

LOCAL HEALTH SYSTEM
HEALTH PROMOTION PLAYBOOK FOR
IMMUNIZATION

Bakuna Champions



Healthy
Pilipinas



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About the
playbook
module

Introduction

What is this Health Promotion Program all about?

This **Health Promotion Program** introduces **Bakuna Champions** trained on interpersonal communication, partnership building, and community engagement to promote pro-vaccine messages, thereby increasing vaccine uptake.

Why implement this playbook module?

KEY MESSAGES

1. **Low immunization uptake places communities at risk for outbreaks.** The only way to protect our children against these preventable diseases is through vaccination. With healthy children, we are able to provide our communities with better quality of life and a better future.
2. **Most Filipino parents lack a reliable source of information in the community to address their hesitancy for vaccination.** Health workers are seen as the most trusted sources of reliable information on vaccination, however community health workers are currently overburdened by COVID-19 response. This has affected their capacity to conduct proactive health promotion activities to address vaccine hesitancy affecting vaccination coverage.
3. **Engaging and empowering local social mobilizers to address low immunization uptake has proven to be most effective and sustainable.** To decrease the workload of already- exhausted health workers, community social mobilizers can serve as influencers who will help get pro-vaccine messages across to positively change the community's attitudes and perceptions towards vaccination.

Summary of Evidence

Why implement this Health Promotion Program?

The following summarizes the evidence and proof of effectiveness of the proposed Health Promotion Program which can assist you in lobbying and advocating to decision makers and other target audiences for the importance of the program.

LOW IMMUNIZATION COVERAGE IN THE PHILIPPINES

The Philippines is one of the **TOP TEN COUNTRIES IN THE WORLD THAT HAVE THE MOST UNPROTECTED CHILDREN IN TERMS OF VACCINE COVERAGE¹**.

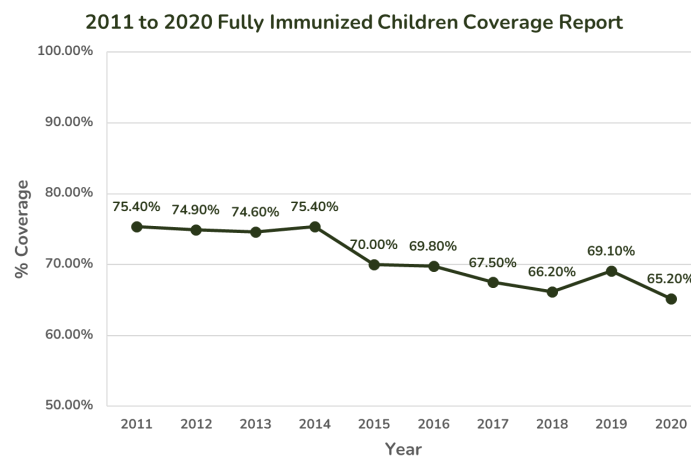


Table of fully-immunized children shows that since 2011, **the national target of 95% has never been met²**. A further **decline of 3.9% from 2019 to 2020** shows the effect of the COVID-19 pandemic in the National Immunization Program².

Reasons for Low Immunization Coverage

- **Confidence in the effectiveness of vaccines dropped from 82% IN 2015 TO AN ALARMING 22% IN 2018³**
- The **dengue vaccine scare** resulted in **broken public trust and increased vaccine hesitancy among parents³**
- Parents and/or caregivers have **low quality of knowledge about vaccines** because educational advocacy activities for vaccines have been isolated to polio and measles vaccines only and were not sustained⁴.
- Parents and/or caregivers tend to rely on information they find online, making them susceptible to **misinformation and disinformation⁵**

Vaccine Hesitancy⁶



The SAGE Working Group on Vaccine Hesitancy defines vaccine hesitancy as **the delay in acceptance or refusal of a vaccine despite its availability**. Factors that influence hesitancy include complacency, convenience, and confidence.

- **Vaccine complacency** happens when **other life and/or health responsibility is perceived to be more important** at a particular point in time.
- **Vaccine confidence** is **trust in the effectiveness and safety of vaccines**. This includes the **competence and reliability of health workers who deliver vaccine services, and motivation of policy-makers who decide which vaccines are needed**.
- **Vaccine convenience** factors in when accessibility (geographical, physical availability, affordability), health literacy (ability to understand) and appeal of immunization services affect immunization rate.

EVIDENCE-BASED INTERVENTION FOR INCREASED IMMUNIZATION UPTAKE

- **Social mobilization** is a well-established and widely used strategy across all levels of society. It is not only used to increase immunization uptake, but also in:
 - HIV prevention in Asia⁷
 - Improving sanitation practices in rural communities in India and Africa^{8,9}
 - Formulation of the Sustainable Development Goals (SDGs)¹⁰
- Social mobilization is **cited as a key health promotion strategy to create and sustain demand for the routine immunization programs¹¹** offered at the health facilities or at other sites (e.g. schools) as well as during supplemental immunization activities). These examples illustrate the evidence on successful social mobilization efforts to promote the uptake of immunization services:
 - **Eradication of poliomyelitis in India:** More than 7000 social mobilizers deeply respected in the community were successfully engaged to promote and advocate for immunization in their most underserved, marginalized, and at-risk communities¹² reducing refusals for the universal immunization program to <1% and increasing oral polio vaccine coverage >99%¹³.
 - **Addressing diphtheria outbreak in refugee camps and settlements in Bangladesh:** Respected women elders or “Model Mothers” were trained to answer questions about vaccination concerns and operate Community-based Information Centers in the camps, thereby increasing diphtheria vaccination coverage up to >90%¹⁴.
 - **A large-scale government-driven Community Health Worker program (later integrated as the National Family Health Program) in Brazil:** 7,300 community health agents were trained and deployed to promote maternal health care and vaccination. This initiative was able to decrease

infant mortality to 32% and substantially increase exclusive breastfeeding within 5 years¹⁵

- Social mobilization strategies are **not a one-size fits all** and vary widely **depending on the context and resources of the community**.

SOCIAL MOBILIZERS FOR IMMUNIZATION IN THE PHILIPPINES

Across the world, **community health volunteers play crucial roles in strengthening individual health systems**, supported by the numerous studies of their effectiveness and potential to supplement the formal health systems, especially among low- and middle-income countries¹⁶⁻¹⁹. The most notable social mobilizers for health in the Philippines are in the form of our **Barangay Health Workers (BHWs)** and **Barangay Nutrition Scholars (BNSs)**

Challenges Faced by BHWs as Social Mobilizers for Immunization²⁰⁻²²

- Struggles in the performance of their duties as they are overburdened by responsibilities thrust upon them with the pandemic response
- Challenges with performing health promotion and communication – Even BHWs who come from barangays with high immunization coverage admit that they do not know how vaccines work and suggest parents consult with nurses or doctors instead if they have questions regarding vaccine safety
- Rejection, distrust and being looked down on by parents and guardians, especially those from upper- and middle-income families, as they are not formally educated on health services
- Security issues

Factors Affecting Function and Performance of BHWs as Social Mobilizers for Immunization^{17,18}

- BHWs are more likely to succeed with their tasks if they have:
 - In-service training;
 - Financial incentives;
 - Infrastructural support and supplies;
 - Appropriate monitoring;
 - Regular supportive supervision and evaluation;
 - Integration of their programs into the formal healthcare system
 - A limited number of tasks and a clear set of roles and responsibilities

Recommendation

Build capabilities of local social mobilizers to formulate strategies to create and sustain demand for routine immunization programs in the community.

1. Create the foundation for sustainable social mobilization through empowerment of community champions;
2. Recruit and develop a community-based team of volunteers available to support local health workers and other volunteer community health workers amplify health messages to shape positive behaviors on immunization and health; and
3. Decrease the burden of vaccine-preventable diseases by employing the social mobilization process to develop local strategies and activities to address vaccine hesitancy among vulnerable groups in the community

Playbook components

Implementation Plan

How do we ensure effective implementation of this Health Promotion Program?

The following checklist provides steps (not necessarily in chronological order) on implementing the recommended Health Promotion Program with corresponding *recommendatory* persons/offices responsible per step. The local government's Health Promotion Unit must coordinate with various stakeholders to ensure effective implementation of the Health Promotion Program.

For an editable version of this plan, please visit <https://bit.ly/BakunaChampsChecklist>

	Activity	Office/Person Responsible	Target Date
1. Preparatory steps for logistical and financial requirements			
<input type="checkbox"/>	Convene relevant stakeholders on health promotion, the HPFS, and the Playbook, specifically but not limited to the following: <ul style="list-style-type: none"> Local Health Board Local implementers Representatives of relevant government agencies (DepEd, DILG) Vulnerable or marginalized sectors (women, youth, elderly, PWDs) Local people's organizations Schools 	Bakuna Champions Oversight Committee OR Provincial or City Health Promotion Unit (HPU) and/or National Immunization Program (NIP)	
<input type="checkbox"/>	Review, revise (if necessary), and sign Memorandum of Agreement between DOH Center for Health Development and Provincial Government, especially if transfer of funds is involved	Health Promotion Unit	
<input type="checkbox"/>	Develop and submit approved Work and Financial Plan (See Resource Requirements Section)	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Explore partnerships for the different activities involved in implementing immunization promotion interventions		
2. Finalize provisions in Template Ordinance and propose to Sanggunian for enactment			
<input type="checkbox"/>	Refer to the Playbook's attached template policy (Annex A) and revise it accordingly to reflect local plans, delineation of roles and responsibilities of Province and City/Municipal Health Offices and other implementers.	Bakuna Champions Oversight Committee OR	

<input type="checkbox"/>	Convene stakeholders for consultations on general questions such as objectives of the ordinance	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Identify and tap champion/s in the local government and the community to lobby for the approval and signing of a Local Board Resolution and the passage and enactment of the policy		
3. Scoping for immunization-related concerns			
<input type="checkbox"/>	Collect/review morbidity and/or mortality statistics on immunization (Annex B)	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Conduct survey (Annex C) to assess community's knowledge, attitudes, and perception on vaccines, immunization, community health workers, and social mobilizers		
<input type="checkbox"/>	Map out barangays/ <i>puroks</i> with low immunization coverage to concentrate Bakuna Champions program to		
4. Identify and recruit volunteers to be trained as Bakuna Champions			
<input type="checkbox"/>	Identify total number of needed Bakuna Champions	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Identify existing organizations (formal/informal) in the community who are involved in health promotion activities for immunization (e.g., parent-partners) to enrich pool of potential champions		
<input type="checkbox"/>	Conduct demand generation activities for recruitment of interested applicants <ul style="list-style-type: none"> ● Put up poster invites ● Dissemination of flyers ● House-to-house visits ● <i>Other methods identified by the LGU/committee</i> 		
5. Planning for Bakuna Champions training			
<input type="checkbox"/>	Conduct training needs analysis (may use pre-test questionnaire for capacity-building modules [Annex E])	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Identify schedule of training sessions		
<input type="checkbox"/>	Identify logistical needs		
6. Conduct Capacity-Building of Bakuna Champions			
<input type="checkbox"/>	Identify trainers. Conduct Bakuna Champions training of trainers on learning modules (See Capacity Development Section)	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Roll-out Bakuna Champions training to either barangay health workers or lay volunteers	Trainers (Municipal	

<input type="checkbox"/>	Immediately after conduct of Bakuna Champions capacity building session, <ul style="list-style-type: none"> • Conduct pre- and post-tests (Annex E) • Obtain feedback from those trained and the trainees (Annex F & G) • Printing and distribution of <i>Bakuna Champions Communication Guide</i> to trained Bakuna Champions (Annex D) 	Health Officers, Public health physicians or nurses)	
<input type="checkbox"/>	Regular monitor interpersonal communication (IPC) skills of Bakuna Champions through regular supportive supervision (Annex H & I)	BHW supervisors	
<input type="checkbox"/>	Synthesis/Graduation of Bakuna Champions	HPU and/or NIP	
7. Social mobilization and introduction of Bakuna Champions to the Community			
<input type="checkbox"/>	Printing and posting of door signs (Annex D) outside <i>Bakuna Champions' homes</i>	Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Identify community programs/projects involving the Bakuna Champions		
8. Ensure regular meeting of the Local Health Board or Bakuna Champions Oversight Committee (optional) for planning and implementation of community engagement activities, resolution of concerns, and more			
<input type="checkbox"/>	Conduct meetings regularly based on an agreed schedule.	Bakuna Champions Oversight Committee OR Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Identify and implement mechanisms for submission of regular reports such as minutes of regular meetings (Annex J), accomplishment reports, work and budget plans, and more	Health Promotion Unit and/or NIP	
9. Conduct Annual Learning Needs Assessment for Bakuna Champions			
<input type="checkbox"/>	Conduct annual survey (Annex C and Annex E) among Bakuna Champions to assess existing needs and knowledge gaps	Bakuna Champions Oversight Committee OR Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Conduct targeted learning sessions based on survey results		
<input type="checkbox"/>	Update content of the Communication Toolkit for Bakuna Champions (<i>as needed</i>)		

**10. Monitor implementation of capacity-building and community activities for
*Bakuna Champions***

<input type="checkbox"/>	Collect data on suggested indicators and based on the proposed monitoring calendar (Annex B)	Bakuna Champions Oversight Committee OR Health Promotion Unit and/or NIP	
<input type="checkbox"/>	Review and analyze outcomes and provide recommendations		
<input type="checkbox"/>	Implement recommendations accordingly		

Policy

What is the Policy Support for this Health Promotion Program?

To ensure sustainability and availability of resources to implement Health Promotion programs, it is recommended that they be institutionalized through local policies such as ordinances. The Playbook includes a template policy (**Annex A**) that local governments may adopt in whole or in part, as commitment to their efforts to make the healthy choice the easy choice for every Filipino.

AN ORDINANCE STRENGTHENING THE VACCINATION PROGRAM BY PROVIDING FOR “BAKUNA CHAMPIONS”

Key Terms and Provisions of the Policy

The proposed local ordinance that the Province, City, or Municipality may adopt and enforce in support of the establishment of Bakuna Champions outlines the rationale and objectives which determine the priorities and direction of all activities relevant to the policy, as well as provisions for the terms of implementation, accreditation process, allocation of resources, and designation of offices/individuals for enforcement.

The following are some key provisions of this template policy:

- Criteria for identifying qualified Bakuna Champion trainees, as well as the registration and accreditation processes of potential Bakuna Champions.
- Roles and responsibilities of Bakuna Champions
- Regular monitoring and evaluation of Bakuna Champions, of information, education and advocacy activities on immunization, and other relevant activities for reporting to the Local Health Board
- **Optional: Provision of recommended benefits and incentives for the accredited and active Bakuna Champions**
- **Optional: List of recommended activities for Bakuna Champions**

The passage of the aforementioned Ordinance will be useful in ensuring the availability of human and financial resources for efforts related to the Bakuna Champions Program.

Resource Requirements

What will we need in implementing this Health Promotion Program?

You may use this as a guide for your budget proposal and work and financial planning.

Item No.	Description	Object Class
1	Training logistics <i>(venue, meals, training collaterals, etc.)</i>	Training Expenses
2	Laptops / Mobile Phones / Tablets	Semi-Expendable - Information and Communication Technology Equipment
3	Table	Semi-Expendable - Office Equipment
4	Chairs	Semi-Expendable - Office Equipment
5	Online Conferencing Subscription	Internet Subscription Expenses
6	Printer Ink	Office Supplies Expenses
7	Bond Paper <i>(Reporting forms, consent forms, etc.; A4, 80gsm)</i>	Office Supplies Expenses
8	Logbooks. Notebooks, clipboards, file organizers	Office Supplies Expenses
9	Makers, Pens, Pencils	Office Supplies Expenses
10	Identification Card lanyards	Office Supplies Expenses
11	IEC Materials <i>(streamers, flyers, posters, leaflets, etc.)</i>	Printing and Publication Expenses
12	Door Sign <i>(Poster, colored, size 20x30in; See Annex D for template)</i>	Printing and Publication Expenses
13	Bakuna Champions Communication Guide <i>Size: 5 1/2 (W) x 8 1/2 (L) Stock: Cover - C2S 140#, Inside - C2S 70# or Book paper 70# Color: Cover - Full Color (4/0) with UV Lamination, Inside - Full Color</i>	Printing and Publication Expenses

	<p>(4/4) or (1) color (1/1) Number of pages: 28 pages including cover Binding: Saddle Stitch Process: Offset (See Annex D for template)</p>	
14	<p>Identification Cards (laminated, photo/glossy paper, A4, 80 gsm; See Annex D for template)</p>	Printing and Publication Expenses
15	<p>Logistics for regular meetings (venue, meals, transportation, etc.)</p>	Representation Expenses
16	<p>Remuneration for accredited Bakuna Champions (To be referenced from See Section 13. Benefits and Incentives of Bakuna Champions of the Template Ordinance found in Annex A)</p>	Representation Expenses
17	<p>MOA or MOU processing costs (Only applicable If the LGU is receiving grants from national or regional government, or from other entities)</p>	Accountable Forms Expenses

Capacity-Development

What do implementers need to learn to successfully implement this Health Promotion Program?

Courses related to Playbook module implementation are uploaded on [DOH Academy \(learn.doh.gov.ph\)](https://dohacademy.learn.doh.gov.ph) for accessible use by the general public.

