the regional People' Committee</i>	<i>The average income increase</i>
<i>A village is quarantined due to COVID-19 cases.</i>	<i>Funding for the health care program decrease</i>	<i>There is a fruitful harvest season</i>
----- -----	----- -----	<i>There is newly built factory nearby with work opportunities.</i> -----



What other questions will you ask the participants to explore changes in the local contexts?



STEP 2: Exploring the impacts of changes on the lives and work of village vaccine workers

This step includes 01 activity – Total time length: 40 mins

After this step, participants will:

- *Be able to analyse the impacts of some local contextual changes on them individually and in relation to their work as village vaccine workers.*

Following the list of events/changes from the previous activity, this step will explore the impacts of those events/changes (especially on their communication work) through the use of drawing and painting. A simple picture or arrangement of colours and words will be used to express the impacts of the local context changes on their lives and work. In a more formal setting, a replacement for this activity could be a group discussion with similar questions.

ACTIVITY 2: Exploring impacts

Time length: 40 minutes

Following up from the previous list of local context changes, participants will continue to explore the impacts of those events/ changes together.

Implementing the activity:

- Facilitators divide participants into 3 groups, with each group assigned a topic: social, economic or political changes, and each group will receive a set of expressive photos. These photos can be used to express emotion. The facilitators present an example of some photos representing different feelings and emotions.

For example: A photo of an empty plate represents the economic hardship. A photo of a crying child represents the vulnerable and tragic experiences. A photo of people laughing represents happiness and joy.

- Each group will have 20 minutes to discuss each event in the assigned topic and answer the question to explore their thoughts regarding the impact of these events:

1. **How do these changes/events affect me mentally and physically?**
2. **How do these changes/events affect my family and community?**
3. **How do all of these affect the performance of village vaccine workers and health collaborators?**

After 20 minutes, the facilitators ask each group to spend 5 minutes to present the discussion result to the larger group.

The facilitators can ask some follow-up questions to help the group better elaborate on their experiences in the discussed events. Most importantly, the facilitators should acknowledge these experiences and show gratitude to participants who are willing to open up and share their stories.

STEP 2: Exploring the impacts of changes on the lives and work of village vaccine workers (cont.)

This step includes 01 activity – Total time length: 40 mins

ACTIVITY 2: Drawing picture of impacts (cont.)

Time length: 40 minutes

The facilitator asks follow up questions to further explore the impacts on vaccine communication effectiveness.

Some suggested questions are:

- *Before this exercise, have you ever thought about the impact of the changes on your lives and work? Have you asked yourselves these questions?*
- *How do you feel when doing this exercise with your group?*
- *How different/ similar are the opinions in your groups? Do you share the same idea or opposite?*
- *Do you think that it is necessary to address changes and their impact? Why?*



Using rich picture tool to gain insight in training
(Source: OUCRU, 2022)



Note for facilitators

During the discussion, facilitators highlight that changes are inevitable. Some of them will bring joy, some of them will bring unease emotionally and make your life and work more difficult. Eventually, facing and dealing with the changes will be more beneficial than ignoring it and letting it unconsciously impact our lives further. Addressing the impacts is the first step in finding practical measures to manage and adapt with the changes. Acknowledging the changes can also enable them as community workers to support others within the community to understand and adapt to change.

STEP 3: Village mapping - Network for support

This step includes 01 activity – Total time length: 40 mins

After this step, participants will:

- Have a list of stakeholders and networks that can be mobilized for support.
- Have a list of suggestions for better adapting to changes of context.

In this step, village vaccine workers will practice using a tool for stakeholder mapping. This tool is adapted from the mainstream stakeholder mapping tool to identify the existing network that could support them to mitigate negative impacts of contextual changes as well as to echo positive impacts.

ACTIVITY 3: Stakeholders mapping

Time length: 40 minutes

- The facilitator introduces the stakeholder mapping tool, explaining each component
- Then facilitate the participants using the tool to:

Identify the existing network of stakeholders within their communities;

Identify the stakeholders' support to improve performance in communication about vaccines.

