

**POCKET GUIDE FOR**

**COMMUNITY ENGAGEMENT**

**AND ACCOUNTABILITY**

**PRACTITIONERS**



**THE ESSENTIAL  
COVID-19 VACCINE  
RESOURCES**



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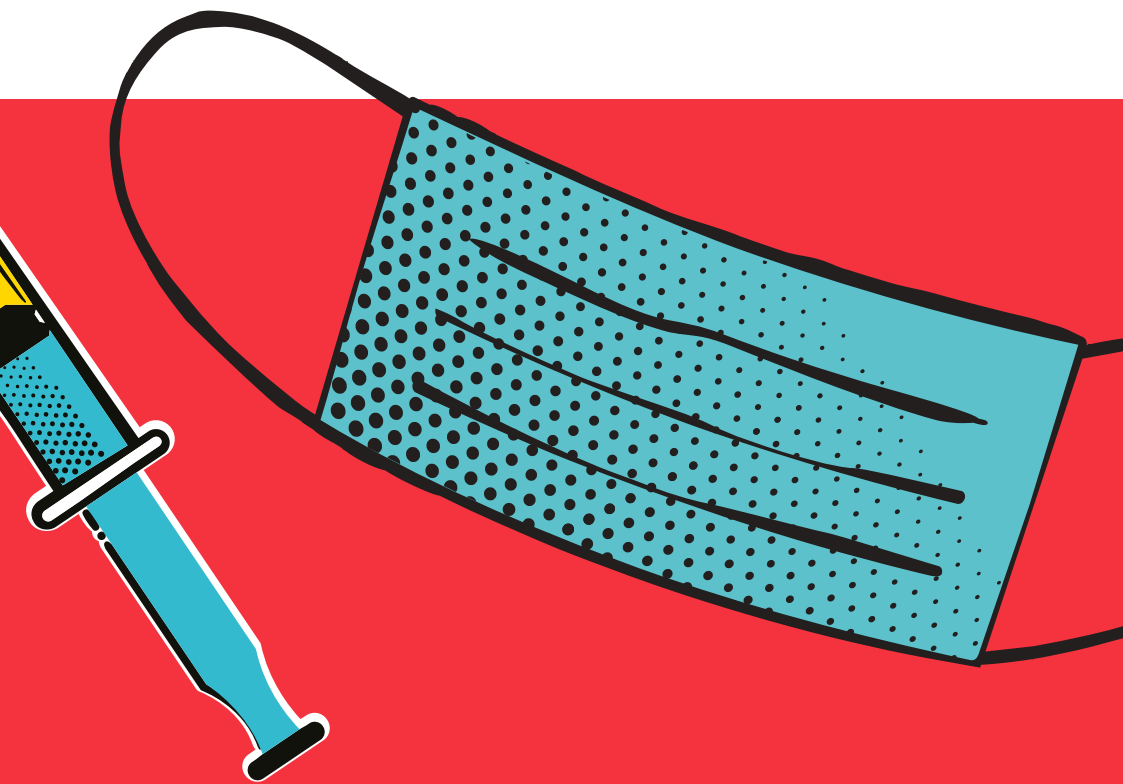


# PURPOSE

Trust is critical for an effective response to the COVID-19 pandemic and the deployment and acceptance of vaccines. To build trust, it is important to understand how communities perceive the disease, what their main questions and concerns around vaccines are, and to demonstrate that we are adapting our activities based on people's feedback.

This pocket guide brings together some essential tools and resources to build trust using community engagement and accountability (CEA) approaches to support the rollout of COVID-19 vaccines.

Designed for Red Cross Red Crescent volunteers; risk communication, community engagement and accountability practitioners; civil society organizations, and other stakeholders responsible for conducting community engagement activities in the rollout of COVID-19 vaccines, this guide offers a convenient way to have key information and advice at your fingertips.



# ANSWERS TO COMMONLY ASKED QUESTIONS ON COVID-19 VACCINES

## **What are the benefits of getting a COVID-19 vaccine?**

To date, scientists are proving that getting vaccinated could be a powerful way to not only protect yourself but also your entire community. Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines are preparing your body's natural defences to recognize and fight off the virus that causes COVID-19. This means that COVID-19 vaccines will work with your immune system so it will be ready to protect you from the virus if you are exposed. Experts believe that getting a COVID-19 vaccine may also help keep you from getting seriously ill even if you do get COVID-19.