BAKUNA CHAMPIONS: HEALTH PROMOTION PLAYBOOK PARA SA IMMUNIZATION	
Course Author	DOH Health Promotion Bureau, together with National Immunization Program and UNICEF Philippines
Course Description	<p>This course is aimed towards trainers who will roll-out the capacity building workshops with barangay health workers and/or lay volunteers. A training-of-trainers model will be utilized with public health physicians and/or nurses capacitating barangay health workers and/or lay volunteers to become Bakuna Champions, or vaccine champions within their communities.</p> <p>This course will provide trainers with the necessary skills (e.g. didactic, group facilitations skills) and tools (e.g. template slide decks, sample activities, pre- and post-test evaluation forms, other M&E forms). Recognizing the rich and varied experience that adult learners can bring in, there will not only be didactic sessions, but also group sharing, role plays and other group activities.</p>
Learning Outcomes	<p>By the end of the course, participants should be:</p> <ol style="list-style-type: none"> 1. Familiar with basic concepts of health promotion, as well as the various components of the Bakuna Champions playbook 2. Able to explain the importance of immunization, the National Immunization Program (NIP), vaccine preventable diseases and common adverse events following immunization (AEFI) to lay people 3. Able to discuss and assist lay volunteers in identifying strategies to improve interpersonal communication skills in discussing vaccination topics and build partnerships in the community for vaccination 4. Apply presentation and group skills to roll-out the capacity building workshops for barangay health workers and/or lay volunteers

<p style="text-align: center;">Capacity-Building Outline</p>	<p>Module 1: Introduction to National Immunization Program, with the following chapters:</p> <ol style="list-style-type: none"> 1. Basics of vaccination (<i>Ano ang bakuna?</i>) 2. Importance of vaccination (<i>Kahalagahan ng pagbabakuna</i>) 3. National Immunization Program 4. Legal basis supporting vaccination (<i>Legal na basehan ng pagbabakuna</i>) 5. Vaccine-preventable diseases 6. Common adverse events following immunization (<i>Mga maaring maranasan pagkatapos bakunahan</i>) 7. Frequently asked questions about vaccination (<i>Karaniwang mga katanungan ukol sa mga bakuna</i>) 8. Pre- and post-test discussion (<i>Diskusyon sa pre- and post-test questions</i>) <p>Module 2: Interpersonal communication & counseling for routine immunization (<i>Gabay sa Pakikipag-ugnayan</i>)</p> <ol style="list-style-type: none"> 1. Tips for effective interpersonal communication on vaccination (<i>Epektibong paraan ng pakikipag-ugnayan sa pagbabakuna</i>) 2. Responding to common vaccine concerns and/or hesitancy (<i>Pagtugon sa mga agam-agam sa bakuna</i>) 3. Talking about adverse events following immunization (<i>Pakikipag-usap tungkol sa Adverse Events Following Immunization</i>) <p>Module 3: Partnership building and engagement</p> <ol style="list-style-type: none"> 1. Challenges of vaccination (<i>Mga hamon sa pagbabakuna</i>) 2. What is the whole-of-community approach (<i>Ano ang whole-of-community approach?</i>) 3. Who are our local partners & stakeholders in vaccination? (<i>Sinu-sino ang mga local partners sa pagbabakuna?</i>) 4. Forming partnerships and coalitions for vaccination (<i>Pakikipag-ugnayan sa komunidad</i>) <p><i>*A Bakuna Champions Communications Guide (Gabay sa Epektibong Komunikasyon (See Annex D) is also available. It summarizes key points from the capacity building workshop and can be distributed as a handout to learners.</i></p>
<p style="text-align: center;">Expected Audience</p>	<p>Municipal health officers (MHOs), public health physicians and/or nurses (PHNs, NDPs, RN HEALS) stationed at barangay health stations</p>
<p style="text-align: center;">Expected Duration</p>	<p>Approximately 6 hours</p>

Communication Plan

How do we communicate this Health Promotion Program to our community?

This section provides suggested key messages and corresponding template communication materials to support the social mobilization and community engagement activities of the LGU to increase demand among target audiences for the health promotion program.

AUDIENCE: BAKUNA CHAMPIONS

Communication Objective:

1. Bring their children to the health center for vaccination based on the recommended vaccination schedule
2. Consult vaccine-related concerns with Bakuna Champions and other reliable sources of information in the community

Behavioral Objective:

1. Confidently and accurately answer questions about vaccines and vaccine safety
2. Actively encourage parents and caregivers to have their children vaccinated based on the recommended schedule
3. Engage and maintain meaningful relationships with the community and other local partners involved in the promotion of vaccination
4. Act as community experts on vaccination and immunization matters

KEY MESSAGES

Message Pillar 1: There will be risks and difficulties from the impending outbreaks

Due to low immunization coverage, resulting outbreaks will put all of us in difficult and painful situations

Hindi pa rin nawawala ang mga banta ng mga sakit dahil dumami ang mga batang hindi nabakunahan o hindi kumpleto ang bakuna.

Lalo ngayong panahon ng pandemya, mahihirapang rumesponde ang Sektor ng Kalusugan sa isa pang outbreak

- Sa kasalukuyan ay nakatuon ang mga healthcare workers sa pagsugpo at pagresponde sa banta ng COVID-19 pandemic. Ang isa pang outbreak ay maaaring dumagdag sa mga trabaho at mga ginagampanang tungkulin ng mga Healthcare Workers.
- Ang dagdag na oras na ilalaan sa pag responde sa panibagong outbreak ay marapat na ilaan na lamang sa pagpapahinga at sa iba pang personal na gawain ng Healthcare Workers

Message Pillar 2: Timely and complete vaccination is the best way to protect children against vaccine-preventable diseases and prevent impending outbreaks

Completion of the scheduled vaccination is very important in preventing VPD Outbreaks and protecting our children

Bilang healthcare workers ay alam natin na: **ang mga bakuna pa rin ang pinakamabisang paraan para maprotektahan ang mga bata laban sa mga nakamamatay na sakit.**

- Walang bata sa ilalim ng ating pag-aalaga ang kailangan magdusa o mamatay dahil sa mga sakit na maiiwasan naman ng bakuna.

Para maiwasan ang pagkalat ng mga sakit at outbreak, kailangang maibigay agad sa mga bata ang mga bakunang nakaligtaan o hindi pa naibibigay ayon sa routine immunization schedule.

- **Dagdag mensahe kung mayroong Catch-Up Immunization Campaign:** Ito ay gagawin sa pamamagitan ng isang catch-up immunization ngayong [*simula ng iskedyul ng kampanya*] hanggang [*tapos ng iskedyul ng kampanya*].

Message Pillar 3: Vaccines and the process of providing them are reliable

Vaccines are Safe, Effective, Available, and Free

Ang mga Bakuna Champions at mga healthcare workers ay ang mga pinaka pinagkakatiwalaan ng mga magulang at komunidad sa usaping pangkalusugan at pagbabakuna.

- Malaki ang papel ng mga Bakuna Champions at HCWs para mapalakas ang kumpiyansa ng mga tao sa bakuna.
- Patuloy na ipamahagi na ang mga bakuna ay ligtas at epektibo. Ang mga bakuna ay dumaaan sa mahaba, strikto, at sayantipikong pagsisiyasat at sertipikasyon.
- Ang pagbibigay ng mga mahalagang impormasyon gaya ng mga posibleng side effects at kung paano maibsan ang mga ito ay paraan upang mas maitaas ang kumpiyansa sa bakuna. Hikayatin din sila na magtanong at sagutin ang mga ito.

Sisiguraduhin ng DOH na mapanatili ang kaligtasan sa mga vaccination sites para sa mga Bakuna Champions, HCWs at sa mga magpapabakuna. Kinakailangan sundin ng mabuti ang COVID-19 minimum public health standards:

- Siguraduhing suot ang Personal Protective Equipment o PPE tulad ng face mask at face shield habang nagbabakuna.
- Ugalin ding sundin ang tamang paghuhugas ng kamay gamit ang malinis na tubig at sabon o alcohol bago at pagkatapos magbakuna.
- Tiyakin din na may sapat na espasyo ang mga tao para sa social distancing o pagpapanatili na may isang metrong layo sila sa isa't isa.

Message Pillar 4: We need the cooperation of everyone to prevent outbreaks

Whole-of-society approach is needed to vaccinate all eligible population

May resulta na ang ating pag tulong-tulong upang makamantan ang layunin na mabakunahan ang ating mga chikiting!

- Hindi matatawaran ang naiambag ng mga health workers sa tagumpay na nakamit natin sa nakaraang malawakang pagbabakuna.
- Noong June 2021, idineklara ng WHO na napigilan natin ang polio outbreak sa bansa. Napigilan din natin ang posibleng outbreak ng tigdás. Dahil dito, lubos ang aming pasasalamat sa inyong tulong at sakripisyo upang mas maraming bata ang maligtas sa sakit.

Magpamalas ng malasakit lalo na sa gitna ng krisis.

- Maging matiyaga sa pagbibigay ng impormasyon, pakikinig, at pagsagot sa mga tanong at agam-agam ng mga magulang at tagapag-alaga ng mga bata. Iwasto ang mga maling impormasyon o paniniwala tungkol sa bakuna.

Materials:

- **Training modules for *Bakuna Champions* (See Capacity Building Section)**
- **Communication Toolkit for *Bakuna Champions* (See Annex D)**

Suggested Activities:

- Learning sessions on modules
- Hands-on experience in the community
- Regular supervision, feedback, and evaluation from trainers/facilitators

AUDIENCE: PARENTS AND CAREGIVERS

Communication Objective:

1. Increase knowledge and awareness on immunization- related matters
2. Explain the importance and benefits of having fully- immunized children
3. Explain the importance of their role in achieving the vision for fully immunized children

Behavioral Objective:

1. Build capacity of *Bakuna Champions* in managing immunization-related concerns
2. Explain the importance and benefits of having fully- immunized children
3. Explain the importance of their role in achieving the vision for fully immunized children
4. Explain the importance of building and maintaining meaningful relationships with the community and other local partners in achieving the vision for fully immunized children

KEY MESSAGES

Message Pillar 1: There will be risks and difficulties from the impending outbreaks

Due to low immunization coverage, resulting outbreaks will put all of us in difficult and painful situations

Dahil sa pagbaba ng bilang ng mga batang hindi nababakunahan o kulang ang bakuna, mataas ang banta na kumalat ang mga sakit (vaccine-preventable diseases) at mahawa ang inyong anak.

Kapag kumpleto ang bakuna ng inyong anak, hindi lang sakit ang maiiwasan, pati na rin ang aberya at gastos.

- Tiyaking kumpleto ang bakuna ng iyong anak ayon sa routine immunization schedule. Kung may nakaligtaang bakuna, agad makipag-ugnayan sa mga health center para maibigay ang mga kulang na bakuna.
- Lalo na ngayong panahon ng pandemya, hindi biro ang magkasakit. Bukod sa hirap nang tumanggap ng mga pasyente ang mga ospital at iba pang health facilities, katakot-takot din na gastusin ang maaaring harapin kung magkakasakit ang ating mga anak.

Message Pillar 2: Timely and complete vaccination is the best way to protect children against vaccine-preventable diseases and prevent impending outbreaks

Completion of the scheduled vaccination is very important in preventing VPD Outbreaks and protecting our children

Bakuna pa rin ang pinakamabisang paraan para maprotektahan ang iyong anak laban sa mga sakit na ito.

- Hindi protektado ang bata kung hindi kumpleto ang bakuna. Bawat uri ng bakuna ay may inirerekomandang bilang ng doses na dapat niyang makuha. Kung hindi ito kumpleto, hindi mabubuo ang proteksiyon ng bata laban sa mga sakit.
- Habang naaantala ang pagbibigay ng mga bakuna sa bata, lalong tataas ang peligro na mahawa ang iyong anak sa mga malulubha at nakamamatay na sakit.

Pabakunahan ang iyong anak sa pinakamalapit na health center o vaccination post ayon sa schedule. Kung may nakaligtaang bakuna, agad makipag-ugnayan sa health center upang maibigay ang kulang na bakuna.

Dagdag mensahe kung mayroong Catch-Up Immunization Campaign:

- Sa tulong ng ating mga lokal na partners, magkakaroon ng mga dagdag na vaccination posts mula [*simula ng iskedyul ng kampanya*] hanggang [*tapos ng iskedyul ng kampanya*] sa inyong lugar. Kabilang dito ang mga malls, drive-thru sites, o mobile sites.
- Magtanong sa inyong mga Bakuna Champions, health workers, o barangay officials tungkol sa schedule, tamang lugar, at iba pang mga detalye sa pagpapabakuna ng inyong anak.
- Huwag palampasin ang pagkakataong ito para agad na makumpleto ang bakuna ng iyong anak at maprotektahan siya laban sa mga nakamamatay na sakit.

	<ul style="list-style-type: none"> • Dalhin ang immunization card tuwing pababakunahan ang anak. Kung nawala ang card, makipag-ugnayan lamang sa pinakamalapit na health center o vaccination post para mapalitan ito.
<p>Message Pillar 3: Vaccines and the process of providing them are reliable</p> <p><i>Vaccines are Safe, Effective, Available, and Free</i></p>	<p>Tanging bakuna lamang ang pinakamainam na proteksyon ng mga bata laban sa mga nakakahawang sakit (VPDs).</p> <ul style="list-style-type: none"> • Mahabang gamutan o walang gamot sa karamihan ng mga nakamamatay na sakit ng mga bata. <p>Ligtas at epektibo ang mga bakunang ipamimigay sa mga bata.</p> <ul style="list-style-type: none"> • Makatitiyak na ang mga bakunang ito ay subok na at nakapagligtas na ng milyon-milyong bata sa buong mundo laban sa mga malulubhang sakit. • Dumaan din ang mga ito sa mahaba, strikto, at sayantipikong pagsisiyasat at sertipikasyon ang mga bakunang ipapamahagi • Libre ang mga ito sa mga health centers at vaccination posts. <p>Ligtas magpabakuna ng mga bata sa health center at mga vaccination posts.</p> <ul style="list-style-type: none"> • Sinanay ang mga health workers na sumunod sa mga alituntunin para sa tamang pag-iwas at proteksyon laban sa COVID-19. • Asahang nakasuot ang mga health workers ng Personal Protective Equipment o PPE tulad ng face mask at face shield habang nagbabakuna. • Upang panatilihin ang kaligtasan sa mga vaccination sites, ugaliing maghugas o mag-sanitize ng kamay at magsuot ng face mask at face shield. Tiyak ding laging may isang metro o higit pa ang layo sa ibang tao at umiwas sa mga matataong lugar.
<p>Message Pillar 4: We need the cooperation of everyone to prevent outbreaks</p> <p><i>Whole-of-society approach is needed to vaccinate all eligible population</i></p>	<p>May resulta ang ating pag tulong-tulong upang makamtan ang layunin na mabakunahan ang ating mga anak!</p> <ul style="list-style-type: none"> • Noong June 2021, idineklara ng WHO na napigilan na ang polio outbreak sa bansa. Napigilan din natin ang posibleng outbreak ng tigdás. • Salamat sa inyo, mga magulang, na nakiisa sa mga isinagawang malawakang pagbabakuna. • Sa kabila ng tagumpay na ito, kailangang patuloy ang pagbabakuna hindi lang laban sa polio at tigdás kundi sa iba pang nakamamatay na sakit. Huwag nating hayaang mawalan ng saysay o halaga ang ating mga sakripisyo para sa ating mga anak. <p>Madami tayong magagawa upang makatulong sa ating laban kontra sa mga nakakahawang sakit (VPDs).</p> <ul style="list-style-type: none"> • Maliban sa pagbabakuna sa ating mga anak, ay marami pa tayong pwedeng gawin upang tulungan mabakunahan ang mas maraming bata: <ol style="list-style-type: none"> a. Ibahagi sa iba ang mga benepisyo ng kumpletong pagbabakuna b. Iwasto ang mga maling agam-agam sa pagbabakuna

- c. Kumbinsihin ang mga kapitbahay na pabakunahan ang mga chikiting
- d. I-share sa inyong Facebook page/ Twitter/ Instagram ang mga posts ng DOH tungkol sa schedule at benepisyo ng bakuna

Materials (See Annex D):

- Poster series
- Social media cards
- FAQs

Suggested Activities:

- Poster campaign
- Social media campaign
- House-to-house visits by Bakuna Champions and other frontline health workers
- Launching program of *Bakuna Champions* in the community

For additional key messages for local implementers in the LGU, local partners for health, and the media, see **Annex K**.

Monitoring and Evaluation

How do we keep track of our progress?

Summary of Primary Indicators

Outputs

- % of parents & caregivers with children < 5 years old reached by a trained Bakuna Champion
- Ratio of Bakuna Champions to parents & caregivers with children <5 years old in the community
- % of barangay health workers (BHWs) or lay volunteers with improved knowledge, confidence and skills for interpersonal communication with parents and/or guardians
- # of IEC & advocacy initiatives per Bakuna Champions
- # of influencers & key opinion leaders involved in social mobilization

Behavioral Outcomes

- (Increase) Vaccine uptake in the community
 - Fully-immunized child (FIC) rate
 - Completely immunized child (CIC) rate
 - Proportion of children protected at birth from neonatal tetanus
 - Proportion of Grade 1 & 7 learners given 1 dose of Tetanus and diphtheria (Td) vaccine
 - Proportion of Grade 1 & 7 learners given 1 dose of measles rubella (MR) vaccine

Impacts

- (Decrease) Prevalence of vaccine-preventable diseases (i.e. polio, measles, rubella, neonatal tetanus, diphtheria, pertussis) among infants and children under 5 years old

The monitoring and evaluation will be done through review of routinely collected Field Health Service Information System (FHSIS), National Immunization (NIP) or Philippine Integrated Disease Surveillance and Response (PIDSRS) data, regular community surveys, as well as collection of feedback from trainees and trainers prior to and after the conduct of capacity building workshop and supervisory visits. The tools included in the Playbook are as follows:

Indicators	Monitoring Form	Description	Intended User (to be accomplished by...)
<p>All indicators (summary sheet for impact, outcome, output, input indicators)</p>	<p>Monitoring & Evaluation (M&E) Report Form (Annex B)</p> <p>(Optional) Bakuna Champions Activity Report Form (Annex J)</p>	<p>Template form to track the progress of the roll-out of Bakuna Champions program. Outlined are the suggested input, process, output, outcome & impact indicators. This document can guide planning (baselining & targeting).</p> <p>Blank form to track intermediate progress of the program (i.e. minutes of the meeting, checklist)</p> <p>Baseline information & targets should be inputted at the start of the program. Outputs and outcomes can be evaluated either semi-annually or annually.</p>	<p>Collated by program implementers, usually provincial HEPU or NIP focal persons</p>
<p><u>Outcome indicators</u> (1) Increased intent of parents to vaccinate their children as a result of interpersonal communication (2) Improved quality of interaction with client [parents & caregivers]</p>	<p>Knowledge, Attitude, Practices survey (Annex C)</p>	<p>Assesses the knowledge, attitudes and practices on vaccination of parents & caregivers in the community.</p> <p>Ideally, this should be done at the start of the program and after every 3 to 5 years. A simple random or systematic sampling is recommended to be used to identify respondents. Utilizing a convenience sampling technique (i.e. identifying respondents</p>	<p>Respondents: Randomly selected parents & caregivers with children under 5 years old</p> <p>To be collected by barangay health workers</p>

		who show up at the health center) risks missing out parents & caregivers who are hesitant about vaccination, which is the core demographic that the Bakuna Champions program is trying to reach.	
<u>Output indicators</u> Improved knowledge, confidence and competency of Bakuna Champions	Supervisory checklist (Annex H)	Serves as a guide for BHW supervisors in conducting their supervised visits, including a rubric for evaluating interpersonal communication skills to deliver vaccination messages This should be done for every barangay health worker (or lay volunteer) training to be a Bakuna Champion at the end of each supervisory visit	Respondents: Barangay health worker or lay volunteer training to be a Bakuna Champion To be collected by BHW supervisors
<u>Outcome indicators</u> (1) Increased intent of parents to vaccinate their children as a result of interpersonal communication (2) Improved quality of interaction with client [parents & caregivers]	Post-visit client exit interview form (Annex I)	Evaluates the experience of a parent and/or caregiver after their encounter with a Bakuna Champion. This should be done for every barangay health worker (or lay volunteer) training to be a Bakuna Champion and can be timed to supervisory visits or can be through random drop-ins.	Respondents: Select parent & caregivers of children under 5 years old who has talked to a Bakuna Champion trainee To be collected by BHW supervisors
<u>Output indicators</u> Improved knowledge, confidence and	Capacity building workshop pre- and post-tests (Annex E)	Evaluates improvements in knowledge after each capacity building module	Respondents: Barangay health worker or lay volunteer training

competency of Bakuna Champions	Training participant feedback (Annex F)	This data should be collected prior to and at the end of each module of the capacity building workshop. This can also be used for training needs assessment, to be rolled-out at least annually, to help identify topics that need refresher or reinforcement.	to be a Bakuna Champion Collected by trainers, usually municipal health officers, rural health physicians or public health nurses
<u>Input & Process Indicators</u> % BHWs (or lay volunteers) trained who report that they find the training useful and relevant to their work	(Optional) Feedback Form (Trainers)/ Debriefing Session para sa mga Trainers (Annex G)	Designed to evaluate the content, suggested activities and quality of the training materials to aid in future refinements of these modules.	Respondents: trainers, usually municipal health officers, rural health physicians or public health nurses Collected by trainers, usually municipal health officers, rural health physicians or public health nurses
	(Optional) Bakuna Champions Playbook Evaluation (Annex L)	Designed to obtain feedback about the usefulness and practicality of the Bakuna Champions playbook by its intended users. This will help the developers of the playbook to improve future versions.	Playbook users, usually provincial-level implementers from the health promotion unit or NIP To be collected by the playbook developers (DOH Health Promotion Bureau)
General knowledge, attitude and	Health Literacy Assessment and Knowledge,	The HLA-KAP is an annual assessment tool which measures the	Health Promotion Unit

practice of immunization	Attitudes and Practice on Health Promotion (HLA-KAP) Survey	health literacy levels of Filipinos aged 18 and above in the LGU	
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The provincial HEPOs, along with the NIP focal person, would be in-charge of collating program information and overall monitoring & evaluation of the Bakuna Champions program. Likewise, he/she would be responsible for reporting progress of the implementation of the Bakuna Champions program to the Oversight Committee (if applicable) or the provincial NIP team.