Table 10.1: Stakeholders mapping tool

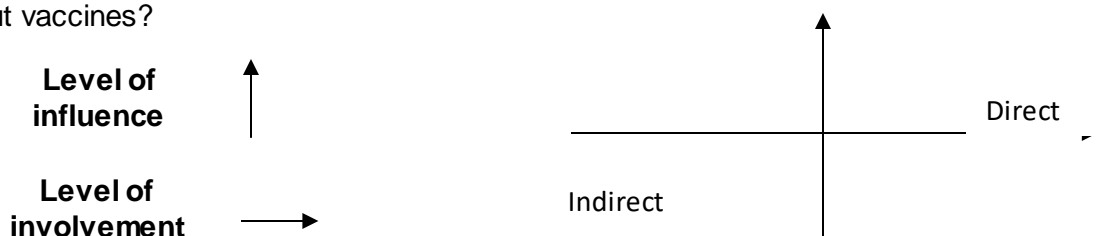
1. List of Stakeholders



Who is involved in the communication about vaccines at village/district/province-level?

2. Stakeholders' support to improve performance in vaccines communication

- **How** are stakeholders **involved in and how do they influence** the communication about vaccines?



- **What** kind of **support** can they provide to improve the effectiveness of communication about vaccines within the local changing context?

STEP 3: Village mapping - Network for support (cont.)

This step includes 01 activity – Total time length: 40 mins

ACTIVITY 3: Stakeholder mapping (cont.)

Time length: 40 minutes

Table 10.2: Mapping stakeholders – Communication about vaccination in Đak Lak (example)

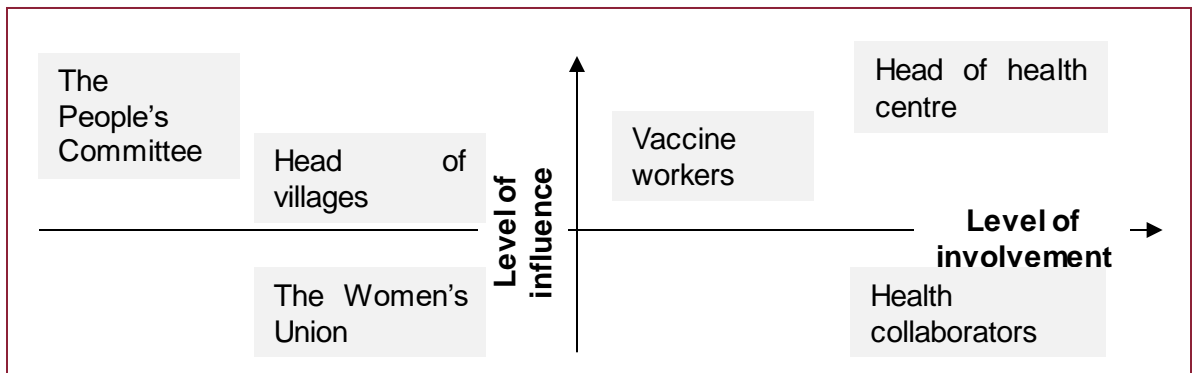


1. List of Stakeholders

Head of villages; Head of the health centre; The People’s Committee; Vaccine workers (district level); The Women’s Union; Health Collaborators; Others?

2. Analysing the stakeholders:

Regarding Levels of Influence and Involvement:



Regarding means of support:

Head of villages;	<i>Support by integrating communication about the vaccination program into the village meetings;</i>
The Women’s Union	<i>Support in announcing and disseminating information about vaccination schedules;</i>
The People’s Committee	<i>Provide funding for trainings and producing materials;</i>
Other?	<i>Other?</i>

STEP 4: Review and Closing

Time length: 10 mins

Review activity: *The reflective journal*

Facilitators and participants spend 5 minutes individually filling in the review section in their reflective journal.

Closing activity: *The Learning circle*

In this classic activity, all participants will stand in a circle. The facilitator will have a small object to toss around to assign one's turn to speak. Whoever gets the object will answer these two questions:

- *How am I feeling right now?*
- *What have I found the most useful from today's session?*

These questions help the facilitators understand more about the dynamic of the group and get to know more about the participants. It is also helpful for the participants to reflect after a long session with much technical knowledge and information. More than that, this activity is relaxing and suitable for a new group of learners, in which many people might feel shy to express themselves before a crowd.