## **How will we know if COVID-19 vaccines are safe?**

Like all vaccines, COVID-19 vaccines are going through rigorous, multi-stage trials, including studies that involve tens of thousands of people. These trials, which include people at high risk for COVID-19, are designed to identify common side effects or other safety concerns. When the results of the trials are available, regulatory agencies review the data to make sure the vaccine is safe. The vaccine is only rolled out when regulators are confident that the vaccine is safe and effective. After a COVID-19 vaccine is introduced, it is monitored to identify any unexpected side effects.



## **Will there be enough COVID-19 vaccines for everyone? If not, who will get them first?**

It is likely that the supply of COVID-19 vaccines will be limited at first, which means not everyone will be able to get vaccinated right away. As doses of COVID-19 vaccines become available, they will be provided first to those at highest risk. The specific groups that are eligible for the first doses of COVID-19 vaccines may vary depending on the vaccine and the country. Initial groups will likely include frontline health and care workers, people above 65 years of age and people with underlying conditions like heart disease and diabetes. Once adequate doses become available, the rest of the population will be encouraged to get vaccinated.

## **How is it possible to develop a safe vaccine so quickly?**

While COVID-19 vaccines have been developed faster than any other vaccine in history, safety was just as much a focus as in any other vaccine development. Scientists prioritised COVID-19 vaccine development because of the global emergency. The vaccines that are now being reviewed and approved by regulatory bodies have been through the same amount of testing and safety processes as other vaccines. Any approved vaccine will have been rigorously tested on tens of thousands of people.

Some of the processes usually involved in scientific research were also sped up so that the vaccine could be made available more quickly. For example, trial participants were recruited while the study was still being set up, so they were ready to start the moment the research was approved.

**Other commonly asked questions and answers about COVID-19 vaccines can be found at the [Health Help Desk](#). A printer friendly version is available [here](#)**



# TOOLS FOR DESIGNING YOUR ROLLOUT PLANS

The 10 steps to Community Readiness is a tool that ensures communities are prepared for a COVID-19 vaccine, therapeutic or new diagnostic. The following 10 steps are well established principles that have proven their power by putting communities at the heart of the role to promote trust.

**STEP 1:** Make decisions about the people with the people.

**STEP 2:** Maintain and strengthen trust through formal and informal connections.

**STEP 3:** Listen more, talk less.

**STEP 4:** Use data for decision making and course correction.

**STEP 5:** Plan, plan, plan with the people.

**STEP 6:** Let the people measure success.

**STEP 7:** Hire and empower more Community Engagement expertise.

**STEP 8:** Build capacity and develop skills to go beyond COVID-19.

**STEP 9:** Manage the infodemic.

**STEP 10:** Start the drumbeat together.

See the full document developed by the Risk Communication and Community Engagement Collective Service [here](#).

National Society COVAX introduction readiness assessment tool is produced to support National Societies in self-assessing their readiness for COVID-19 (COVAX) rollout involvement in any of its forms.

This tool contains a checklist of suggested activities that National Societies can use when designing vaccines rollout and demand creation plans. Activities suggested are:

- ❑ Planning and Coordination.
- ❑ Resources and Funding.
- ❑ Advocacy, Social Mobilisation and Communications.
- ❑ Operational Support.
- ❑ Training and Supervision.
- ❑ Monitoring, Evaluation and Learning.



# REACHING POPULATIONS THAT ARE PRIORITISED FOR VACCINES



## People with underlying conditions

Global data also shows that death rates among people with underlying conditions have been high. Therefore, people with underlying conditions will also need to be prioritised for vaccination. Information emphasising the importance of this group being vaccinated will need to be disseminated through mass media, social media and community media including interpersonal communication through social mobilisers. Community volunteers and social mobilisers can share information at the family level.



## Health Workers

Doctors, nurses, vaccinators, community health workers and health facility in-charge and other health workers can be reached through ministry of health structures or through private health service providers. Health workers are often provided training on interpersonal communication and they can use the frequently asked questions and fact sheets as reference when disseminating messages to the general population.