Frequently Asked Questions

FOR LOCAL IMPLEMENTERS

Why should we organize Bakuna Champions?

Hesitancy and lack of information among parents and caregivers has contributed to the resurgence and increase in the number of outbreaks of vaccine-preventable diseases such as polio and measles. Organizing Bakuna Champions can be a strategy to promote vaccination and increase uptake of vaccination among parents and caregivers. Bakuna Champions can supplement the communication efforts of overburdened health workers in the community.

What are the roles and responsibilities of Bakuna Champions?

Bakuna Champions shall function as social mobilizers and educators to increase uptake of vaccines and immunization among parents and caregivers by developing local social mobilization strategies and activities, the skills of which are provided through LGU investment in capacity building and training of these Bakuna Champions.

How will they differ from Barangay Health Workers?

Beneficial in the performance of their duties to address low immunization coverage will be differentiating and delineating the roles of a Bakuna Champion and a Barangay Health Worker, wherein the former shall focus only on immunization-related social mobilization activities to increase vaccine uptake and reduce hesitancy. BHWs shall continue to perform their duties as mandated and their existing responsibilities related to immunization shall only be supplemented by the Bakuna Champions.

Do Bakuna Champions get compensated?

Determining what benefits and incentives a Bakuna Champion will receive shall be upon final recommendation of the Local Health Board. Although the Bakuna Champions are primarily volunteers, studies that look into barriers and motivators among community health volunteers show that the provision of in-service training, financial incentives, and infrastructural support and supplies among others facilitate improvement of their mandated function.

What incentives are recommended to be provided for Bakuna Champions?

It is recommended that at the minimum, Bakuna Champions receive a basic honorarium for their services rendered as volunteer health workers to increase their motivation and better perform their duties. Furthermore, incentives of training, education and career

enrichment through continuous capacity building as Bakuna Champions, free legal services, free annual medical examination care of the Local Health Office as part of their annual registration process, and the crediting of their services as a Bakuna Champion as fulfillment of the voluntary service prerequisite for BHW applicants, are other incentives which can be provided for the champions.

Who will oversee the Bakuna Champions?

The Local Health Office and Health Promotion Unit of the LGU shall be responsible for the managerial oversight of the Bakuna Champions, inclusive of the provision of continuous capacity development programs and learning needs assessment, as well as the monitoring and evaluation of the champions in addressing low immunization coverage in the LGU.

How many Bakuna Champions should we recruit and develop?

The Local Health Board shall determine the number of volunteers to be recruited and developed as Bakuna Champions and shall factor in the prevalence of vaccine-preventable diseases and vaccine hesitancy in their community, as well as the available resources to support the champions.

FOR BAKUNA CHAMPIONS AND OTHER FRONTLINE HEALTH WORKERS

What are Bakuna Champions?

A Bakuna Champion is a community health volunteer whose main role is to help increase vaccination coverage in their respective localities by addressing factors which contribute to low immunization coverage such as vaccine hesitancy and lack of information regarding vaccines and immunization.

Why should I become a Bakuna Champion?

Volunteering as a Bakuna Champion has a great impact on the health and wellbeing of your community. Volunteering offers vital help to people in need and the community, but the benefits can be even greater for you, the volunteer. It can help you to find friends, connect with the community, learn new skills, and even advance your career. Giving to others can also help protect your mental and physical health. It can reduce stress, combat depression, keep you mentally stimulated, and provide a sense of purpose.

What is the difference between a Bakuna Champion and a Barangay Health Worker?

A Bakuna Champion shall solely be focused on addressing factors to low immunization coverage in the community, while a Barangay Health Worker is an accredited health worker by the Local Health Board and is trained in primary health care services by any accredited government or non-government organization.

How do I apply to become a Bakuna Champion?

To apply for the Bakuna Champion training program, you must file all the necessary requirements which includes:

- a) A duly accomplished application form;
- b) Birth certificate or any official document in support of declared age;
- c) A notarized declaration of conflict of interest; barangay clearance; and
- d) A medical certificate duly signed by the Health Officer.

Once filed, the Bakuna Champion Oversight Committee will screen all the documents and may call the applicant for an interview as deemed necessary.

What are the qualifications to become a Bakuna Champion?

To qualify as a Bakuna Champion, the applicant must be:

- a) Be of legal age, at least eighteen (18) years of age as of the date of the filing of the application for registration;
- b) Be able to read and write;
- c) Be physically and mentally fit;
- d) Must be willing to voluntarily perform and be trained on the roles and responsibilities of a Bakuna Champion and other related functions as may be mandated by higher authorities;
- e) Must not have been convicted with any case involving moral turpitude; and
- f) Must have no conflict of interest in the delivery of primary care services

What are the requirements I must submit to become a Bakuna Champion?

The following requirements must be submitted to become a Bakuna Champion:

- a) A duly accomplished application form;
- b) Birth certificate or any official document in support of declared age;
- c) A notarized declaration of conflict of interest;
- d) Barangay clearance; and
- e) A medical certificate duly signed by the Health Officer.

What is the application and registration process for Bakuna Champions?

The applicant must be able to submit all the required documents for application. These will undergo the screening process by the Bakuna Champions Oversight Committee. For registration, the committee shall be able to decide within thirty (30) days upon receipt of registration. All applications for registration shall be automatically approved if the Oversight Committee fails to act within the said period.

For annual registration, the following documents must be submitted annually to the Bakuna Champions Oversight Committee:

- a) A duly accomplished form for renewal of registration;
- b) A certificate of service record for the year prior to the renewal of registration as certified by any member of the Bakuna Champions Oversight Committee;
- c) A proof of satisfactory performance rating in the year preceding renewal of registration.
- d) A medical certificate duly signed by the Local Health Officer.

How will I be trained as a Bakuna Champion?

The aspiring Bakuna Champions will be trained by the Local Health Office or a capable non-government organization within 6 months upon application or registration. The Local Health Office will also ensure that certified Bakuna Champions will be continuously provided with annual capacity-building activities to make sure their knowledge is up-to-date.

I am under 18 years old/over 60 years old. Can I still apply and become a Bakuna Champion?

To qualify as an applicant for the Bakuna Champion training program, one must:

- a) Be of legal age, at least eighteen (18) years of age as of the date of the filing of the application for registration;
- b) Be able to read and write;
- c) Be physically and mentally fit;
- d) Must be willing to voluntarily perform and be trained on the roles and responsibilities of a Bakuna Champion and other related functions as may be mandated by higher authorities;
- e) Must not have been convicted with any case involving moral turpitude; and
- f) Must have no conflict of interest in the delivery of primary care services;

I have submitted all the application requirements. Does that secure my slot for the Bakuna Champion training program?

All interested applicants who have submitted all the necessary requirements will undergo the screening process by the Bakuna Champions Oversight Committee. Accepted applicants will be contacted by a representative of the oversight committee and will be given instructions on how to proceed to the next steps.

I was able to attend and finish all the training sessions. Does that automatically make me a Bakuna Champion?

The Bakuna Champion training program is designed to evaluate all the applicants based on their performance. The grading system will identify which aspects of being a Bakuna Champion you need to further improve. This will help the trainers in providing the necessary assistance and supervision for you to become an official and certified Bakuna Champion.

FOR PARENTS, CAREGIVERS, AND THE GENERAL PUBLIC

Who are the Bakuna Champions?

Bakuna Champions are members of the community who voluntarily serve to help our barangay health workers in increasing the immunization coverage and are trusted sources of information in addressing parent and/or caregiver concerns related to vaccines and immunization.

I'd like to raise some of my concerns regarding vaccines/immunization. How can we identify the Bakuna Champions in our barangay/purok?

Door signs will be posted outside the Bakuna Champions' homes for easy identification. You may approach them for your questions and concerns regarding vaccines and immunization, or you may also text/call them through the number on the door signs.

I am a parent/caregiver. Can I sign up and become a Bakuna Champion, too?

The invitation to become a Bakuna Champion is open to all eligible members of the community, coming from all walks of life.

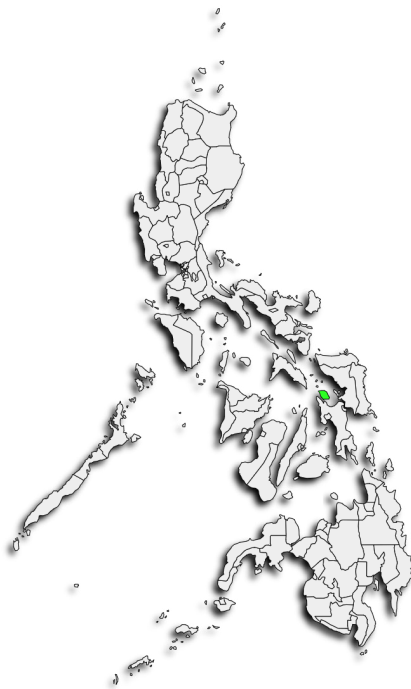
What kind of information do Bakuna Champions provide?

Bakuna Champions are trusted community members whose primary goal is to address factors contributing to low immunization coverage such as vaccine hesitancy in the community and lack of appropriate information among parents and caregivers. They are trained and equipped with the necessary knowledge and skills to address the community's questions and concerns related to vaccines and immunization.

Case study

Playbook Pilot Site: Biliran

As part of its thrust to continually improve and streamline efforts in developing and implementing Health Promotion programs in the communities, the Health Promotion Bureau piloted the **Bakuna Champions Playbook Playbook** in Biliran in the year 2021.



Demographics

Region	Eastern Visayas
Province	Biliran
Area	555.42 sq km
Total Population	179,312
Municipalities	8
Income classification	4th class

The Province of Biliran, a 4th class island province in the Eastern Visayas region, is one of the country's smallest and newest provinces. Across 8 municipalities and 132 barangays, Biliran has an estimated population above 179,000.

Problem

Biliran has not been able to meet the fully immunized child (FIC) target coverage rate of 95% in the past decade. The COVID-19 pandemic has further exacerbated this problem, with parents & guardians reporting reluctance to bring their children for vaccination for fear of contracting COVID-19 while at the health center. In 2019, the FIC was at 67.6%, but had dropped to 59.3% in 2021, a decrease of more than 5%. In order to address this, Biliran sought the support of the Health Promotion Bureau (HPB) to build the capacity of its barangay health workers to generate and sustain local demand for vaccinations, even amidst the pandemic, lest children become once again vulnerable to vaccine preventable diseases.

Assistance Provided

In the pilot run, Php 1.7 million was provided over 10 months (May 2021 to March 2022) to support capacity development of 68 barangay health workers pre-selected from all 8



municipalities of Biliran. An ordinance on Bakuna Champions was also enacted to ensure program sustainability. Overall, high satisfaction ratings were reported post-training with participants reporting increased knowledge of vaccine topics, higher levels of confidence to discuss vaccination topics and improved interpersonal communication skills. The HPB is currently in the process of gathering evidence to review the program’s impacts in terms of the local community’s attitudes towards vaccination, as well as vaccination rates.

Challenges

COVID-19 pandemic. The pilot was conducted during the COVID-19 pandemic. Rural health physicians and nurses, who were meant to be trainers for the Bakuna Champions, and barangay health workers, who were the trainees, had to

contend with multiple additional roles, such as contact tracing and assisting with the COVID-19 vaccination campaign. This delayed the conduct of capacity building sessions.

Delays with passing Sangguniang Panlalawigan (SP) resolution to support Bakuna Champions, and other procurement challenges. Aside from the COVID-19 pandemic, getting the Sangguniang Panlalawigan (SP) resolution to support Bakuna Champions passed had been another source of delay. With multiple competing priority resolutions on the table for the SP, the Biliran provincial health office team reported difficulties with securing a date. Biliran also reported challenges with procurement for the capacity building workshops, with some suppliers failing to meet agreed upon timelines. In future iterations of this pilot, finding or building a champion amongst the SP ranks might help accelerate the passing of the ordinance. Close coordination with the provincial procurement team is also needed to ensure that procurement deliverables are met.

Expanding activities beyond the routine roles of Barangay Health Workers (BHWs). The Bakuna Champions program in its pilot run unfortunately had not been able to significantly expand on the potential vaccine demand generation activities that a barangay health worker could do. Most Bakuna Champions reported only performing their usual, routine roles as a barangay health worker, specifically the interpersonal communication roles (i.e. discussing vaccination topics one-on-one with parents & caregivers). Other activities originally envisioned, such as for Bakuna Champions to advocate for vaccination with their respective municipal mayors and barangay captains, as well as developing public communication campaigns, did not materialize. Likewise, a lot of strategies identified following problems and stakeholder mapping during the pilot orientation workshop also did not come into fruition.

The key challenge still lay with the limited time provincial, municipal & barangay health workers had to start new activities, given the competing demands of the COVID-19

pandemic. The absence of a formal Bakuna Champions Oversight Committee could also have contributed. (Note: The province opted to have the provincial health office staff be in-charge for program M&E).

In the scale-up of this program, provincial and municipal officers running the program should be more active in monitoring that Bakuna Champions perform vaccine demand generation activities beyond what is routinely expected of a BHW. Furthermore, strategies identified during the pilot orientation workshop should already be translated to a Gantt chart that can be used in monitoring Bakuna Champion activities. Alternatively, the establishment of a Bakuna Champions Oversight Committee might provide the formal organizational structure needed to ensure monitoring of Bakuna Champions activities.



Best Practices

Barangay health workers trained as Bakuna Champions

Although the Bakuna Champions program was originally envisioned to be a capacity building program for lay volunteers, for this pilot implementation in Biliran, the province opted to train their barangay health workers instead. This proved to be a wise strategy as barangay health workers were already well-established with

parents and guardians in the community, as well as had longstanding ties with the health center and were familiar with their processes. Furthermore, most of the individuals trained in this pilot Bakuna Champions have already served as barangay health workers for a number of years and clearly were committed to their jobs.

In focus group discussions, parents & caregivers reported how they could easily reach barangay health workers in case they had queries or concerns about vaccines. Likewise, barangay health workers appreciated the opportunity to receive additional training, specifically on diseases prevented by vaccination, as well as to receive feedback on ways to improve interpersonal communication skills.



In-person conduct of capacity building sessions by MHOs and/or RHU nurses

Although the pilot roll-out of Bakuna Champions in Biliran coincided with the COVID-19 pandemic, the capacity building sessions with the barangay health workers still occurred in person, in smaller groups and usually facilitated by RHU nurses. Most of the trained barangay health workers reportedly liked this smaller group setting, as well as having someone they were already familiar with to deliver the modules. RHU nurses were perceived to be very approachable and they felt at ease to ask clarificatory questions. Likewise, they enjoyed the interactive design of the

capacity building sessions and enjoyed applying what they learned and sharing their experiences through role plays and other group activities.

Supportive supervisions with BHW supervisors

The design of the capacity building course was such that there were plenty of opportunities to take what they learned in the didactic sessions, apply them during field visits, and to receive regular feedback through supportive supervision sessions with BHW supervisors.

Close coordination between the provincial health office and municipal health office for the program

The close coordination between the provincial and municipal health offices had been critical to the success of the Bakuna Champions program. Municipal health officers were involved and their support to assist with capacity building sessions was secured early on in the program. MHOs also provided support and regularly performed Monitoring & Evaluation activities. There were regular cadence calls between the PHOs and MHOs and this helped assure the smooth implementation of Bakuna Champions program.

Annexes

Annex A. Template Policy

For an editable version of this template, please visit

<https://bit.ly/BakunaChampsTemplateOrdinance>

Session No. [NUMBER]

EXCERPT FROM THE MINUTES OF THE REGULAR SESSION OF THE [NUMBER] SANGGUNIANG [UNIT] OF THE [LGU] HELD AT [LOCATION] ON [DATE]

Present:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

On official business:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

Absent:

[Name]	[Position]
[Name]	[Position]
[Name]	[Position]

WHEREAS, the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them;

WHEREAS, the Local Government Code of 1991 (Republic Act No. 7160) accords every local government unit power and authority to promote general welfare within its territorial jurisdiction, including the promotion of health and safety of its constituents;

WHEREAS, the immunization coverage has been decreasing over the years, with the World Health Organization and the United Nations Children's Fund recognizing the Philippines as one of the countries with the most number of unimmunized children;

WHEREAS, the World Health Organization identifies vaccine hesitancy among parents and caregivers as the most urgent concern affecting the immunization coverage in the Philippines;

WHEREAS, the Presidential Decree No. 996 recognizes that every child is an important asset of the nation and therefore every effort must be exerted to promote his/her welfare and enhance his/her opportunities for a useful and happy life;

WHEREAS, the Mandatory Infants and Children Health Immunization Act of 2011 (Republic Act No. 10152) mandates the state to take a proactive role in the preventive health care of infants and children by adopting a comprehensive, mandatory and sustainable immunization program for vaccine-preventable diseases for all infants and children;

WHEREAS, the Universal Health Care Act of 2018 (Republic Act No. 11223) embodies the principle of an integrated and comprehensive approach to ensure that all Filipinos are health literate,

provided with healthy living conditions, and protected from hazards and risks that could affect their health, whereby directing local government units to issue and implement effective health promotion policies and programs that promote health literacy and healthy lifestyle among their constituents, prioritizing programs that address key risk factors to prevent and control disease as well as to advance population health and individual wellbeing, inclusive of interventions addressing immunization-related matters;

WHEREAS, the institutionalization of *Bakuna Champions* shall undeniably strengthen the community's immunization program as it is an effective holistic strategy to regain and build the public's trust and confidence on vaccines and immunization;

WHEREAS, the *[name of LGU]* cognizant of the role of *Bakuna Champions* in addressing vaccine hesitancy among parents and caregivers, shall recognize the rights of *Bakuna Champions* to organize themselves, to have access to mechanisms and resources in support of efforts to improve their service for the communities and shall provide access to opportunities for their professional development;

WHEREAS, in the implementation of the *Bakuna Champion* training program the principle of voluntarism shall be consistently promoted and observed by all parties concerned while recognizing the need for developing and institutionalizing *Bakuna Champions*;

WHEREAS, this ordinance shall provide guidance and measures in professionalizing *Bakuna Champions* to enable them to effectively participate in the promotion and advocacy of vaccines and immunization and development of the *[city/municipality]*.