Outcome checklist:

- List recent events/ changes in all life aspects of the local community, including social, economic and political changes.
- Pictures of impacts of some local context changes on health collaborators, especially on their work as village vaccine workers.
- A mapping of stakeholders and the support that can be mobilized from these stakeholders when needed.

MODULE 5

VACCINES AND THEIR BENEFIT

This module is designed to provide a basic understanding of infectious diseases and vaccines, especially how vaccines can boost immunisation to fight against diseases.

- Identify common infectious diseases in the local community.
- Identify preventive measures that the local community can take.
- Debunk myths about vaccines

SOFT-SKILL FOCUS

- Disease mapping
- Communicate about vaccine basics

TECHNICAL KNOWLEDGE FOCUS

- Infectious disease
- Vaccine understanding

MODULE STRUCTURE

This module has the total time length of 120 minutes with the structure as below:

Step 1	ACTIVITY 1: <i>Find the right matches</i>	15 minutes
	ACTIVITY 2: <i>Local health mapping</i>	25 minutes
Step 2	ACTIVITY 3: <i>Presentation about vaccine basics</i>	30 minutes
	- <i>Tea break</i> -	
Step 3	ACTIVITY 4: <i>Modified debate to practice explaining vaccines to the local community</i>	40 minutes
Step 4	Review and closing	10 minutes

Note for facilitators:

This module uses visual tools, game-based activity and presentation as the main tool for participants to explore basic information about vaccines, diseases, and to practice communicating about vaccines with the local community.

Materials

- Pens/Pencils
- A5 papers
- A0 paper or board
- Example photos (Annex 11)
- Tapes
- Table 9 template
- Table 10.1
- Table 10.2 template

STEP 1: Warm-up and Learn about local health context

This step includes 02 activities – Total time length: 40 mins

After this step, participants will:

- *Feel energized and open up.*
- *Have a basic understanding of diseases (name - causes – symptoms - health impacts) and have a visual tool to explain about disease with the local community.*
- *Explore vulnerable areas and most concerning diseases in the local areas*

Facilitators will prepare and introduce a set of flashcards as visual tool to learn and explain about diseases. Then introduce another form of mapping tool – village mapping, to discuss about the local health context. This conversation is helpful to set the focus of the follow up discussion around the local context, which will ensure the practicality of the training.

ACTIVITY 1: Find the right matches

Time length: 15 minutes

Participants will be divided into groups of 3 - 4.

The facilitator will provide each team with a set of flashcards that contain disease names, disease symptoms and health impacts.

In 5 minutes, each team must find the correct matches of disease names, symptoms and its health impacts.

When the time is up, facilitators and participants can compare and check with the answer sheet and review all matches.

The group that has the most correct matches is the winner. A small prize can be given as rewards.



Notes for facilitators:

When implementing this game, the facilitator can set the game in several rounds. In each round, they will need to find, match and explore information of one disease. After the round, the facilitator can spend a few minutes to provide accurate information about the disease, or answer questions or confirm other relevant information.

The facilitator can also select certain diseases according to local health context.

STEP 1: Warm-up and Learn about local health context (cont.)

This step includes 02 activities – Total time length: 40 mins

ACTIVITY 1: Find the right matches (cont.)

Time length: 15 minutes



Examples of 'Find the right matches' activities in training
(Source: Pilot training for health collaborators in Sumba, Indonesia, 2022)

STEP 1: Warm-up and Learn about local health context (cont.)

This step includes 02 activities – Total time length: 40 mins

ACTIVITY 2: Local health mapping

Time length: 25 minutes

Participants stay with their groups. The facilitators assign each group with a card (containing the disease name) from the card set. Ask them to spend 3 minutes to write down on a piece of paper their response to:

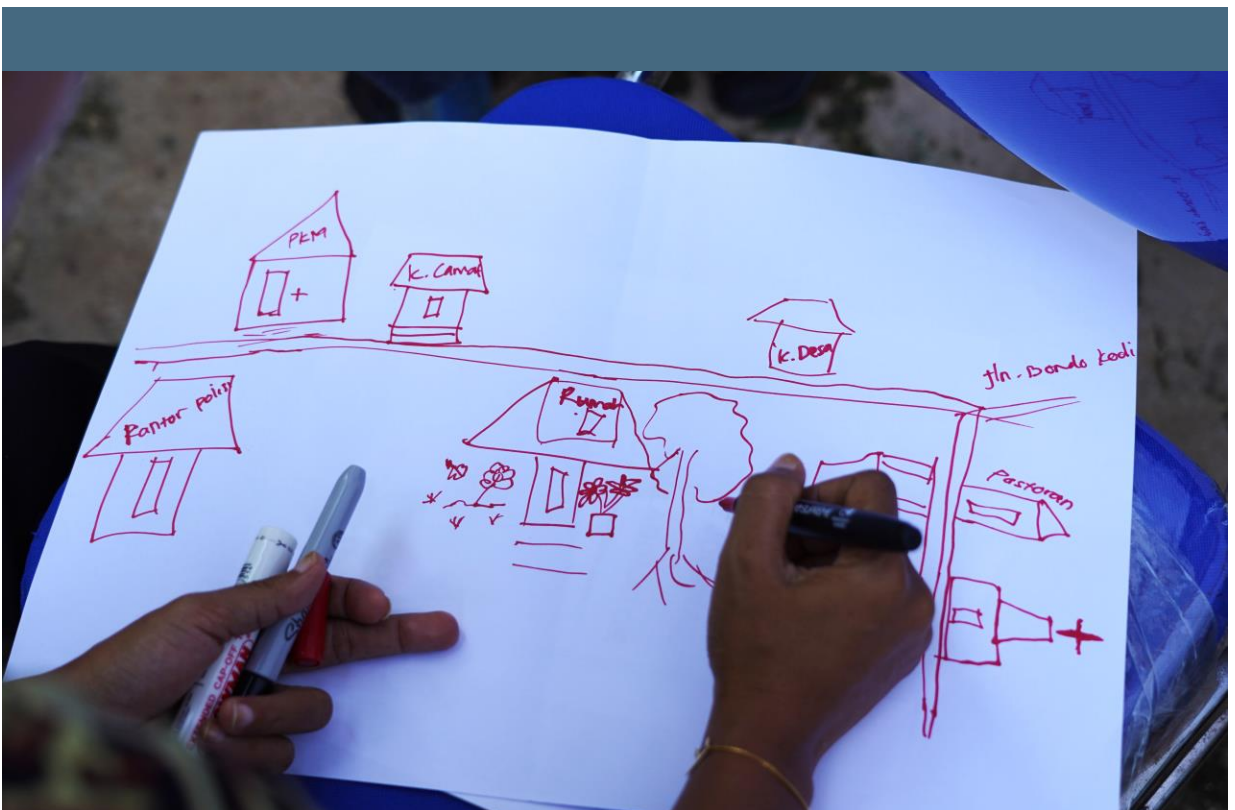
- **What are the transmission routes of these diseases?**

After that, each group is given 5 more minutes to discuss the second questions:

- **Which area(s) of the villages are more likely to be vulnerable to this disease? And why?**

After 5 minutes of discussion, each group will present their answer by drawing a village map on A0 paper/ or floor/ or board. They can draw more elements of the areas to demonstrate their answers to the questions.

See below example for the health map.



Health collaborator drawing village health map in training
(Source: Pilot training for health collaborators in Sumba, Indonesia, 2022)

STEP 1: Warm-up and Learn about local health context (cont.)

This step includes 02 activities – Total time length: 40 mins

ACTIVITY 2: Local health mapping (cont.)

Time length: 25 minutes

The facilitators spend 15 minutes for all groups to present and discuss to finalize the map. The facilitators can conclude the activity once all groups have agreed on a complete map about the health context in their area.



Note for facilitators

- It is essential for health workers to have a shared understanding of how the community is facing the risk of infectious diseases and are able to communicate about it. This is the first step in communicating about vaccines.
- Facilitators encourage participants to discuss facts, and try to avoid stigma and assumptions when talking about diseases and transmission routes in local villages.