## Population above 60 years of age

Global data shows that COVID-19-related death rates among people above 65 have been high. People in this age group will therefore need to be prioritised for vaccination. It will be important to work with aged care homes, local municipalities, social welfare departments and heads of households to share actionable content on vaccination, answer questions and identify knowledge gaps on COVID-19. Religious leaders as well as fathers, mothers and family groups are additional channels to reach older populations.



## Social Mobilisers

Social mobilisers, such as community volunteers, civil society organisation (CSO) workers, and volunteers from faith-based organisations (FBOs) who are responsible for reaching families and communities with key messages on the vaccines are also at risk of coming in direct contact with infected people and therefore will need to be prioritised for vaccination. Social mobilisers need to be trained on how to keep themselves safe from infection when communicating face-to-face at the community level, and on the communication methods and messaging around COVID-19 and the vaccines. Social mobilisers can be reached through CSOs, FBOs, Red Cross Red Crescent National Societies, and health education departments in countries.

**More information on reaching populations prioritised for vaccines is available [here](#).**

# TOOLS TO COLLECT FEEDBACK AND PERCEPTIONS DATA

Before developing communication and engagement plans, Red Cross Red Crescent National Societies should try to look for available information (i.e., secondary data) on perceptions towards COVID-19 vaccines. Enough behavioral and social data is often available (for example, via social media monitoring) to inform communication plans and quick desk reviews can be conducted. Guidance on how to conduct a simple desk review is [here](#).

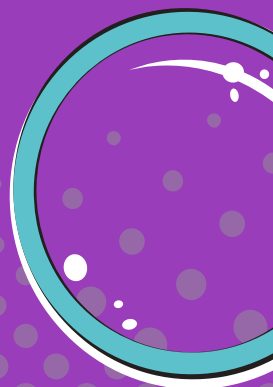
In other contexts, data covering these topics may be missing or outdated. In such cases, National Societies should consider conducting rapid assessments to assess knowledge, attitudes and practices, key influencers in communities, communication channels etc.

The available data can then be analysed, triangulated, and used to inform vaccine strategies and respond to contextual information gaps, needs, and feedback from local communities.

Recommended key questions on vaccine uptake and hesitancy for use in assessments are provided below for use with paper, mobile, or web-based methods. They are aligned with those of external partners to maximise data comparability. Core demographics to be collected alongside are included. The templates have options for individual, volunteer, or key informant interviews.

[Survey form](#)

[Kobo xls form](#)



# Tools and guidance for monitoring, collecting and analysing community feedback and perceptions:

[A 'zine' on the links between feedback and trust](#)

[IFRC Feedback Starter Kit](#)

[IFRC COVID-19 Feedback Tools](#)

[RCCE COVID-19 Question Bank](#)

[How to Use Social Media to Better Engage People Affected by Crises](#)

## Links to recommended resources:

[Community Engagement and Accountability Hub](#) contains the fundamentals resources and guidance to plan and implement culturally appropriate and context specific community engagement approaches in the response of COVID-19. It also includes general resources, such as the [Community Engagement and Accountability Guide](#).

[IFRC Immunisation and Document Library](#) contains useful information on vaccination and immunisation approaches.

[COVID-19 Vaccine Pocket Guide Resources Pack](#) contains community engagement training, essential risk communication materials and tools for staff and volunteers from National Societies.

[IFRC Global Repository of COVID-19 IEC Materials](#) contains common Information, Education and Communications (IEC) materials: posters, brochures, flyers, infographics, videos of COVID-19 materials.

[WHO Coronavirus Disease \(COVID-19\) Dashboard](#) contains regularly updated data, statistics and information on COVID-19. It also includes key guidance, such as [Behavioural Consideration for Acceptance and Uptake of COVID-19 Vaccines](#).





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### Contact us:

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**Address:** Chemin des Crêts 17, Petit-Saconnex, 1209 Geneva, Switzerland

**Postal address:** P.O. Box 303, 1211 Geneva 19, Switzerland

**T** +41 (0)22 730 42 22 | **F** +41 (0)22 730 42 00 | **E** CEA.Geneva@ifrc.org | **W** [ifrc.org](https://www.ifrc.org)

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