NOW, THEREFORE, be it **ORDAINED** by the Sangguniang *[UNIT]* of the *[LGU]*:

Ordinance No. [___]
Series of [___]

AN ORDINANCE STRENGTHENING THE VACCINATION PROGRAM BY PROVIDING FOR
“BAKUNA CHAMPIONS” IN THE [CITY/MUNICIPALITY], PROVIDING FUNDS THEREFOR, AND
FOR OTHER PURPOSES

CHAPTER I. GENERAL PROVISIONS

Section 1. Title. — This Ordinance shall be known as the “The Ordinance Institutionalizing Bakuna Champions of [name of LGU] and for Other Purposes.”

Section 2. Declaration of Principles and Policies. — It is the policy of the [City/Municipality] to ensure the general health and well-being of all its constituents by protecting communities from vaccine-preventable diseases, especially those most vulnerable.

The [City/Municipality] shall contribute to the realization of this goal and shall adopt a *participatory approach* to prevention and elimination of vaccine-preventable diseases by mobilizing community action, and engaging relevant non-governmental organizations (NGOs), peoples’ organizations (POs) and vulnerable groups in the promotion, preparation, delivery, monitoring, and follow-up activities related to immunization;

Section 3. General Objectives. This Ordinance seeks to:

- a. Create the foundation for sustainable social mobilization through empowerment of community champions;
- b. Recruit and develop a community-based team of volunteers available to support local health workers and other volunteer community health workers amplify health messages to shape positive behaviors on immunization and health; and
- c. Decrease the burden of vaccine-preventable diseases by employing the social mobilization process to develop local strategies and activities to address vaccine hesitancy among vulnerable groups in the community;

Section 4. Definition of Terms. — As used in this Ordinance, the terms below shall have the meanings ascribed to them in this section. Any words or terms not defined shall be given their plain and customary meanings, unless the context requires otherwise, and shall be interpreted in a manner consistent with the purpose and spirit of this Ordinance.

- a. *Bakuna Champion* - a barangay based volunteer health worker responsible for increasing vaccination coverage by addressing vaccine hesitancy, and linking their communities with vaccination and related service providers;
- b. *Barangay Health Worker* - refers to a person who has undergone training programs under any accredited government or non-government organization and who voluntarily renders primary health care services in the community after having been accredited to function as such by the LHB in accordance with the guidelines promulgated by the Department of Health;
- c. *Community* - refers to a barangay, purok or zone in a rural or urban area, where a *Bakuna Champion* renders services;

- d. Gender expression - refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, communication or speech pattern, or body characteristics;
- e. Gender identity - refers to the personal sense of identity as characterized, among others, by manner of clothing, inclinations, and behavior in relation to masculine or feminine conventions. A person may have a male or female identity with the physiological characteristics of the opposite sex, in which case this person is considered transgender;
- f. Health Promotion - refers to the process of enabling people to increase control over, and to improve, their health;
- g. Primary care - refers to initial-contact, accessible, continuous, comprehensive and coordinated care that is accessible at the time of need including a range of services for all presenting conditions, and the ability to coordinate referrals to other health care providers in the health care delivery system, when necessary;
- h. Primary care worker - refers to a health care worker, who may be health professional or community health worker/volunteer, certified to provide primary care services;
- i. Primary health care - refers to a whole-of-society approach that aims to ensure the highest possible level of health and well-being through equitable delivery of quality health services;
- j. Registration - refers to a systematic process of enlisting a *Bakuna Champion* based on set of criteria promulgated by this Ordinance;
- k. Sexual orientation - refers to the direction of emotional, sexual attraction, or conduct towards people of the same sex (homosexual orientation) or towards people of both sexes (bisexual orientation), or towards people of the opposite sex (heterosexual orientation) or to the absence of sexual attraction (asexual orientation);
- l. Social mobilization - refers to a process that engages and motivates a wide range of partners and allies to raise awareness of and demand for a particular development objective through dialogue;
- m. Vaccine Hesitancy - refers to the delay in acceptance or refusal of a vaccine despite its availability;
- n. Voluntary service - refers to activities rendered by *Bakuna Champions* on his/her own free will, responsive to the needs of the community, and for which he/she has no certificate of appointment and is not given any remuneration or salary

CHAPTER II. ROLES AND RESPONSIBILITIES

Section 5. The Local Health Board (LHB). — The LHB shall be primarily responsible for the registration of *Bakuna Champions* in the [city/municipality] and for this purpose, shall:

- a. Safeguard the registration process;
- b. Evaluate and take necessary action on the *Bakuna Champions'* application for registration;
- c. Ensure that the board decision made on *Bakuna Champion's* registration is reflected in a board resolution or in the minutes of the meeting;
- d. Issue certificates of registration to qualified *Bakuna Champions*;
- e. Review and approve every incentive or benefit for the *Bakuna Champion* requiring the expenditure of local funds to ensure that only deserving *Bakuna Champions* get the same;
- f. Recommend benefits and appropriation of funds for *Bakuna Champions* from the local government;
- g. Maintain a registry of local *Bakuna Champions*; and
- h. Monitor the provision of services by registered *Bakuna Champions*.

To facilitate the supervision of the *Bakuna Champions*, a *Bakuna Champions Oversight Committee* may be created by the LHB to ensure the quality and effectiveness of the social mobilization

program in promoting vaccine use and addressing vaccine hesitancy in the [\[city/municipality\]](#), with the following duties and responsibilities:

- a. Aid in the implementation, enforcement, and monitoring of this Ordinance;
- b. Evaluate the application and its supporting documents submitted by applicant *Bakuna Champions*;
- c. Interview applicant *Bakuna Champions* and other parties as may be deemed necessary;
- d. Recommend to the LHB appropriate action on the *Bakuna Champion's* application for registration;
- e. Coordinating with all concerned government agencies and private sector for the implementation of the program

Section 6. *Bakuna Champions*¹. — The *Bakuna Champion* shall continue discharging his/her voluntary service as a community organizer and educator, enumerated hereunder:

- a. As a Community Organizer, he/she shall participate in organizing and mobilizing the community towards increased vaccination coverage by:
 - i. Maintaining regular communication with community leaders, volunteer health workers and professional health workers;
 - ii. Providing linkage between the community and local health agencies;
 - iii. Facilitating referral and access to, or association of the community with a relevant network of specific health and non-health service providers;
 - iv. Assisting the community to develop a health plan and to take action to promote their health and well-being through routine vaccination;
 - v. Keeping records of the work activities on vaccination; and
 - vi. Developing appropriate knowledge and skills among community members to promote their participation in local vaccination initiatives.
- b. As an Educator, he/she shall provide knowledge and skills to community members in promoting vaccine use by:
 - i. Conducting classes on promoting vaccine use and/or household teachings;
 - ii. Updating knowledge of communities on relevant vaccination issues; and
 - iii. Distributing appropriate information, education and communication materials related to vaccination.

Section 7. The Local Health Office. — The [\[CHO/PHO/MHO\]](#) shall be responsible for the managerial oversight of registered *Bakuna Champions* as part of the vaccination and health promotion program of the [\[city/municipality\]](#). Responsibilities shall include, but not be limited to:

- a. Establishing baseline annual data on the burden of vaccine-preventable diseases among affected and vulnerable groups and other related studies, and recommend further action on the findings of such data;
- b. Monitor and evaluate health outcomes in relation to the institutionalization of *Bakuna Champions*;
- c. Provide continuous and regular capacity development programs for *Bakuna Champions*;
- d. Provide health clearance certification for registered *Bakuna Champions*;
- e. Develop, promote, and implement essential health services inclusive of basic community vaccination services; and

¹ Considering that the work of a registered *Bakuna Champion* varies from community to community, an agreement must be reached between community leaders and the *Bakuna Champion* regarding his/her main task.

- f. Implement education and promotion activities in various settings and sub-sectors in the community especially parents and teachers among others and the appropriate linkage of community members with their respective *Bakuna Champion*;

CHAPTER III. REGISTRATION

Section 8. The *Bakuna Champions Oversight Committee*. — To facilitate registration of *Bakuna Champions*, the Local Health Board may create a *Bakuna Champions Oversight Committee* with the following core composition:

- a. Chairperson: Local Health Officer;
- b. Health Education and Promotion Officer/or equivalent designate
- c. Local Government Operations Officer;
- d. President of the [City/Municipal] Barangay Health Worker Federation
- e. Representative from registered *Bakuna Champions*
- f. Representative from community-based NGOs / POs implementing community-based health or health-related programs in the municipality or city;
- g. Representative from community-based NGOs/POs representing key vulnerable groups;
- h. [Other members identified by the chair (whose specific function in the local government unit and role may serve to effectively implement this Ordinance)];

Section 9. Limitations on Registration. — The LHB shall see to it that the total number of registered *Bakuna Champions* shall not exceed [insert value] of the total [population/household/barangays] of the [municipality/city]. However, should the total number exceed [insert value], priority for registration shall be based on the need of the community for *Bakuna Champions*.

Section 10. Qualifications for Registration. — *Bakuna Champions* shall be registered with the local health board in the [city/municipality] in which they render service. The registered *Bakuna Champion* shall be given appropriate proof of said registration.

To qualify for registration, a *Bakuna Champion* must:

- a. Must be of legal age, at least eighteen (18) years of age as of the date of the filing of the application for registration;
- b. Able to read and write;
- c. Be physically and mentally fit;
- d. Must be willing to voluntarily perform and be trained on the roles and responsibilities of a *Bakuna Champion* and other related functions as may be mandated by higher authorities;
- e. Must not have been convicted with any case involving moral turpitude; and
- f. Must have no conflict of interest in the delivery of primary care services;

In no instance shall any physical disability, mental health condition, sexual orientation, gender identity and expression (SOGIE), economic status, race, color, language, religion, ethnic or social origin be made a qualification for *Bakuna Champions*.

Section 11. Procedure for Registration. —

- a. *Filing of Application.* The *Bakuna Champion* applicant shall submit to the *Bakuna Champions Oversight Committee* the following documents:
 - 1) A duly accomplished application form;
 - 2) Birth certificate or any official document in support of declared age;
 - 3) A notarized declaration of conflict of interest;

- 4) Barangay clearance; and
 - 5) A medical certificate duly signed by the Health Officer.
- b. *Evaluation of Application.* Upon submission of application to the *Bakuna Champions Oversight Committee* of all required documents, the Committee on its own shall:
 - 1) Evaluate the application and its supporting documents;
 - 2) Evaluate the application on the basis of other positions, designations, responsibilities held as volunteer community workers; and
 - 3) Interview the applicant *Bakuna Champion* when deemed necessary.
 - c. *Committee Decision on the Application for Registration:* The *Bakuna Champions Oversight Committee* shall deliberate and decide on the application and its supporting documents within thirty (30) calendar days from receipt thereof. However, the application shall be deemed approved, should the Committee fail to act within the said period.
 - d. *Posting of Committee Decision.* The Committee's action on the application for registration shall be posted and submitted to the local officials, within thirty (30) calendar days from the date of the decision, in a conspicuous place at the [Municipal/City] and Barangay Hall.
 - e. *Issuance of Certificate of Registration.* Within ten (10) calendar days after the approval of the application, the *Bakuna Champions Oversight Committee* shall issue to the *Bakuna Champion* the corresponding certificate of registration and identification card, signed by the Chair of his/her designated representative.
 - f. *Notice of Disapproval.* A notice of disapproval stating the reasons for the decision shall be issued by the Committee to the *Bakuna Champion* concerned.

Section 12. Annual Registration. — The *Bakuna Champion* must register annually with the *Bakuna Champions Oversight Committee*. Accreditation for the first year of implementation shall immediately start after the effectivity thereof. For the renewal of registration, the following documents must be submitted.

- a. A duly accomplished form for renewal of registration;
- b. A certificate of service record for the year prior to the renewal of registration as certified by any member of the *Bakuna Champions Oversight Committee*;
- c. A proof of satisfactory performance rating in the year preceding renewal of registration.
- d. A medical certificate duly signed by the Local Health Officer.

CHAPTER IV. BENEFITS AND INCENTIVES

Section 13. Benefits and Incentives for *Bakuna Champions*. In recognition of their services and to aid them to perform their duties, all *Bakuna Champions* who are actively and regularly performing their duties shall be entitled to a monthly honoraria in the amount of not less than [insert amount here], in addition to the following incentives and benefits:

- a. *Training, Education and Career Enrichment* - It shall be the duty of the Local Health Office, in cooperation with the Department of Health (DOH), to provide registered *Bakuna Champions* the basic training program, to be conducted by the Local Health Office or a capable NGO within six (6) months from the date of their registration. The Local Health Office shall also

provide continuous capacity development for the *Bakuna Champions*, at least on an annual basis, to ensure that they remain current in their knowledge of promoting vaccine use.

- b. *Free legal services* - Legal representation and consultation services for *Bakuna Champions* shall be immediately provided by the Public Attorney's Office in cases of coercion, interference, and in other civil and criminal cases filed by or against *Bakuna Champions* arising out of or in connection with the performance of their duties as such.
- c. *Medical Examination* - Compulsory medical examination shall be provided free of charge by the Local Health Office to all *Bakuna Champions* and shall be repeated once a year during their service.
- d. *Eligibility as Barangay Health Workers (BHWs)* - All *Bakuna Champions* shall be granted preferential prioritization for registration as a BHW given that the number of BHWs shall not exceed the ratio of one (1) BHW per 20 households². Their duration of service as *Bakuna Champions* shall be credited as the prerequisite voluntary primary health care services necessary of BHW applicants prior to registration.

CHAPTER V. FINANCING

Section 14. Appropriation. — Initial funding to defray the expenses necessary for or incidental to the implementation of this Ordinance in the amount of [\[insert amount here\]](#) shall be sourced from the fund of the City/Municipal Government and is hereby allocated. Every year thereafter, at least [\[insert amount here\]](#) shall automatically be included in the Annual Budget of the city/municipality for the implementation and enforcement of this Ordinance.

The above expenses may include, but are not limited to:

- a. Cost of printing copies of this Ordinance, information, education, and communication materials on promoting psychosocial and mental wellbeing;
- b. Cost of regular or periodic meetings of the Oversight Committee;
- c. Cost of inspection and enforcement by the Oversight Committee, including allowances for meals and transportation which shall be set by the Office of the Mayor;
- d. Logistical support for *Bakuna Champions*;
- e. Benefits and incentives of *Bakuna Champions*;
- f. Other expenses associated with the implementation and enforcement of this Ordinance;

CHAPTER VI. MISCELLANEOUS AND FINAL PROVISIONS

Section 15. Repealing Clause. — All ordinances, rules and regulations, or parts thereof, found to be in conflict with or inconsistent with the provisions of this Ordinance are hereby repealed or modified accordingly.

Section 16. Effectivity Clause. — This Ordinance shall take effect three (3) consecutive weeks after its publication in a newspaper of local or general circulation or posting in at least two (2) conspicuous places within the city/municipality.

² DOH Department Circular No. 2020-0176 - Manual of Standards for Primary Care Facilities. However, total population and geographical characteristics of the area should also be considered.

CARRIED [UNANIMOUSLY OR ON A MAJORITY VOTE].

(If on a majority vote:

In favor:

Abstention:

Against:)

CERTIFIED TRUE AND CORRECT:

[NAME]
Secretary

ATTESTED:

[NAME]
Vice Mayor, Presiding Officer

[NAME]
Mayor

Date of Approval : _____
Date of Posting : _____
Date of Publication : _____
Date of Effectivity : _____

Annex B. Monitoring & Evaluation Report Form

For an editable version of this template, please visit

<https://bit.ly/BakunaChampsMERReportForm>

MONITORING & EVALUATION REPORT FORM Bakuna Champions

PLAYBOOK OBJECTIVE	INDICATOR	BASELINE Data from previous monitoring period	INTERMEDIATE TARGET Target milestone for the current period	INTERMEDIATE ACHIEVEMENT Actual data for the current period	PERCENTAGE OF TARGET ACHIEVED		REMARKS
					INTER-MEDIATE	OVERALL	
IMPACT Increased vaccination uptake in the community	Fully-immunized child rate						
	Completely immunized child rate						
	Proportion of children protected at birth from neonatal tetanus						
	Percentage of defaulters for routine immunization						
	Proportion of Grade 1 & 7 learners given 1 dose of Td vaccine						*to be coordinated with DepEd
	Proportion of Grade 1 & 7 learners given 1 dose of MR vaccine						*to be coordinated with DepEd
	Prevalence of polio among children <5 years old						
Decreased prevalence of vaccine-preventable diseases among infants and children	Prevalence of measles-rubella among children <5 years old						
	Prevalence of neonatal tetanus						

	Prevalence of diphtheria among children <5 years old									
	Prevalence of pertussis among children <5 years old									
Increase in vaccination coverage	# of target parents/caregivers reached by trained BHWs									*to be consulted with BC
	Ratio of Bakuna champions to parents/caregivers per barangay									
	% of BHWs trained representing target or priority barangays or marginalized communities									
	% of parents and caregivers reporting increased acceptance of recommended vaccines									
Bakuna Champions as reliable social mobilization partners on the ground.	% of parents and caregivers reporting intent to return for subsequent vaccinations									
	% of parents and caregivers who are knowledgeable about vaccine-preventable diseases and how vaccines work									
	% of parents and caregivers who understand that vaccine-preventable diseases are serious and can lead to death.									
	% of parents and caregivers who are confident that vaccines protect their children from deadly childhood diseases.									
OUTCOME										
Increased intent of parents to vaccinate their children as a result of IPC										

Improved quality of client interaction	% of parents and caregivers reporting high satisfaction from interactions with BHWs (or lay volunteers) around vaccination										
Bakuna Champions as trustworthy source of child vaccine-related information among caregivers	% of parents and caregivers reporting having their specific concerns around vaccinations addressed by Bakuna Champions										
	% parents and caregivers who identify Bakuna Champions as trustworthy sources of health information										
OUTPUT Improved knowledge, confidence, and competency of Bakuna Champions	% of BHWs (or lay volunteers) trained with improved knowledge on key messages on vaccination and skills on interpersonal communication.										
	% of BHWs (or lay volunteers) trained who are confident in communicating vaccine safety and disease and engaging parents and caregivers to vaccinate their children prevention										
	% of BHWs (or lay volunteers) trained who can effectively apply IPC principles in interacting with parents and caregivers										
Improved planning for social mobilization in the community	# of IEC & advocacy activities initiated by Bakuna Champions										*to be consulted with BC; ongoing activities

Annex C. Knowledge, Attitude, Practices (KAP) Survey

For an editable version of this template, please visit

<https://bit.ly/BakunaChampsKAPSurvey>

Knowledge, Attitudes, and Practices Survey for Immunization

Objectives

- To understand the current (pre-intervention) and post-intervention knowledge, attitudes, and practices of parents and caregivers on immunization
- To determine behavioral issues and barriers towards vaccination
- To identify key and trusted sources of information of parents & caregivers of children aged 0-5 years in the community about immunization
- To help set program priorities and program decisions

Survey Methodology

Survey population	<ul style="list-style-type: none"> ● Community members who are parents and caregivers of children aged 0-5 years <ul style="list-style-type: none"> ○ Only parents / caregivers that are 18 years old and above would be included in this survey ○ A caregiver is defined as someone who is with the child more than 8 hours daily for most days (4 or more days) of the week ○ Does not include pregnant women ● Community health workers of the barangay that would be trained as Bakuna Champions <ul style="list-style-type: none"> ○ Only answer Sections I to III Demographic information, knowledge and attitudes about vaccination
Survey design	Cross-sectional (Pre- post- intervention survey)
Sampling plan	<p>Systematic random sampling - Every other house using a spot map will be included in the survey</p> <p>Sample size calculation: Use the following software: Raosoft Sample Size Calculator via https://bit.ly/SampleSizeCalculator</p> <ul style="list-style-type: none"> ● Margin of error: 5% ● Confidence level: 95% ● Population size: <ul style="list-style-type: none"> ○ Estimated number of parents & caregivers of children can be estimated by number of reproductive age women (15-49 years old) in the community (using latest census data) ● Response distribution: 50%

Data Collection	Quantitative data: Face-to-face survey (interviewer guided) (NOT self-administered) Data will be collected annually starting from the implementation of the Bakuna Champions program
Data Management and Analysis	Descriptive analysis
Data Use and Dissemination of Findings	Data will be presented in descriptive form, along with a summary of frequency charts. Generated data findings will be used to identify and prioritize activities for the Bakuna Champions.