STEP 2: Learning vaccine basics

This step includes 1 activity – Total time length: 30 mins

After this step, participants can:

- Understand how the vaccine is made.
- Have examples to explain how vaccines work to boost immunity.

In this step of the training, the facilitators will present with powerpoint slides or pictures to explain about vaccine basics. Participants can utilize this presentation as a simple and visual script when communicating about vaccine basics with the local community, especially in rural and remote areas, where information access is limited.

ACTIVITY 2: Presentation about vaccine basics

Time length: 30 mins

Facilitators will present basic information about vaccines, including:

- **How is a vaccine made?**

Important ingredient: The virus/bacteria that causes the disease.

Type 1: containing dead or weakened virus/bacteria.

Type 2: containing a little part of the virus/bacteria.

- **Vaccine quality.**

All vaccines are manufactured under very strict conditions and tested before release for public use. All vaccines require approval by the Ministry of Health.

Childhood vaccines are Halal and approved by the Indonesian Ulema Council

- **How does a vaccine work to boost immunity?**

Expose - Exposure to the disease-causing agent.

Practice to fight - Immune system fights against the disease-causing agent.

Memorize - Our immune system learns to fight effectively and memorizes the way to fight and protect our body from the disease-causing agent.

Be ready to Fight - Have the information, strength and immunity to fight the real disease if infected.

- **Common ingredients in vaccines (optional)**

The facilitators can print out the slide samples from this manual, or copy this information on large board or A0 paper to use during the presentation.

The presentation is approximately 20 minutes.

STEP 3: Practice explaining vaccines to the local community

This step includes 1 activity - Total time length: 40 mins

After this step, participants can:

- Confirm facts/myths about vaccines;
- Explain vaccines to particular community groups;
- Practice persuasion skills (refer to module 2) when communicating (listening, observation and response)

ACTIVITY 3: Modified debate

Time length: 40 mins

- The facilitator starts with a discussion to share information about:
How does the community they work with feel about vaccines?
- The facilitator can write down each answer on a piece of paper and fold them. Those answers can be used as input for the main debate activity.
- Each group will then randomly pick a folded paper that contains one statement and a For/Against stand.
- Each group will prepare a presentation about their opinion in 10 minutes. There is no right or wrong answer, they only have to prove their assigned standpoint.
- After 10 minutes of preparation, each group has 2 minutes to present and follow up with 3 minutes of debate with the audience. Audiences will take the opposite standpoint and will take part in each debate round as the opponent.
- In the last 10 minutes, the facilitator will gather all participants in a circle and facilitate a quick activity reflection

Suggestions of statements:

- Vaccine helps boost your immunization. (AGAINST)
- Vaccination helps your children grow up healthy and strong. (FOR)
- Vaccines are halal. (AGAINST)
- Vaccinated people can still be infected (FOR)

Suggestions of reflection questions:

- How does it feel to stand up and protect your opinion in front of many people? (comfortable, energetic, uncomfortable, causes anxiety,...) especially with groups that have to stand for opinions that go against their own beliefs?
- Have you encountered a similar situation? What did you do in this situation? What would you do differently now?
- Which performance/presentation do you like the most? Why?
- What is the most useful thing you will bring back home after this activity?

STEP 4: Review and Closing

Time length: 10 mins

Review activity: *The reflective journal*

Facilitators and participants spend 5 minutes filling in the review section in their reflective journal individually.

Closing activity: *“I appreciate that...”*

As this is the last module of the training program, each participant will step up before their fellow participants to express their appreciation to one of the participants, using the phrase:

“I appreciate that...”

They can mention anything they are grateful for about their peers. This could be a moment of support during teamwork, or something they have learned from a participant sharing either about themselves or the other participant. The focus of comments is only on the participants, not the facilitator.

The activity serves as a team-bonding activity and highlights that learning is a shared process, and that people learn as much from their peers as from books or any training materials.

Outcome checklist:

- Have a basic understanding about diseases and are able to explain about disease with the local community.
- Have a shared understanding of local health context.
- Have a basic understanding about vaccines and are able to communicate about vaccines with the local community.