Key references for survey questionnaire:

- (1) Community-based assessment of public perception on immunization Topline results October 30, 2018
- (2) Post-campaign round survey: Sabayang Patak Kontra Polio
- (3) UNICEF Completing the story: Understanding the reasons behind low immunization rates in the highly urbanized areas of Taguig and Manila
- (4) Quero, R.D., Puno, P.A., Qua, A.P. et al. (2019). A cross-sectional study on the knowledge, attitudes and practices (KAP) of mothers and caregivers on immunization in Quezon City. UERM Health Sciences Journal 8(2), 101-107.
<https://library.uerm.edu.ph/kohaimages/UERM/repository/Health%20Sciences%20Journal/Vol8%20No2%20July-December%202019/HSJ%20vol.8no.2%202019-101-107.pdf>

KNOWLEDGE, ATTITUDES, AND PRACTICES SURVEY SA PAGBABAKUNA

Ang survey na ito ay para sa mga magulang at tagapangalaga ng mga batang edad 0-5 taong gulang. Nilalayan ng survey na ito na malaman ang inyong mga kaalaman at karanasan patungkol sa pagbabakuna para sa mga batang edad 0-5 taong gulang. Ang pagsagot ninyo sa maikling survey ay isang malaking tulong upang mas mapabuti pa ang programa sa pagbabakuna sa ating barangay/purok.

Ang inyong sagot sa survey ay mananatiling *confidential*. Pagsasama-samahin ang mga sagot ng iba pang *respondent* para sa aming *analysis*, at hindi tutukuyin ang alinmang sagot ng indibidwal na *respondent*.

Ang survey na ito ay masasagutan sa loob ng sampung (10) minuto. Sa iyong pagsagot sa mga katanungan ay nagbibigay kayo ng iyong pahintulot na lumahok sa survey. Ang paglahok sa survey na ito ay kusang-loob at hindi sapilitan. Walang parusa para sa pagtanggì sa inyong partisipasyon at maari mong tanggihan nang hindi kailangan magbigay ng dahilan. Wala kayong gagastusin o babayaran sa paglahok sa survey na ito.

Sertipiko ng pabibigay panhintulot

Nabasa ko ang kasulatan na ito o binasa at pinalinawanag ang kasulatan na ito tungkol sa mga layunin ng pananaliksik at sa mga posibleng panganib at benepisyo nito. Ako ay nakapagtanong tungkol sa pananaliksik at nasagot naman ang aking mga katanungan. Nauunawaan ko na maari kong tanggihan ang paglahok sa pananaliksik na ito, kahit nakapirma na ako sa kasulatan na ito, at hindi nito maapektuhan ang aking pangangalagaang medikal at ng aking pamilya mula sa Kagawaran ng Kalusugan. Kusang loob akong sasali sa survey.

Pangalan at lagda ng kalahok: _____ **Petsa:** _____

SECTION I. PANGUNAHING IMPORMASYON NG SUMASAGOT NG SURVEY*

*Hindi ng bata

Edad:	Kasarian: __ Babae __ Lalake __ Mas gustong huwag nang sabihin	Relihiyon: __ Wala __ Katoliko __ Iglesia ni Kristo __ Iba pang Kristiyano (Hal: Born Again, Aglipayan) __ Islam __ Iba pa: _____	Lebel ng natapos sa pag-aaral: __ Wala / hindi nakapag-aral __ Elementary __ High school __ College __ Masteral/Doctorate __ Vocational
Civil status __ Single __ Kasal __ Live-in __ Hiwalay __ Balo	Kaugnayan sa batang babakunahan: __ Nanay __ Tatay __ Kapatid __ Lolo/Lola __ Tita/Tito __ Iba pa: _____	Hanapbuhay nitong nakaraang 6 na buwan __ Wala __ Meron (regular) __ Meron (paminsan-minsan)	Ilang araw ng trabaho kada linggo (ibig sabihin, nababayaran o may natatanggap na sweldo)? __ 0 araw __ 1 araw __ 2-4 araw __ 5-7 na araw
Municipality _____ Barangay: _____		Petsa ng Survey: _____	Kasapi ng Pantawid ng Pamilyang Pilipino (4Ps) CCT ng DSWD? __ Hindi __ Oo __ Hindi alam

SECTION II. KNOWLEDGE

Sagutin lang kung ano ang naalala nang **hindi sumasanguni o tumitingin sa bakuna card.**

<p>1. Narinig niyo na ba ang bakuna (o vaccines, immunization)?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Hindi <input type="checkbox"/> Oo </p>	<p>2. Kung narinig na ang bakuna, anong mga sakit ang pwedeng maiwasan sa pagbabakuna? <i>Isulat/Banggitin ang lahat nang maalala o "hindi alam"</i></p>
<p>3. Anong bakuna ang binibigay para maiwasan ang tuberculosis?</p> <p style="margin-left: 20px;"><i>Isulat sa ibaba ang sagot o "hindi alam"</i></p>	<p>4. Kailan dapat inuumpisahan ang pagbabakuna sa mga bata?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Pagkapanganak / sa loob ng unang 3 araw <input type="checkbox"/> Isang linggo matapos maipanganak <input type="checkbox"/> Isang buwan <input type="checkbox"/> Tatlong buwan <input type="checkbox"/> Anim na buwan <input type="checkbox"/> Isang taon <input type="checkbox"/> Hindi ko alam </p>
<p>5. Pwede bang mabakunahan ang mga batang may lagnat?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Hindi <input type="checkbox"/> Oo <input type="checkbox"/> Hindi alam </p>	<p>6. May bayad ba ang mga bakuna sa health center?</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Wala <input type="checkbox"/> Oo <input type="checkbox"/> Hindi alam </p>

SECTION III. ATTITUDES

Bilugan ang iyong sagot.

- 1 - Lubos na hindi sumasang-ayon
- 2 - Hindi sumasang-ayon
- 3 - Neutral
- 4 - Sumasang-ayon
- 5 - Lubos na sumasang-ayon

1. Ligtas ang mga bakuna.	1	2	3	4	5
2. Sa tuwing pababakunahan ko ang aking anak/inaalagaang bata, nagkakaroon siya ng karagdagang proteksyon laban sa mga sakit.	1	2	3	4	5
3. Obligasyon ng mga magulang at tagapag-alaga na pabakunahan ang kanilang mga anak/inaalagaang bata	1	2	3	4	5
4. Ako ay naniniwala na ang mga bakuna sa health center ay dekalidad, epektibo at ligtas para sa aking anak/inaalagaang bata.	1	2	3	4	5

5. Inirerekomenda ko sa aking mga kapamilya at kaibigan ang pagbabakuna ng kanilang mga anak at inaalagaang bata.	1	2	3	4	5
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SECTION IV. PRACTICE - Lagyan ng tsek (✓) ang iyong sagot.

1. Nakatanggap ba ng kahit isang bakuna ang inyong mga anak/ inaalagang bata?

- Wala kahit isang anak (o inaalagaang bata) ang nabakunahan
- Hindi lahat ng anak (o inaalagaang bata) ang nabakunahan
- Oo, nabakunahan ang lahat ng mga anak (o inaalagaang bata)
- Hindi alam

1a. Kung nabakunahan, saan nabakunahan?

- Hindi nabakunahan / wala pang natatanggap na bakuna
- Sa health center sa aming barangay
- Sa health center sa ibang lugar
- Sa pampublikong ospital o klinik
- Sa pribadong ospital o klinik
- Naghouse-to-house visit ang aming mga BHWs
- Hindi alam

2. Sa inyong pagkakaalam, kumpleto o naayon ba sa nirerekomandang iskedyul (ng doktor, nars o health center) ang nakuhang bakuna ng inyong mga anak (o batang inaalagaan)?

- Hindi nabakunahan / wala pang natatanggap na bakuna
- Hindi kumpleto sa **lahat** ng mga anak (o inaalagang bata)
- Kumpleto sa **iilang** mga anak (o inaalagang bata)
- Oo, kumpleto para sa lahat ng anak (o inaalagang bata)
- Hindi alam

2a. Kung hindi nabakunahan o hindi kumpleto ang natatanggap na bakuna: Ano ang kadahilanan kung bakit hindi nabakunahan (o hindi kumpleto)?

Pumili ng hanggang sa tatlo.

- Busy o walang oras
- Malayo ang health center, ospital o klinika kung saan magpapabakuna
- Waiting time o matagal kailangan maghintay
- Walang suplay ng bakuna sa health center, ospital o klinika
- Takot na mahawaan ng COVID-19 kung pumunta sa health center, hospital o klinika
- Walang naitagong record / Hindi nadala ang record
- Takot sa mga posibleng side effects ng bakuna
- Takot dahil sa isyu ng Dengvaxia
- Walang tiwala sa mga mga healthcare professional (doktor, nars, BHWs) sa health center, ospital o klinika BHWs
- May nagsabing / nagbigay ng payo na huwag bakunahan ang bata
- Takot ang anak (o inaalagang bata) sa injeksyon
- Hindi ko alam ang mga kailangang bakuna ng aking anak (o inaalagaang bata)
- Hindi naman kailangan bakunahan ang anak (o inaalagang bata) / Hindi ako naniniwala na epektibo ang bakuna sa paglaban sa mga sakit
- Walang pahintulot o hindi inabiling ng mga magulang ng bata, sa aking asawa o kamag-anak

<input type="checkbox"/> Bawal sa aming relihiyon <input type="checkbox"/> Iba pa: _____ <input type="checkbox"/> NOT APPLICABLE / Kumpleto ang bakuna
<p>3. Sa karaniwan, sino ang nagdadala sa anak (o inaalagaang bata) ninyo sa pagbakuna?</p> <input type="checkbox"/> Hindi nabakunahan / wala pang natanggap na bakuna <input type="checkbox"/> Nanay ng bata <input type="checkbox"/> Tatay ng bata <input type="checkbox"/> Ibang kamag-anak (lolo, lola, tito, tita, kapatid bata) <input type="checkbox"/> Kapitbahay / Kaibigan ng mga magulang o taga-pangalaga <input type="checkbox"/> Hindi alam <input type="checkbox"/> Iba pa: _____

V. SOURCES OF INFORMATION	
<p>1. Kaninong opinyon ang makakumbinsi sa inyo o sinumang miyembro ng iyong pamilya na magdesisyon magpabakuna? <i>Pumili ng hanggang sa tatlo.</i></p> <input type="checkbox"/> Doktor <input type="checkbox"/> Nars, midwife, pharmacist <input type="checkbox"/> Barangay Health Worker <input type="checkbox"/> DOH <input type="checkbox"/> Asawa <input type="checkbox"/> Kapamilya <input type="checkbox"/> Kaibigan <input type="checkbox"/> Lokal na opisyal <input type="checkbox"/> Religious Leader <input type="checkbox"/> Internet / social media tulad ng Facebook <input type="checkbox"/> TV, radyo, dyaryo <input type="checkbox"/> Iba pa: _____	<p>2. Sa anong paraan ninyo pinakaninang makakuha ng impormasyon tungkol sa mga bakuna?</p> <input type="checkbox"/> Pakikipag-usap sa health worker <input type="checkbox"/> Seminar sa health center, ospital, o klinika <input type="checkbox"/> TV / Radyo <input type="checkbox"/> Internet / social media (e.g. Facebook, Twitter) <input type="checkbox"/> Leaflet / brochure na ipamimigay <input type="checkbox"/> Iba pa: _____

VI. BAKUNA CHAMPIONS	
<p>1. Narinig niyo na ba ang Bakuna Champions?</p> <input type="checkbox"/> Oo <input type="checkbox"/> Hindi / hindi pamilyar sa Bakuna Champions	<p>2. Sa loob ng huling taon mula sa araw ng interbyu, ilang beses ang naging interaksyon / pakikipag-ugnayan sa Bakuna Champion o barangay health worker na nagsanay ukol sa pagbabakuna? <i>[Hindi kabilang sa mga Bakuna Champions ang mga doktor, nars at midwives na nagtuturok ng bakuna]</i></p> <input type="checkbox"/> Walang naging interaksyon o hindi pamilyar sa Bakuna Champions <input type="checkbox"/> Isang beses <input type="checkbox"/> 2 - 3 beses <input type="checkbox"/> Mahigit sa 3 beses <input type="checkbox"/> Iba pa: _____

<p>3. Kung may interaksyon sa Bakuna Champion, tanyahin kung gaano katagal ang karaniwang interaksyon sa Bakuna Champion.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mas mababa sa 5 minuto <input type="checkbox"/> 5 - 15 minutes <input type="checkbox"/> 16 - 30 minutes <input type="checkbox"/> Mahigit sa 30 minutes <input type="checkbox"/> Not applicable (Walang interaksyon o hindi pamilyar sa Bakuna Champions) 	<p>4. Kung may interaksyon sa Bakuna Champion, saan karaniwang nagaganap ang interaksyon/ pakikipag-usap sa Bakuna Champion?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sa inyong bahay o tirahan <input type="checkbox"/> Sa health center o sa lugar kung saan nasagawa ng pagbabakuna <input type="checkbox"/> Sa daycare center o paaralan <input type="checkbox"/> Iba pa: <hr/> <p><input type="checkbox"/> Not applicable (Walang interaksyon o hindi pamilyar sa Bakuna Champions)</p>
<p>5. Kung may interaksyon sa Bakuna Champions, pagkatapos ng inyong pag-uusap, nag-iba ba ang inyong opinyon/palagay ukol sa mga bakuna?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Walang pagbabago sa opinyon/palagay ukol sa bakuna <input type="checkbox"/> Mas hindi tatanggapin ang bakuna <input type="checkbox"/> Mas nakumbinsi na magpabakuna <input type="checkbox"/> Not applicable (Walang interaksyon o hindi pamilyar sa Bakuna Champions) 	<p>6. Kung may interaksyon sa Bakuna Champions, nasagot ba ng Bakuna Champion ang inyong mga katanungan o agam-agam ukol sa bakuna?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oo <input type="checkbox"/> Hindi <input type="checkbox"/> Not applicable (Walang interaksyon o hindi pamilyar sa Bakuna Champions)
<p>7. Kung may interaksyon sa Bakuna Champion, gaano mo mapagkakatiwalaan ang mga impormasyong nakuha mula sa inyong pag-uusap ukol sa pagbabakuna?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lubos na mapagkakatiwalaan <input type="checkbox"/> Mapagkatiwalaan <input type="checkbox"/> Hindi sigurado / Neutral lang <input type="checkbox"/> Hindi mapagkatiwalaan <input type="checkbox"/> Lubos na hindi mapagkatiwalaan <input type="checkbox"/> Not applicable (Walang interaksyon o hindi pamilyar sa Bakuna Champions) 	<p>8. Sa kabuuan, paano ninyo ilalarawan ang naging interaksyon / pakikipag-ugnayan sa Bakuna Champion?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Kuntentong-kuntento <input type="checkbox"/> Kuntento ngunit may ilan pang katanungan o duda <input type="checkbox"/> Hindi sigurado <input type="checkbox"/> Hindi gaanong kontento <input type="checkbox"/> Lubos na hindi kuntento <input type="checkbox"/> Not applicable (Walang interaksyon o hindi pamilyar sa Bakuna Champions)
<p>Maliban sa doktor, nars, o healthcare propesyonal, kanino o saan kayo magsasangguni kung may katanungan ukol sa mga bakuna? <i>[Huwag basahin ang mga choices. Itala ang unang nabanggit.]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sa kamag-anak o kaibigan o katrabaho na HINDI healthcare professional <input type="checkbox"/> Sa barangay health worker (o sa Bakuna Champion) <input type="checkbox"/> Sa pari, pastor, imam o iba pang religious leader <input type="checkbox"/> Sa mga principal o mga guro <input type="checkbox"/> Walang gagawin <input type="checkbox"/> Iba pa: <hr/>	<p>Iba pang mga suhestyon ukol sa Bakuna Champions:</p> <hr/> <hr/> <hr/>

Annex D. Template IEC Materials

Topic	Type	Originator	Link
Bakuna Champion ID	Template	DOH	Materials with PSD Files: bit.ly/DOHBakunaChampionsIEC
Bakuna Champion Door Sign	Poster/ Tarpaulin	DOH	Materials with PSD Files: bit.ly/DOHBakunaChampionsIEC
Information on Routine Immunization	Streamer Standee Flyers Brochures	DOH	Materials: bit.ly/BakunaChampsRoutineInfo
Bakuna Champions Communication Guide	Booklet		Material: bit.ly/BakunaChampsCommGuide
Catch-up Immunization FAQs	Poster/ SMC/ Flyers	DOH	Materials: bit.ly/DOHCatch-UpFAQs
Routine Immunization Card	Card	DOH	Material: bit.ly/DOHRICard

Annex E. Capacity building workshop pre- and post-tests

For an editable version of this template, please visit

<https://bit.ly/BakunaChampsPrePostTest>

Bakuna Champions Playbook

Module 1: Introduksyon sa National Immunization Program Pre-test / Post-test

Pangalan: _____ Barangay: _____

Instruksyon: Basahing maigi ang mga sumusunod na katanungan. Bilugan ang iyong sagot.

- | |
|---|
| <p>1. Tinanong ka ng isang nanay. Bakit ba raw tinutulak ng health center at ng gobyerno ang pagbabakuna?</p> <ol style="list-style-type: none">Ang pagbabakuna ay napatunayan nang mabisang pamamaraan ng pagpigil sa paglaganap at pagsugpo ng iilang mga nakakahawang sakit at pagkamatay dahil ditoKung marami ang nabakunahan, hindi basta-basta maipapasa ang sakit sa mga mahal sa buhay at maiiwasan rin itong kumalat sa komunidadMakakatipid at maiiwasang gumastos dahil nagkasakitLahat ng nabanggitWala sa mga nabanggit |
| <p>2. Hot topic ang mga bakuna sa inyong komunidad. Nakita mo sa Facebook messenger group ninyo ang itong usapan. Sino ang dapat mong tugunan?</p> <ol style="list-style-type: none">Rosa: Ano ang pagkakaalam ninyo sa bakuna? Panangga daw ito laban sa mga impeksyon at iilang nakakahawang sakit.Nena: Sa pagkakaintindi ko, bibigyan ka ng mga buhay na mikrobyo. Kaya parang sadyang hinawaan ka ng sakit.Suzy: Tapos parang turuan daw ang inyong immune system para lumaban sa mga mikrobyo na nagdudulot ng iilang mga nakakahawang sakit, tulad ng tigdas.Joyce: Oo, yung antibodies! Kung mayroon ka nang antibodies, mas mababawasan yung tsansa mong mahawaan o magkaroon ng malubhang komplikasyon sa mga sakit. |
| <p>3. Dumaan ka sa daycare at narinig mong pinag-uusapan ang mga bakuna. Alin sa mga sumusunod ang <u>hindi</u> tama at kailangan mong bigyang tuon?</p> <ol style="list-style-type: none">Libre naman ang mga bakuna sa health center.Okay lang na nagkaroon ng lagnat ang kanyang anak pagkatapos mabakunahan. Ang reaksiyon na ito ay inaasahan at pansamantala lang ito.Hindi pwedeng bakunahan ang mga batang may sinat. Baka mas lumalala pa ito dahil sa bakuna.Kahit pa man na hindi na mahanap ni nanay yung Bakuna Card, ay subukan pa rin niya na pumunta sa health center upang magpabakuna. Mas mabuting makumpleto ang bakuna ayon sa tamang schedule. |
| <p>4. May nakausap kang isang inang may tatlong anak. Wala siyang balak na ipabakuna ang kanyang mga anak. Normal daw na bahagi ng pagkabata ang mga sakit tulad ng tigdas at beke. Hindi rin naman daw uso ang bakuna dati at hindi rin naman sila nagkakasakit. Ano ang gagawin mo?</p> <ol style="list-style-type: none">Sumang-ayon sa kanila. Marami kang kakilala at pati ikaw mismo ay nagkaroon ng tigdas at wala namang nangyari sa iyo.Tanungin kung masakitin ba ang kanilang anak. Kung hindi naman masakitin ang anak, okay lang na hindi na sila mabakunahan. |

<p>c. Ipaliwanag na maaaring magdulot ng mga malulubha at panghabambuhay na komplikasyon ang mga sakit tulad ng tigdás at beke. Bago nagkaroon ng mga bakuna, maraming mga bata ang nagkasakit at namatay dito.</p> <p>d. Sabihin na magsisi sila kung magkasakit at mamatay ang anak nila mula sa tigdás at beke.</p>
<p>5. May lumapit sa inyong isang buntis na halos walong buwan na. Ipinaghahandaan na niya ang pagkasilang ng kanyang anak. Kailan daw dapat unang makatanggap ng bakuna ang kanyang baby?</p> <p>a. Pagkasilang</p> <p>b. Isang linggo pagkatapos mapang-anak</p> <p>c. Isang buwang pagkatapos mapang-anak</p> <p>d. Tatlong buwan pagkatapos mapang-anak</p>
<p>6. Sa isa sa mga bahay na binibisita mo, lahat ng mga bata ay mahigit isang taong gulang na. Kumpleto na ang kanilang mga bakuna at wala nang ibang kailangan matanggap pa na mga bakuna. Tama o mali?</p> <p>a. Tama</p> <p>b. Mali</p>
<p>7. Dahil sa pandemyang COVID-19, natakot dalhin ni mommy ang kanyang baby sa health center para magpabakuna. Kaya, wala siyang natanggap na bakuna. Nung nakita mo si mommy, gusto niya nang ipabakuna ang kanyang anak, ngunit ang tanong niya ay pwede pa rin bang ipa-bakuna ang kanyang sanggol na ngayon ay isang buwan na?</p> <p>a. Oo. Abisuhan na dalhin kaagad ang kaniyang anak sa health center para makumpleto ang mga bakuna.</p> <p>b. Hindi na pwede. May nakatakdang i-skedyul ang bakuna.</p>
<p>8. Alin sa mga sumusunod na sakit ang hindi kasama sa bakunang MMR?</p> <p>a. Tusperina o ubong dalahit (whooping cough)</p> <p>b. Tigdas (measles)</p> <p>c. Tigdas hangin (rubella o German measles)</p> <p>d. Beke (mumps)</p>
<p>9. Nag-aalinlangan si nanay na pabakunahan ang kanyang anak dahil noong huling nabakunahan mas lalo pa raw ito nilagnat. Ano ang mahalagang maipaalam sa kanya?</p> <p>a. Hindi muna kailangang mag-alala kung nilagnat isang araw pagkatapos mabakunahan. Tingnan lang nang mabuti ang kalagayan ng sanggol o bata.</p> <p>b. Karaniwang banayad, pansamantala o panandalian lamang ang mga side effects na ito</p> <p>c. Kung sakaling may iba pang napupunang di pangkaraniwang nararamdaman ang sanggol o bata, ay maaaring pumunta o kumunsulta lamang agad sa pinaka malapit na health center o clinic.</p> <p>d. Lahat ng nabanggit</p> <p>e. Wala sa mga nabanggit</p>

10. Sa inyong pag-iikot sa inyong komunidad, marami kang nakilala na nag-aalangan na ilabas ang kanilang mga anak para bakunahan dahil sa pandemyang COVID-19? Ano ang dapat na maipayo o ma abiso ninyo sa kanila?

- a. Itinigil muna ng gobyerno ang pagbabakuna sa mga bata. Nakapokus muna ngayon sa pagbabakuna kontra COVID-19.
- b. Mas mabuting ipagpaliban muna ang mga bakuna ng mga anak. Hintayin na bumaba ang mga kaso ng COVID-19 sa komunidad. Baka mahawaan pa sila kung idala sa health center.
- c. Hintayin lang ang gagawing house-to-house na pagbabakuna sa sumusunod na mga buwan.
- d. Dalhin kaagad ang inyong mga anak para mabakunahan sa inyong health center sa tamang panahon at pagkakataon. Kailangan bigyan agad ng dagdag proteksyon ang inyong mga anak lalong lalo na ngayon sa panahon ng pandemya.

Bakuna Champions Playbook
Module 2 - Interpersonal Communication and Counseling Pre- and Post-test

Pangalan: _____ **Barangay:** _____

Instruksyon: Basahing maigi ang mga sumusunod na katanungan. Bilugan ang iyong sagot.

<p>1. Alin sa mga sumusunod ang HINDI dapat tularan kapag nakikipag-usap ukol sa bakuna?</p> <ul style="list-style-type: none">a. Subukang kunin ang tiwala ng mga magulang at tagapangalagab. Layuning makamit ang suporta ng mga maimpluwensyang lider ng komunidad para sa pagbabakunac. Galit na tono ng boses tuwing nakikipag-usap sa mga magulang (at tagapangalaga)d. Masinsinang pakikinig sa mga agam-agam at pag-aalinlangan ng mga magulang (at tagapangalaga) ukol sa mga bakuna at marespetong sinasagot ang mga itoe. Isama ang buong komunidad sa pagsuporta sa mga bakuna
<p>2. Ano ang kahalagahan ng paggamit ng <i>client-centered approach</i> tuwing nakikipag-usap ukol sa mga bakuna? Makakatulong itong:</p> <ul style="list-style-type: none">a. Mapaganda ang reputasyon ng health center at ng mga taong nagtatrabaho ditob. Gawing mas kaaya-aya ang maging karanasan ng mga pumupunta sa health centerc. Matamo ang inaasahang serbisyo sa health centerd. Matiyak o ma siguro na ma kumpleto ang pagbabakuna sa anak ayon sa inirekomendang iskedyule. Lahat ng nabanggit
<p>3. Sino sa mga barangay health worker o frontliner ang nagpapakita ng pamamalasakit (o empathy)?</p> <ul style="list-style-type: none">a. Ibinahagi ng isang nanay ang kanyang mga agam-agam ukol sa kaligtasan (<i>safety</i>) ng bakuna. Ipinawalang bahala ng barangay health worker ang mga agam-agam.b. Malakas na umiyak ang sanggol pagkatapos mabakunahan. Sinabihan ng barangay health worker ang nanay na patahimikin daw ang sanggolc. Nakaligtaang dalhin ng isang tatay ang bakuna card ng anak. Pinabalik na lang siya sa susunod na arawd. Nag-aalala ang isang nanay dahil masasaktan ang kanyang anak ng bakuna. Masinsinang pinakinggan ng barangay health worker at pinaliwanagan na panandalian lamang ang sakit mula sa bakunae. Late na nakarating si lola sa health center dahil may kalayuan din ang kanilang bahay mula sa health center. Binanggit ng barangay health worker na siya rin mismo ay malayo ang bahay, ngunit hindi naman siya na late sa pagpunta sa health center
<p>4. Alin sa mga halimbawa ang HINDI nagpapamalas ng respeto para sa magulang (o tagapangalaga) ng batang babakunahan?</p> <ul style="list-style-type: none">a. Paghihikayat sa magulang (o tagapangalaga) na ihayag ang kanilang pananaw, nararamdaman at mga agam-agamb. Masusing pinapakinggan ang mga katanungan ng mga magulang (o tagapangalaga)c. Pagtugon agad o pagsabat habang nagsasalita pa ang magulangd. Pagpapakita ng malasakit tuwing may ibinabahaging agam-agam o pag-aalala ang magulange. May angkop na <i>body language</i> at eye contact tuwing nakikipag-usap
<p>5. Anu-ano ang maaring maging dahilan kung bakit nag-aalangan ang isang nanay na pabakunahan ang kanyang anak?</p> <ul style="list-style-type: none">a. Walang pang masyadong karanasan sa mga sakit na maaring labanan ng bakuna (hal:

<p>tigdas, polio) at mga masamang epektong dulot nito</p> <ol style="list-style-type: none"> Hindi magandang karanasan sa pagbabakuna nung siya'y bata pa Mga hindi tamang impormasyong narinig mula sa media, kamag-anak at kaibigan Negatibong mga karanasan sa mga healthcare workers sa health centers Lahat ng nabanggit
<p>6. Ito ang paraan ng pakikipagkapwa kung saan binibigyang diin o pagpapahalaga ang pangangailangan, mungkahi at karanasan ng mga magulang (o tagapangalaga) sa pakikitungo at pagbibigay ng serbisyo?</p> <ol style="list-style-type: none"> Interpersonal communication & counseling Social marketing Client-centered approach Empathy
<p>7. Alin sa mga sumusunod ay halimbawa ng vaccine-related event (VREs)?</p> <ol style="list-style-type: none"> May mga namamatay o nagkakasakit ilang oras o araw pagkatapos mabakunahan (adverse events following immunization) Pansamantalang suspension ng bakuna Bagong resulta ng pananaliksik ukol sa bakuna Report sa media o maling balita na kumakalat tungkol sa bakuna Lahat ay halimbawa ng vaccine-related events
<p>8. May agam-agam ang magulang dahil may narinig silang kwento ukol sa Dengvaxia. Paano mo sasagutin ang kanyang agam-agam?</p> <ol style="list-style-type: none"> Sabihin na wala naman nangyari sa Dengvaxia. Nalaw-up lang ito ng TV. Bigyang diin na ang mga bakunang ibinigay sa routine immunization ay subok na ligtas, epektibo, libre at matagal nang ginagamit Sabihin na mali ang narinig niya ukol sa bakuna Walang ibang kailangang gawin. Igalang ang kanilang desisyon na hindi ipabakuna ang kanilang anak
<p>9. Ano ang dapat gawin kung may narinig na tsismis, fake news o maling impormasyon ukol sa bakuna?</p> <ol style="list-style-type: none"> Para matiyak na tama ang pagkauunawa sa tsismis, ulit-ulitin ang mga nabanggit na posibleng fake news Hindi kailangan alamin kung sino ang nagpakalat ng tsismis Maging agresibo sa pagsagot at pagtama ng maling impormasyon Agad na i-wasto ang maling impormasyon Wala sa mga choices
<p>10. Ilista ang mga hakbang sa GATHER technique</p>

Bakuna Champions Playbook
Module 3: Partnership-Building and Engagement Pre-test / Post-test

Pangalan: _____ **Barangay:** _____

Instruksyon: Basahing maigi ang mga sumusunod na katanungan. Bilugan ang iyong sagot.

<p>1.) Sinu-sino ang mga kasangga natin sa pagsasagawa ng pagbabakuna sa ating komunidad?</p> <p>A. Punong Barangay B. Mga doktor, nars at mga midwives C. Mga religious leader D. Lahat ng nabanggit</p>	<p>Ito ay ang limang kailangang gawin upang maayos na makapag-organisa ng usaping bakuna sa iyong komunidad:</p>
<p>2.) Ito ay isang teknikal na approach kung saan nagtutulong-tulong ang lahat ng miyembro ng komunidad upang mapagtagumpayan ang pagbabakuna?</p> <p>A. Heroic Leadership B. Self-Awareness C. Whole-of-Community Approach D. Client-centered Approach</p>	<p>6.) 7.)</p>
<p>3.) Kabilang ito sa checklist ng pagplano ng usaping bakuna:</p> <p>A. Pag-alam sa pangangailangan ng komunidad B. Pagtuklas sa mga hamon sa bakuna C. Pagmonitor and evaluate ng pag-uusap D. Lahat ng nabanggit</p>	<p>8.) 9.)</p>
<p>4. Ito ay pamamaraan upang malaman ang pangangailangan ng isang komunidad:</p> <p>A. Focus Group Discussion B. Whole-of-Community Approach C. Target Audience D. Wala sa mga nabanggit</p>	<p>10.)</p>
<p>5.) Ito ay pamamaraan ng pagmonitor ng pag-uusap</p> <p>A. Whole-of-community approach B. Pagrecord ng mga dumalo C. Pag-alam kung tumaas ang kaalaman sa bakuna D. Parehong letrang B at C</p>	

Answer Key

Module 1 Introduksyon sa National Immunization Program	Module 2 Interpersonal Communication	Module 3 Partnership & Engagement
<ol style="list-style-type: none"> 1. D 2. B 3. C 4. C 5. A 6. B 7. A 8. A 9. D 10. D 	<ol style="list-style-type: none"> 1. C 2. E 3. D 4. C 5. E 6. C 7. E 8. B 9. D 10. Greet, Ask, Tell, Help, Explain, Return 	<ol style="list-style-type: none"> 1. D 2. C 3. D 4. A 5. D 6. Alamin ang pangangailangan ng komunidad 7. Pagtuklas sa mga hamon sa bakuna 8. Pagsagawa ng plano para sa usapin 9. Pagsasagawa ng usaping pangbakuna sa komunidad 10. Pagmonitor at evaluate ng pag-uusap

Annex F. Training Participant Feedback

For an editable version of this template, please visit

<https://bit.ly/BakunaChampsTrainingFeedback>

Training Participant Feedback Bakuna Champions Capacity Building Module

Barangay: _____ Petsa ng workshop: _____
 Kasarian: Lalaki Babae Prefer not to say
 Designation: Barangay health worker Iba pa: _____

Humihingi kami ng iilang minuto ng inyong oras para sumagot ng survey ukol sa workshop para sa Bakuna Champions upang mas mapabuti pa namin ang mga sumusunod na workshop. Salamat po!