ANNEX: TEMPLATES FOR TRAINING ACTIVITIES



Module 1, Activity 2

Table 1: A “job description” for communication about infectious diseases and vaccination

Including:

Module 1, Activity 3

Table 2: Happy and Unhappy moment

The happiest/most exciting moment 	The unpleasant/ annoying/ disappointing moment 

Module 1, Activity 4

Table 3: **Addressing causal factors**

INTERNAL FACTORS (Factors from within, including strengths and weaknesses of the individual which can be changed gradually with training, exercise and other support.)	EXTERNAL FACTORS (Factors from outside influences that we cannot control e.g. time pressures on people, geographical location, transport...)

Table 4: *“I can make communication about vaccination more effective by...”*

Empty oval shape for notes.

Empty oval shape for notes.

Empty oval shape for notes.

I will prepare...



My language...

My attitude...

I respond to rejection by...

Empty oval shape for notes.

Empty oval shape for notes.

Empty oval shape for notes.

Table 5.1: THE 5W TECHNIQUE

Keep the message on-point.

- WHAT...**
- Objective of this message?
 - Topic you want to communicate about?
 - Key contents of the message?

Understand your target audiences and tailor-made the message accordingly.

- WHO ...**
- Target group?
 - Supporter?

Adjust the message according to the specific occasion, location, scenario

- WHERE...**
- Location
 - Resources for information?

Keep track of time length and other outside factors.

- WHEN ...**
- Date and time?
 - Time length?

Create a touching and motivated message with a balance proportion of information and encouragement.

- WHY ...**
- Scientific?
 - Personal motivation?

Module 2, Activity 4

Table 6: “DOs & DON'Ts” when delivering a communication message



DON'T



DO

Table 7: What tips do you think could be useful for further verbal communication?



Table 8: Understand non-verbal languages

Head movements: *nod, shake, tilt...* show how people agree/disagree with the message.

Direct eye contact or looking away, ... show level of interest to the speakers.

Lips: *smile, frown, bite lips,* ...show positive/negative emotion towards the speakers.

Arms: *cross, clasp, hold behind or on the chest,*...show the level of security towards the speakers.

Position: *sit, stand, move forward or backward,*... show the level of comfortability towards the speakers.



Other?

Other?

Other?

Other?

Other?

Table 9: Changes in local context

Social Changes	Political Changes	Economic Changes

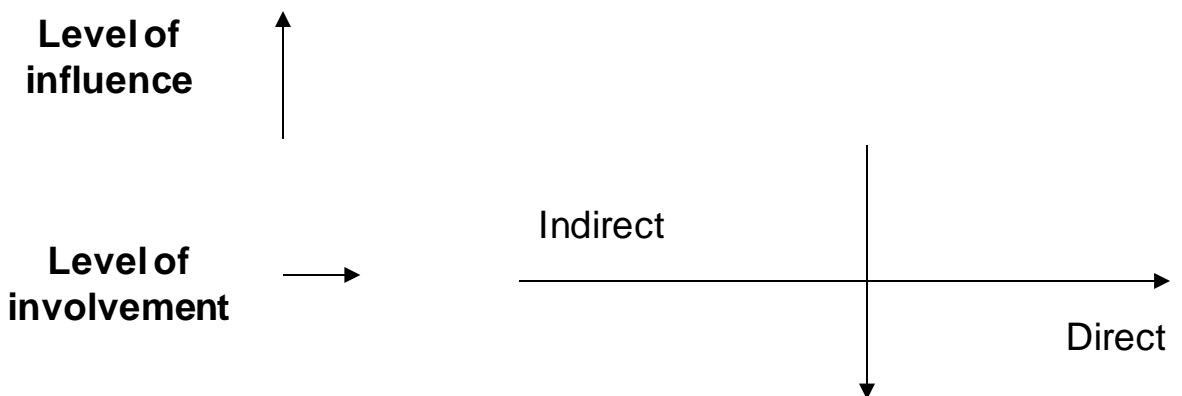
Table 10.1: Stakeholders mapping tool

1. List of Stakeholders

Who involve in the communication about vaccines at village/district/province-level?

2. Stakeholders' support to improve performance in vaccines communication

- How stakeholders ***involve and influence*** with the communication about vaccines?



- What kind of ***support*** they can provide to improve the performance in communication about vaccines in the local changing context?

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