1. I-rate ang sumusunod	Poor				Excellent
<ul style="list-style-type: none"> Kahalagahan at kabuluhan (<i>relevance</i>) ng mga topics sa trabaho 	1	2	3	4	5
<ul style="list-style-type: none"> Kaalaman o lebel ng pagkakaintindi at preparasyon ng <i>trainer</i> o <i>resource person</i> sa mga tinatalakay 	1	2	3	4	5
<ul style="list-style-type: none"> Kalinawan ng mga sagot sa mga katanungan 	1	2	3	4	5
<ul style="list-style-type: none"> Gamit ng mga larawan o visuals para sa training workshop (hal: kalinawan at laki ng mga larawan, angkop sa tinatalakay) 	1	2	3	4	5
<ul style="list-style-type: none"> Kahabaan o tagal (<i>duration</i>) ng training workshop 	1	2	3	4	5
<ul style="list-style-type: none"> Kabuuang kalidad ng pagsasanay sa Bakuna Champions 	1	2	3	4	5
2. Pagkatapos ng training, gaano ka kahanda na gampanan ang inyong tungkulin bilang isang Bakuna Champion?	Hindi handa				Handang-handa
	1	2	3	4	5
3. Kung sa palagay ay hindi pa gaanong kahanda, anong ibang mga topics ukol sa pagbabakuna ang nais ninyong magkaroon ng karagdagang impormasyon?					
4. May bahagi ba ng training workshop kung saan kayo'y nahirapan? Anu-ano ito? (Hal: <i>registration, lugar o iskedyul ng workshop, topics o dami ng topics na napag-usapan, bilis o pace ng workshop</i>)					
5. Kung kayo ang magdisdisenyo ng workshop na ito, ano ang nais ninyong baguhin?					
6. Iba pang mga komento o suhestyon para mapabuti ang webinar					

Annex G. Feedback Form (Trainers)

For an editable version of this template, please visit

<https://bit.ly/BCFeedbackFormTrainers>

Feedback Form (Trainers) / Debriefing Session para sa mga Trainers [Bakuna Champions Capacity Building & Training Materials]

Barangay: _____

Position:

- MHO
 Public health nurse
 Midwife
 BHW supervisor
 Iba pa

Petsa kung kailan isinagawa ang training: _____

Module na tinuro/facilitate:

- 1 - Introduksyon sa National Immunization Program
 2 - Gabay sa Pakikipag-ugnayan
 3 - Partnership building and engagement
 Supportive supervision

A. Ebalwasyon ng module at ng mga materyales na ginamit para sa training

I-rate ang sumusunod

	Poor					Excellent				
1. Content o mga tinalakay										
<ul style="list-style-type: none"> Kahalagahan o kabuluhan (relevance) ng mga tinalakay para sa trabaho bilang Bakuna Champions 	1	2	3	4	5					
<ul style="list-style-type: none"> Gaano kaangkop ang mga tinatalakay sa lebel ng edukasyon ng mga sinasanay 	1	2	3	4	5					
<ul style="list-style-type: none"> Gaano kaangkop ang mga tinalakay sa local na konteksto 	1	2	3	4	5					
<ul style="list-style-type: none"> Dami ng mga topics o tinalakay 	1	2	3	4	5					
<ul style="list-style-type: none"> Ordering o pagkasunod-sunod ng tinalakay 	1	2	3	4	5					
2. Slide deck	1	2	3	4	5					
3. Facilitator's guide/teaching notes	1	2	3	4	5					
4. Participant and group learning activities	1	2	3	4	5					
5. Pamamaraan ng ebalwasyon ng mga sinasanay	1	2	3	4	5					

B. Ebalwasyon ng pagsagawa ng training

1. Sa iyong palagay, nakamit mo ba ang naging objective o layunin ng inyong session?

- Oo Hindi

2. Ano ang gumana (*worked well*) sa training?
[Hal: Sa (a) logistics - venue, noise level, scheduling [timing/breaks], equipment, snacks, (b) content - mga konsepto o themes ng module, (c) process - pace ng training, learning activities]
3. Ano ang hindi gumana (*did not work well*) sa training? Bakit kaya ito?
4. Aling bahagi (o mga konsepto) ng training nahirapan o hindi gaano maintindihan ng mga kalahok?
5. Aling bahagi ng training mukhang nabuhayan o may aktibong partisipasyon mula sa mga kalahok?
6. Aling bahagi ng training, mukhang naiinip (*bored or disengaged*) or balisa (*anxious or tense*) ang mga kalahok?
7. May mga katanungan ba mula sa kasapi ng training na nahirapan o hindi kayo ready isagot? Anu-ano ang mga ito?
8. Habang ng training: Kumpara sa suggested na training schedule, nung isinagawa ang training ito ay
 - Mas maagang natapos
 - Sakto sa oras
 - Lumampas sa oras o nahuli matapos
9. Kung kayo'y inatasan na i-update o i-redesign itong Bakuna Champions capacity building module para sa mga barangay health workers, ano-ano ang nais ninyong baguhin? May mga topics ba kayong gustong idagdag o ibago mula sa kasalukuyang module?
10. Iba pang mga komento o suhestyon:

References:

1. Demonstrate LGBTQ access. (2015). Tips for trainers: Debriefing a training. Retrieved Sept 13, 2021, from <https://docs.google.com/viewer?url=https%3A%2F%2Fwww.demonstrateaccess.org%2Fwp-content%2Fuploads%2F2015%2F06%2FDebriefing-a-Training.pdf>
2. International Training & Education Center in HIV (iTech). (2006). Training toolkit - Evaluation forms & questionnaires. <https://www.go2itech.org/HTML/TT06/toolkit/evaluation/forms.html>

Annex H. Supervisory checklist

For an editable version of this template, please visit

<https://bit.ly/BCSupervisoryChecklist>

Supervisory Checklist

Pangalan ng Bakuna Champion: _____

Petsa: _____

Pangalan ng Supervisor: _____

Part 1. Bago ang pagbisita

Maglaan ng oras para sa pagbisita sa Bakuna Champion

Siguruhing handa ang mga kakailanganin sa pagbisita gaya ng mga mga sumusunod:

- Opisyal na sulat sa pagbisita
- Transportasyon
- Mga kakailanganin sa meeting (ballpen, papel, record, at iba pang supporting materials)

Balikan ang nakaraang record ng komento at activity ng Bakuna Champion

Itakda ang magiging obhektibo o layunin sa pagbisita sa Bakuna Champion

Part 2. Habang isinasagawa ang pagbisita

2a. Bago isagawa ang immunization group discussion o community/home visit

I-follow up ang action items at mga rekomendasyon mula sa nakaraang bisita

Kumustahin ang Bakuna Champion. Mga halimbawang tanong:

- Kumusta ka?
- Kumusta ka sa iyong trabaho?
- Anong bahagi ng trabaho ang ikinagagalak mo?
- Ano ang mga bagay na nagpadali sa iyong trabaho?
- Ano ang mga hamon na nagpapahirap sa iyong trabaho?

2b. Habang isinasagawa ang immunization group discussion o community/home visit

Obserbahan ang pakikipag-ugnayan ng Bakuna Champion sa mga magulang o tagapag-alaga

- Bago mag-umpisa, ipakilala ang sarili sa magulang o tagapag-alaga. Ipaliwanag ang pakay (o layunin) ng inyong pagbisita. Humingi ng permiso na magkapag-observa. Ipaliwanag na walang personal na impormasyon ang ipapamahagi sa iba, at walang hinihinging pangalan.
- Maupo sa isang sulok habang nakikinig. Siguruhing naririnig nang maayos at malinaw ang interaksyon ng Bakuna Champion at ng magulang/tagapag-alaga.
- Suriin ang Bakuna Champions gamit ang IPC/C checklist (Annex)
- Isulat ang iyong mga obserbasyon sa isang papel. Maaring gamitin itong guide sa pag-feedback sa Bakuna Champion pagkatapos ng home visit o health center visit.

Pagkatapos ng group discussion o community home visit, itanong ang feedback o saloobin ng mga magulang/tagapag-alaga sa isinagawang immunization session. Gamitin ang "Post-visit Client Exit Interview Form".

2c. Pagkatapos isagawa ang immunization group discussion, or community/home visit

- Ipasagot sa Bakuna Champion ang “IPC/C checklist” bahagi ng Annex upang masuri rin ang sarili sa pakikipag-ugnayan sa mga magulang/tagapag-alaga.
 - Kung nakapag sagot na, tanungin kung nais ba nilang pag-usapan nang pribado o ibahagi sa iba pang ka-trabaho.
- Kausapin ng pribado ang Bakuna Champion upang talakayin ang mga naging obserbasyon.
 - Tanungin:
 - Nakatutulong ba ang IPC/C skills sa trabaho? Paano ito nakaapekto sa pakikipag-ugnay sa mga magulang at tagapag-alaga?
 - May mga bahagi ba ng interaksyon kung saan kayo nahirapan? Tumulong sa pagresolba sa mga problema, kung kinakailangan.
 - May mga hamon o challenges na nagpapahirap sa maayos na maisagawa ng IPC/C?
 - Gamit ang IPC/C checklist, isa-isahin ang mga magandang nagawa, kung ano ang mga kailangan pang ipagpabuti sa pakikipag-uganayan.
 - Para sa mga kailangan ipagpabuti, magbigay ng mga maaring gawing pagsasanay (exercises) o on-the-job training.
 - Kung kinakailangan, magplano at mag-schedule ng bago o refresher training.
 - Kung may maling impormasyon na naibigay o hindi naitama na maling impormasyon galing sa magulang/tagapag-alaga, i-wasto ito.
 - *Tandaan! Humanap ng paraan upang maitama ito nang hindi napapahiya ang Bakuna Champion sa magulang/tagapag-alaga. Siguruhin na protektahan pa rin ang kredibilidad ng Bakuna Champion upang manatili pa rin ang tiwala ng komunidad sa kanya.*
- Tapusin ang talakayan sa pamamagitan ng:
 - Magkasundo sa 1 - 3 aksyon na items maaaring ipagpabuti o ma-improve bago ang susunod na pagbisita. Maaari ring gumawa ng isang performance plan kung saan nakalista ang mga gustong pagbutihin pa ng Bakuna Champion at kung kailan niya ito nais magawa.
 - Pagbanggit ng mga napagkasunduan na action item sa Bakuna Champion, kasama ang kanilang manager o supervisor
 - Magkasundo sa araw at oras para sa susunod na pagbisita (at ng bago o refresher training, kung kinakailangan).
- Ipunin ang mga datos na maaaring gamitin sa mga susunod pang pagmomonitor sa Bakuna Champion

Part 3. Pagkatapos ng supervision visit

- Ibahagi ang mga na-observa sa iba pang mga supervisor o manager ng Bakuna Champion sa mga regular na meeting. Dito maaaring mapag-usapan ang maaring gawin upang mapabuti ang Bakuna Champion at ng pagtatakbo ng health center o pasilidad. Maari rin talakayin ang maaring ibigay na suporta.
- Mag-follow up gamit ng text, tawag o email, kung kailangan. Sa ganitong paraan maipapakita ang iyong interes sa programa. Maaari ring magpadala ng mga mensaheng nakakaengganyo sa mga Bakuna Champion upang mas ganahan sila sa kanilang trabaho.

Annex A. Worksheet

Obserbasyon ng Kasanayan sa Pakikipag-Ugnayan para sa Pagbabakuna			
Bakuna Champions: _____	Facility/Site: _____		
Supervisor: _____	Petsa: _____		
Bago ang pagbisita			
Mga layunin o obhektibo sa bisita sa Bakuna Champion:			
1. _____			
2. _____			
3. _____			
Habang isinasagawa ang pagbisita			
1. Mga action items at rekomendasyon mula sa nakaraang meeting na i-follow-up:			
a. _____			
b. _____			
c. _____			
2. Kamustahan			
a) Bahagi ng trabaho na ikinakagalak? _____			
b) Mga bagay na nakakatulong na mapadali sa trabaho? _____			
c) Mga hamon na hinaharap sa trabaho? _____			
d) Mga hamon o challenges sa pagsagawa ng maayos na IPC? _____			
e) Mga kailangan suporta para epektibong masagawa ang IPC? _____			
f) Nakaapekto ba ang interpersonal communication (IPC) sa iyong trabaho bilang BHW at sa pakikipag-ugnayan ko sa mga magulang at tagapag-alaga?			
<input type="checkbox"/> Walang epekto o hindi gaano nagbabago kumpara dati			
<input type="checkbox"/> Nakatulong sa trabaho at pakiki-pagugnayan sa magulang at tagapag-alaga			
Paano? _____			
IPC/C checklist			
	Nagawa ng husto	Kailangang ipagpabuti	Komento
IPC/C Process			
1. Kinamusta ang magulang (o tagapag-alaga). Ipinakilala ang sarili at ang layunin ng pagbisita o pakikipag-usap			
2. Nilaman kung ano na ang alam ng magulang (o tagapag-alaga) ukol sa pagbabakuna			
3. Kung isang nars, midwife o iba pang nagbabakuna, Inihayag ang mahahalagang mensahe sa pagbabakuna			
o Kung anong bakuna ang ibinigay sa bata			
o Mga posibleng side effect at paano lunasan			
o Kailan babalik para sa susunod na pagbabakuna			
o Kahalagahan sa pagdala ng health card			

<ul style="list-style-type: none"> o Iba pang mahahalagang mensahe base sa konteksto ng pag-uusap/pagkonsulta 			
<p>4. Kung nasa group discussion o pangkaraniwang pagkonsulta sa magulang/tagapagalaga, ibinigay ang mga mensahe sa pagbabakuna tulad ng:</p> <ul style="list-style-type: none"> o Benepisyo ng pagbabakuna (proteksyon mula sa VPDs; makaiwas sa sakit, pagkamatay o gastusin sa pagpapagamot; at iba pa) o Kahalagahan ng pagkumpleto sa bakuna o Ligtas at epektibo ang pagbabakuna o Libre ang bakuna sa mga pampublikong pasilidad o Kailan at kung saan maaaring magpabakuna 			
5. Gumamit ng supporting material tulad ng health/immunization card			
6. Tiniyak kung naintindihan ng magulang/tagapag-alaga ang mga impormasyong ibinahagi (Hal: Pinaulit o pinasummarize sa mga magulang o tagapag-alaga ang mga napag-usapan)			
7. Binigyan ng pagkakataon ang mga magulang o tagpag-alaga na makapagtanong Nasagot nang wasto at maayos ang mga tanong ng magulang/ tagapag-alaga			
8. Nagbigay ng buod ng napag-usapan at mga pinagkasunduang gagawin			
9. Nagpasalamat sa magulang (o tagapag-alaga)			
IPC/C Skills			
10. Nagpakita ng malasakit (o empathy) para sa babakunahan at magulang/ tagapag-alaga (e.g. <i>reflecting back caregivers' feelings</i>)			
11. Nagpakita ng respeto (Hal: Hindi pinagalitan o gumamit ng mapaghusgang salita; Marespetong itanama ang maling kaalaman ukol sa bakuna)			
12. Aktibong nakinig sa magulang/tagapagalaga (Hal: gumamit ng open-ended questions and short responses. Walang ibang distraksyon.). Hindi minadali ang usapan.			
13. Gumamit ng mga payak na salita na madaling maintindihan			

14. Sapat ang nabigay na impormasyon. Hindi na-overload o na-overwhelm ang magulang (o tagapag-alaga) sa dami ng impormasyon.			
15. Wastong paggamit ng non-verbal cues: Eye contact, tono ng boses, gestures, posisyon sa pakikipag-usap (Hal: ka-lebel ang magulang o tagapag-usap)			

Iba pang mga obserbasyon, komento at notes

Self-rating ng Bakuna Champions

Iparate SA Bakuna Champion ang sarili. Mula 1 (Needs Improvement) hanggang 5 (Very good), i-rate:

I-rate ang iyong kaalaman (o knowledge) ukol sa mga bakuna	1 2 3 4 5
I-rate ang inyong kakayahan sa pakikipag-usap, pagtalakay at pagkumbinsi ng mga tao sa komyunidad ukol sa bakuna	1 2 3 4 5
I-rate ang inyong kumpiyansa (o confidence sa pagsasagot sa mga karaniwang tanong o agam-agam ukol sa mga bakuna	1 2 3 4 5

Performance Action Plan:

IPC/C goals: 3 bagay na nais kong ipagpabuti bago ang susunod na sesyon

1. _____
2. _____
3. _____

Schedule ng susunod na pagbisita: _____

Kailangan ng refresher training? Hindi Oo, iskedyul: _____

Annex I. Post-visit client exit interview

For an editable version of this template, please visit

<https://bit.ly/BCExitInterview>

POST-VISIT CLIENT EXIT INTERVIEW

Munisipyo: _____ Barangay: _____

Pangalan ng BHW supervisor: _____

Pangalan ng Bakuna Champion: _____

Petsa: _____

Panuntunan: Ang inyong nakausap ay kasalukuyang nagsasanay o nagtratraining. Upang mapabuti ang kanyang pagsasanay, nais namin makuha ang iyong palagay ukol sa mga napag-usapan ukol sa bakuna. Maaari pong humingi ng 5 - 10 minuto ng iyong oras para sa maikling interview? Ang lahat ng mapag-uusapan ay mananatiling kumpidensyal at hindi lalabas ang iyong pangalan sa aming mga report.

Demographic information ukol sa nanay o tagapag-alaga

Edad ng tagapag-alaga: _____	Edad ng mga anak / bata: _____	
Kasarian <input type="checkbox"/> Babae <input type="checkbox"/> Lalaki <input type="checkbox"/> Piniling hindi sabihin	Civil status <input type="checkbox"/> Single <input type="checkbox"/> Kasal o live-in <input type="checkbox"/> Hiwalay (separated) <input type="checkbox"/> Balo (widowed)	Pinakamataas na natapos sa pag-aaral: <input type="checkbox"/> Wala / hindi nakapag-aral <input type="checkbox"/> Elementarya <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Masteral / doctoral <input type="checkbox"/> Vocational

Mga paniniwala ukol sa mga bakuna

Pakisabi kung kayo ba ay sumasangayon o hindi sumasangayon sa mga sumusunod na pangungusap. Bilugan ang numero. 1 - Lubos na hindi sumasangayon

2 - Hindi sumasangayon

3 - Neutral

4 - Sumasangayon

5 - Lubos na sumasangayon

1. Ligtas ang mga bakuna	1	2	3	4	5
2. Sa tuwing pababakunahan ko ang aking anak/inaalagaang bata, nagkakaroon siya ng karagdagang proteksyon laban sa mga sakit.	1	2	3	4	5
3. Obligasyon ng mga magulang at tagapag-alaga na pabakunahan ang kanilang mga anak/inaalagaang bata	1	2	3	4	5
4. Ako ay naniniwala na ang mga bakuna sa health center ay dekalidad, epektibo at ligtas para sa aking anak/inaalagaang bata.	1	2	3	4	5
5. Irerekomenda ko sa aking mga kapamilya at kaibigan ang pagbabakuna ng kanilang mga anak at inaalagaang bata.	1	2	3	4	5

Ukol sa interaksyon / pakikipag-ugnayan sa Bakuna Champions

<p>1. May ginamit bang mga job aids sa pagpapaliwanag sa inyo? (hal: Bakuna Cards, charts)?</p> <p>a. Kung oo, nakatulong ba ito?</p>	<p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>
<p>2. Magbigay ng 3 mensahe o impormasyon na tumatak sa iyo mula sa pag-uusap tungkol sa pagpapababakuna</p>	
<p>3. Nasagot ba ang inyong mga katanungan o agam-agam ukol sa pagbabakuna?</p> <p>3a. Kung hindi, ano-anong mga tanong ang nangangailangan pa ng karagdagang impormasyon o paglilinaw?</p>	<p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Magalang (o marespeto) ba ang inyong nakausap?</p>	<p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi</p>
<p>5. Gaano mo mapagkakatiwalaan ang mga impormasyong nakuha mula sa inyong pag-uusap ukol sa pagbabakuna?</p> <p>5a. Kung hindi, bakit nahihirapan ka pagkatiwalaan ito? Anong aspeto ang hindi mapagkakatiwalaan?</p>	<p><input type="checkbox"/> Lubos na mapagkatiwalaan</p> <p><input type="checkbox"/> Mapagkakatiwalaan</p> <p><input type="checkbox"/> Hindi sigurado /Neutral lamang</p> <p><input type="checkbox"/> Hindi mapagkatiwalaan</p> <p><input type="checkbox"/> Lubos na hindi mapagkakatiwalaan</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. Pagkatapos ng inyong pag-uusap, nag-iba ba ang iyong opinyon/palagay ukol sa mga bakuna?</p>	<p><input type="checkbox"/> Mas nakumbinsi na magpabakuna</p> <p><input type="checkbox"/> Mas hindi tatanggapin ang bakuna</p> <p><input type="checkbox"/> Walang pagbabago</p>
<p>7. Sa kabuuan, paano ninyo ilalarawan ang naging interaksyon / pakikipag-ugnayan sa Bakuna Champion?</p>	<p><input type="checkbox"/> Kuntentong-kuntento</p> <p><input type="checkbox"/> Kuntento ngunit may ilan pang katanungan o duda</p> <p><input type="checkbox"/> Hindi sigurado</p> <p><input type="checkbox"/> Hindi gaanong kontento</p> <p><input type="checkbox"/> Lubos na hindi kuntento</p>
<p>8. Gaano mo ilalarawan ang iyong kabuuang karanasan sa pagpapabakuna sa inyong lugar?</p>	<p><input type="checkbox"/> Lubos na kaaya-kaaya</p> <p><input type="checkbox"/> Kaaya-aya</p> <p><input type="checkbox"/> Hindi sigurado/ Neutral lamang</p> <p><input type="checkbox"/> Hindi kaaya-aya</p> <p><input type="checkbox"/> Lubos na hindi kaaya-aya</p>

<p>9. Kung may magulang kang makasalumuha na may katanungan din tungkol sa pagpapabakuna, maibabahagi mo ba nang tama ang mga impormasyon na naibigay sayo tungkol sa pagpapabakuna?</p>	<p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi sigurado <input type="checkbox"/> Hindi</p>
<p>10. Naengganyo ka bang bumalik upang pabakunahan ang inyong anak o manghikayat na bakunahan ang ibang bata sa komunidad?</p>	<p><input type="checkbox"/> Oo <input type="checkbox"/> Hindi sigurado <input type="checkbox"/> Hindi</p>


Suhestyon o mensahe para sa nagsasanay na Bakuna Champion::

Suhestyon o mensahe para sa pagpapaganda ng serbisyo ng pagbabakuna sa mga bata sa inyong lugar:

Annex J. Activity Report Form

For an editable version of this template, please visit

<https://bit.ly/BCActivityReportForm>

	REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH HEALTH PROMOTION BUREAU
	BAKUNA CHAMPIONS ACTIVITY REPORT FORM

ACTIVITY	
DATE/TIME/VENUE	
PARTICIPANTS <i>(If with signed attendance sheet, kindly attach instead)</i>	

AGENDA ITEM	PROCEEDINGS & DISCUSSION	ACTION POINTS

PREPARED BY:

APPROVED BY:

CHECKLIST: DOCUMENTS TO SUBMIT

Prior to capacity building

- KAP survey

5-day core competency module training

Day 1

- Attendance sheet
- Pre-test questionnaire - Module 1 1 per trainee
- Post-test questionnaire - Module 1 1 per trainee

Day 2

- Attendance sheet
- Pre-test questionnaires - Module 2 1 per trainee
- Post-test questionnaire - Module 2 1 per trainee

Day 3

- Attendance sheet
- Pre-test questionnaires - Module 3 1 per trainee
- Post-test questionnaire - Module 3 1 per trainee

Day 5

- Attendance sheet
- Supervisory checklist worksheet 1 per trainee
- Client exit interview 1 per trainee
- Training Participant Feedback / Cap bldg module eval form 1 per trainee
- Feedback Form / Trainers Debriefing Session 1 per trainER / BHW supervisor

2nd Supervisory Visit (2-weeks post-training)

- Supervisory checklist worksheet 1 per trainee
- Client exit interview 1 per trainee

3rd Supervisory Visit (2-months post)-training

- Supervisory checklist worksheet 1 per trainee
- Client exit interview 1 per trainee
- Post-test for Modules 1, 2 & 3 (repeat) 1 per trainee
- Annual learning needs assessment 1 per trainee

(Optional) 1-year post-training

- Post-test for Modules 1, 2 & 3 (repeat) 1 per trainee
- Annual learning needs assessment 1 per trainee
- KAP survey (repeat)

Annex K. Message House

MAIN MESSAGE	
MAGPABAKUNA PARA SA ISANG HEALTHY PILIPINAS! PROTEKTAHAN ANG INYONG MGA CHIKITING LALO NA SA PANAHOON NG PANDEMYA!	
<p>Message Pillar 1: There will be risks and difficulties from the impending outbreaks</p> <p><i>Due to low immunization coverage, resulting outbreaks will put all of us in difficult and painful situations</i></p>	<ol style="list-style-type: none"> Patuloy ang pagbaba ng immunization coverage sa bansa. Dahil sa pandemya, lalo pang dumami ang mga batang walang bakuna o hindi nabakunahan. Mas tumaas din dahil dito ang banta na kumalat ang mga sakit (vaccine preventable diseases) na maaaring mauwi sa outbreak at pagkamatay ng mga bata. Dagdag pasanin sa lahat ang pag responde sa isang outbreak. Lahat ay maapektuhan ng masamang dulot ng pagkalat ng mga sakit
<p>Message Pillar 2: Timely and complete vaccination is the best way to protect children against vaccine-preventable diseases and prevent impending outbreaks</p> <p><i>Completion of the scheduled vaccination is very important in preventing VPD Outbreaks and protecting our children</i></p>	<ol style="list-style-type: none"> Bakuna pa rin ang pinakamabisang paraan para maprotektahan ang mga bata laban sa mga nakamamatay na sakit. Walang batang dapat magdusa o mamatay dahil sa mga sakit na maiiwasan naman ng bakuna. Para maiwasan ang pagkalat ng mga sakit at outbreak, kailangang tuloy-tuloy ang pagbabakuna sa lahat ng mga bata ayon sa routine immunization schedule at maibigay agad ang anumang nakaligtaang bakuna. <u>Dagdag mensahe kung mayroong Catch-Up Immunization Campaign:</u> Mula [<i>simula ng iskedyul ng kampanya</i>] hanggang [<i>tapos ng iskedyul ng kampanya</i>], magkakaroon ng dagdag na vaccination sites sa mga piling rehiyon upang mapabilis ang pagbabakuna. Magtanong lamang sa inyong LGU o mga health workers sa inyong lugar para sa mga detalye.
<p>Message Pillar 3: Vaccines and the process of providing them are reliable</p> <p><i>Vaccines are Safe, Effective, Available, and Free</i></p>	<ol style="list-style-type: none"> Ang mga bakuna ay ligtas at epektibo. Ang mga bakuna na binibigay sa ating mga chikiting ay dumaan sa mahaba, strikto, at sayantipikong proseso upang matiyak na ligtas at epektibo ang mga ito. Libre ang mga bakuna para sa mga bata. Pabakunahan ang mga bata sa mga health centers at vaccination posts sa inyong lugar gaya ng drive-thru sites, mobile sites, at fixed post sites sa mga mall.

	<p>3. Ligtas magpabakuna ng mga bata sa mga health centers at vaccination posts. Mahigpit na ipinatutupad ang mga COVID-19 safety protocols gaya ng physical distancing, pagsuot ng face mask at face shield, at tamang paghuhugas o pag-sanitize ng kamay.</p>
<p>Message Pillar 4: We need the cooperation of everyone to prevent outbreaks</p> <p><i>Whole-of-society approach is needed to vaccinate all eligible population</i></p>	<p>1. Lahat ay magkakasangga upang mabakunahan ang bawat bata. Mga magulang man ang may pangunahing responsibilidad na makumpleto ang bakuna ng kanilang mga anak, lahat tayo - mula sa gobyerno, health sector, development partners, at pribadong sektor pati na rin mga volunteers at miyembro ng komunidad - ay may malaking papel sa pagtitiyak na lahat ng bata ay protektado ng mga bakuna at ligtas sa mga nakamamatay na sakit.</p> <p>2. Ang ating pagtutulungan sa pagbabakuna ay subok na may resulta. Sa patuloy nating pagtutulungan para sila ay mabakunahan magagawa natin muling wakasan ang banta ng outbreaks o pagkalat ng mga sakit. Nagawa na natin ito dati at muli natin itong magagawa kung tayo ay patuloy na tatayo bilang magkakasangga sa pagpapabakuna.</p>

KEY MESSAGES FOR THE LOCAL IMPLEMENTERS (LGUS)

<p>Message Pillar 1: There will be risks and difficulties from the impending outbreaks</p>	<p>1. Dahil sa pagdami ng mga batang hindi nabakunahan o hindi kumpleto ang bakuna, malaki ang banta na kumalat ang mga nakamamatay na sakit (vaccine-preventable diseases) at mauwi sa outbreak.</p> <ul style="list-style-type: none"> ● Dumadami ang bilang ng mga batang hindi kumpleto o walang bakuna. Lalo pa itong dumami dahil sa pagkaantala ng pagbabakuna noong nagsimula ang pandemya. <p>2. Buong komunidad ang apektado kapag dumami ang batang magkakasakit</p> <ul style="list-style-type: none"> ● Ang pera at panahon na dapat sanang nakalaan sa pagsugpo ng kasalukuyang pandemya ay maaaring mapunta pa sa pagresponde sa outbreak na maaari namang maiwasan. ● Lalo na ngayon na nakatuon ang mga lokal na pamahalaan sa pagtugon sa pandemya at hirap na ring tumanggap ng mga pasyente ang mga ospital at iba pang health facilities, hindi na natin kakayanin pang harapin ang sabay-sabay na outbreak. Lalong mahahati ang atensiyon ng lokal na pamahalaan at kukulangin sa pondo, health workers, at PPEs. ● Kung mas marami ang mababakunahang bata, mas makakatutok ang pamahalaan sa problemang nangangailangan ng atensyon gaya ng COVID-19.
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Message Pillar 2:

Timely and complete vaccination is the best way to stop the impending outbreaks

1. **Bakuna pa rin ang pinakamabisang paraan para maprotektahan ang mga bata laban sa mga nakamamatay na sakit.**
 - Walang bata sa ilalim ng ating pag-aalaga ang kailangan magdusa o mamatay dahil sa mga sakit na maiiwasan naman ng bakuna.
2. **Upang maiwasan ang paglaganap ng nakahahawa at nakamamatay na sakit sa mga bata, nangangailangan pa rin ng patuloy na suporta mula sa lokal na gobyerno sa pagpapatuloy ng pagbabakuna.**
 - Kailangang maibigay agad sa mga bata ang mga bakunang nakaligtaan o hindi pa naibibigay ayon sa routine immunization schedule.
 - Hindi lang laban sa polio at tigdang kundi sa iba pang sakit. Hindi dapat natin hayaan na mawalan ng saysay o halaga ang ating mga sakripisyo para sa kaligtasan ng mga bata.
 - **Dagdag mensahe kung mayroong Catch-Up Immunization Campaign:** Ito ay gagawin sa pamamagitan ng isang catch-up immunization ngayong [*simula ng iskedyul ng kampanya*] hanggang [*tapos ng iskedyul ng kampanya*].

Message 3:

Vaccines and the process of providing them are reliable

1. **Ang mga Local na Pamahalaan ay inaasahan ng mga mamamayan na magbigay ng ligtas, epektibo, at libheng serbisyo sa pagbabakuna.**
 - May papel ang mga LGUs para mapalakas ang kumpiyansa ng mga tao sa bakuna.
 - Patuloy na ipamahagi na ang mga bakuna ay ligtas at epektibo. Ang mga bakuna ay dumaan sa mahaba, strikto, at sayantipikong pagsisiyasat at sertipikasyon.
2. **Kaagapay ang mga LGUs, sisiguraduhin ng DOH na mapanatili ang kaligtasan sa mga vaccination sites para sa mga Bakuna Champions, HCWs at sa mga magpapabakuna. Kinakailangan sundin ng mabuti ang COVID-19 minimum public health standards:**
 - a) Siguraduhin na makakapaglaan ng Personal Protective Equipment o PPE tulad ng face mask at face shield ang mga Bakuna Champions at HCWs na nagbabakuna.
 - b) Patuloy na paalanan ang mga tao na sundin ang tamang paghuhugas ng kamay gamit ang malinis na tubig at sabon o alcohol bago at pagkatapos magbakuna.
 - c) Tiyakin din na may sapat na espasyo ang mga tao para sa social distancing o pagpapanatili na may isang metrong layo sila sa isa't isa sa mga vaccination sites.

Message 4: We need the cooperation of everyone to prevent outbreaks

1. **May resulta na ang ating pag tulong-tulong upang makamantan ang layunin na mabakunahan ang ating mga chikiting!**

- Hindi matatawaran ang naiambag ng mga LGUs sa tagumpay na nakamit natin sa nakaraang malawakang pagbabakuna.
 - Noong June 2021, idineklara ng WHO na napigilan natin ang polio outbreak sa bansa. Napigilan din natin ang posibleng outbreak ng tigdás. Dahil dito, lubos ang aming pasasalamat sa inyong tulong at sakripisyo upang mas maraming bata ang maligtas sa sakit.
2. **Kaagapay ng LGUs at DOH ang iba't-ibang sector sa paghahatid ng bakuna para sa mga batang babakunahan.**
 - Sa tulong-tulong na pagsusuyod at paghahatid ng bakuna sa mga bata, mabibigyan sila ng agarang proteksiyon laban sa mga nakamamatay na sakit.
 3. **Bilang lokal na opisyal, inaasahan ang iyong mahusay na pamumuno para mabakunahan agad ang lahat ng batang walang bakuna o hindi kumpleto ang bakuna.**
 - **Dagdag na mensahe kung mayroong Catch-up Immunization Campaign:** Narito ang mga hakbang upang masuportahan ang catch-up immunization sa inyong lugar:
 - a) Tiyaking may plano (microplan) ang inyong lokal na pamahalaan para masuportahan ang catch-up immunization.
 - b) Maglaan ng sapat na pondo at health personnel para ma-update ang listahan ng mga batang babakunahan sa inyong lugar (target client list)
 - c) Siguraduhing may sapat ang bilang ng health workers at volunteers na may kasanayan para gawin ang tama, ligtas, at dekalidad na pagbabakuna. Dapat may sapat na pondo rin para sa personal protective equipment (PPE) at logistics ng mga health workers at vaccination teams.
 - d) Ipatupad ang mga protocols at maglaan ng suporta para sa COVID-19 screening ng mga health workers bago at pagkatapos ng pagbabakuna, temperature check at pag-report ng mga sintomas ng COVID-19. Makatutulong din ang suporta sa crowd control para mapanatiling ligtas ang pagpapabakuna sa mga bata.
 - e) Ipaalam sa mga magulang o tagapag-alaga ng mga batang babakunahan ang kumpletong detalye ng pagpapabakuna gaya ng itinakdang lugar, schedule, at proseso ng pagbabakuna. Umapela sa mga magulang at tagapag-alaga ng bata na makiisa at kumpletuhin ang kanilang mga anak.

Key Messages for the Local Partners for Health

1. Susi ang inyong suporta at tulong sa mga napagtagumpayan natin nitong nakaraang mga malawakang pagbabakuna. Dahil sa inyong kredibilidad at mapagbigay na tugon bilang aming kasangga, milyon-milyong bata ang nabigyan natin ng proteksiyon laban sa nakahahawa at nakamamatay na sakit gaya ng tigdás at polio.
2. Gayunpaman, marami pa ring mga batang hindi nabakunahan o hindi pa kumpleto ang bakuna laban sa mga sakit. Dahil dito malaki pa rin ang naiiwang banta ng outbreak o pagkalat ng mga nakahahawa at nakamamatay na sakit sa mga bata. Kaya naman, muli naming hinihingi ang inyong tulong upang maipahatid ang mga bakuna sa mga

nangangailangang bata. Walang batang dapat magdusa o mamatay sa mga sakit na pwedeng maiwasan ng bakuna.

3. Bilang aming kasangga sa pagpapabakuna, maaari kang tumulong sa mga sumusunod na paraan:

- **Professional organizations at celebrities**
 - Ipagpaalam sa publiko ng tama at kumpletong impormasyon tungkol sa mahahalagang detalye sa pagpapabakuna gaya ng itinakdang lugar, schedule at proseso ng pagpapabakuna sa inyong lugar. Maaari ring maglathala ng official statement sa publiko na nagpapahayag ng iyong suporta sa kampanyang ito.
- **NGOs, CSOs, development partners**
 - Tumulong sa pagtutukoy ng mga batang hindi pa nabakunahan at pagkumbinsi sa kanilang magulang. Maaari ding magbahagi ng iba pang uri ng suporta gaya ng pagdaragdag ng mga volunteers o pagbabahagi ng mga kagamitan na posibleng tumulong sa pagpapahatid ng tamang impormasyon tungkol sa pagpapabakuna.
- **Government partners**
 - Maglathala ng directive o advisory sa nasasakupan tungkol sa tulong at suportang maaaring maibigay sa kampanya. Maaari ring tumulong sa pagtukoy at pagkumbinsi ng mga magulang na may anak na wala pang dalawang taong gulang at hindi pa nababakunahan o kulang pa ang bakunang natanggap.
- **Lahat ng partners**
 - Gamitin ang lahat ng plataporma at networks upang maihatid ang mensahe tungkol sa kampanyang ito. Tulong-tulong tayong hikayatin ang mga magulang at tagapangalaga na pabakunahan ang kanilang anak nang sa gayon ay maproteksyunan ang mga bata laban sa nakahahawa at nakamamatay na mga sakit

Key Messages for the Media

1. Katuwang ang media sa mga tagumpay na nakamit natin sa mga nakalipas na malawakang pagpapabakuna. Kabilang na dito ang pagkontrol sa pagkalat ng tigdang at polio sa bansa. Ngunit sa kabila nito, patuloy pa rin na tumataas ang bilang ng mga batang hindi nabakunahan o hindi kumpleto ang bakuna laban sa mga sakit dahil sa mga pag-aantalang dulot ng pandemya.
2. Kailangan ng agarang pagtugon sa pangangailangan ng mga bata at proteksyunan sila laban sa mga nakahahawa at nakamamatay na mga sakit. Sa tulong ng media, maraming mga magulang ang maaari pang makaalam tungkol sa kampanyang ito at maintindihan ang kahalagahan ng kumpleto at napapanahon na pagpapabakuna ng kanilang anak. Maaari ring mahikayat ang publiko na makiisa sa pagsuporta sa kampanya at pag-iwas sa pagkalat ng mga nakahahawa at nakamamatay na mga sakit.
3. Maraming buhay ng bata ang posibleng mailigtas sa tama, responsable at makatotohanang pagbabalita.

Annex L. Bakuna Champions Playbook Evaluation

For an editable version of this template, please visit

<https://bit.ly/BCPlaybookEvaluation>

Bakuna Champions Playbook Evaluation Evaluation Form

A. Bilugan ang iyong rating o grado sa bawat item.

- 1 - lubos na 'di sumasang-ayon
- 2 - di sumasang-ayon
- 3 - sumasang-ayon
- 4 - lubos na sumasang-ayon

1. Ang Bakuna Champions Playbook ay nakatulong sa problema sa pagbabakuna sa aming komunidad.	1	2	3	4
2. Nakapagbigay ng sapat na gabay sa pagsasagawa o pag-implement ang Bakuna Champions Playbook.	1	2	3	4
3. Nakapagbigay ng sapat na gabay sa pagmonitor at pag-evaluate ang Bakuna Champions Playbook.	1	2	3	4
4. Madaling maintindihan ang Bakuna Champions Playbook.	1	2	3	4
5. Ang Bakuna Champions Playbook ay madali at kayang maisagawa sa aming komunidad.	1	2	3	4

B. Ilang porsyento ng mga playbook component ang ginamit ninyo sa implementasyon?

Bilugan ang iyong rating o grado sa bawat item.

1. Health Policy Brief	0%	25%	50%	75%	100%
2. Template Ordinance	0%	25%	50%	75%	100%
3. Implementation Checklist	0%	25%	50%	75%	100%
4. Basic Resource Requirements	0%	25%	50%	75%	100%
5. Capacity-Building Outline	0%	25%	50%	75%	100%
6. Communication Plan	0%	25%	50%	75%	100%
7. Template Communication Materials	0%	25%	50%	75%	100%
8. Monitoring and Evaluation Plan	0%	25%	50%	75%	100%

C. Suhestyon. Sa paanong paraan pa namin mapapabuti ang Bakuna Champions Playbook?

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