A QUICK ANALYSIS GUIDE, PART 1: FOR HEALTH AND DEVELOPMENT ACTORS: Engaging faith actors in COVID-19 vaccine rollout

COVID-19 vaccine rollout poses challenges. Systematic approaches to engaging faith actors proactively, fairly, equitably, and appropriately are critical. Immediate issues where religious actors play significant roles in many places include equity, logistics of delivery, and responding to fears and misinformation. Given wide religious diversity and dynamism, as well as the influence of context (social, economic, political, cultural, etc.), care is needed. Generic guidance can thus be misleading. Instead, you can use the following questions to help explore, for a given context, what, who, where, and how to work with faith actors on vaccines.

WHAT	WHO	WHERE	HOW
• What specific needs are greatest for partnership with faith actors (e.g., behavior change at scale, service delivery, community engagement)? What might be the greatest potential for impact, gaps, and blind spots? • What religious traditions are most active and influential in specific contexts? What is the majority and minority group divide, why are those divides in place, and are they relevant for vaccine targeting? Are there particular religious minorities that face special vulnerabilities or patterns of discrimination? • What communications channels are most actively used by religious communities? • What are your assumptions about the drivers of vaccine hesitancy? What are the known political, social, cultural, economic, and environmental drivers of vaccine hesitancy? What are the intersecting factors that influence these drivers (e.g., gender, age, ethnicity, race, immigration status, disability)? • What religious concerns feed into the broader drivers of vaccine hesitancy? How many and what are the particularly religious drivers? • What drivers have been previously addressed by other health/ humanitarian/development/peace work? • What drivers with religious aspects will you address?	• Who are the acknowledged faith actors in a relevant context? What is understood/known about their levels of influence? How do the faith actors engage with each other? Are some faith actors dominant? Are some faith actors on the peripheries? Why? • Who are the faith actors involved in health? Do any faith actors have direct experience in vaccinations (anything from delivery to community engagement)? What about communications and messaging in other health crises (e.g., Ebola or HIV)? • How do the active religious communities relate to public health services? How do they relate to local WHO and UNICEF offices? What health services are linked to or managed by religious groups? • How does your organization relate to a religious or non-religious identity and affiliation? What is your direct experience with religious outreach and engagement? Are you aware of biases related to religious engagement (overly positive or overly negative)? • Have you previously worked with, or do you have relationships with, other faith actors? Do you need to build relationships with other faith actors? Who might be missing or who might you have missed? • Can you highlight and identify contacts to reach out to specific faith leaders? Do you know where to seek assistance in identifying these contacts?	• What is the nature and geographic focus of your previous work in the country or region? • Is there an area where COVID-19 is most prevalent? What religious groups are represented in that area? • Are there areas where vulnerable populations are at risk? What religious groups are represented in those areas? • Where does your geographic experience overlap with your existing religious partnerships/affiliations? Where do you need to expand into new geographic regions to match your religious partnerships/affiliations or vice versa? • Can you identify specific groups or communities where specific attention to vaccine equity and openness have priority? This might include schools, refugee settlements, specific minorities, women, or specific institutions such as care homes.	• How would you approach an effort to establish partnerships built on mutual trust and a commitment to listening to faith voices with the key faith actors you have identified? • How can you avoid sub-contracting or instrumentalizing the faith partnerships? • How can you build on existing networks and partnerships, such as other relationships between faith actors and health authorities? • How can you reach out to sub-groups within faith communities, such as women's groups and youth groups? • How can you find common ground with faith actors to start a dialogue? What interests or links do you have in common? How can you appropriately and sensitively approach conversations, with the awareness that misconceptions and misunderstandings could do more harm? • How can you build technical/health and faith/belief understandings together so that one element is not lost in another? • How will you assess or evaluate the impact of your faith engagement approach?

—— A QUICK ANALYSIS GUIDE, PART 2: FOR FAITH ACTORS: What is your role in COVID-19 vaccine rollout? ——

As faith actors, there are many roles that you can take in COVID-19 vaccine rollout. Faith communities are incredibly diverse and have different opportunities to consider. Rather than providing generic guidance, you can instead use these questions to start thinking about your context: what, who, where, and how you can be involved. Roles can include providing information to communities about the vaccines, delivering the vaccines, and linking with health and development organizations so that you can help them understand who should be prioritized for vaccines and how vaccines can be delivered.

WHAT	WHO	WHERE	HOW
• What do people in your faith community and the broader community know and feel about COVID-19 vaccines? If they are hesitant about the vaccines, what are the reasons? Are there any political, social, cultural, economic, or environmental issues behind vaccine hesitancy? What are other factors that influence these drivers (e.g., gender, age, ethnicity, race, immigration status, or disability)? • What specifically are the religious concerns in vaccine hesitancy? • What aspects of these vaccine hesitancy issues can you help address in your faith communities (e.g., misinformation/fears/rumors, access to healthcare)? • What do health and development organizations need to know to respond to these needs and what information do you have that could help (e.g., coordination around vaccine delivery, understanding the context for delivery)? • What are the coordination and communications mechanisms most actively used by health and development organizations for COVID-19 response? Are you already connected? How can you become connected?	• What health and development organizations are most active and influential in COVID-19 response? What organizations will be organizing COVID-19 vaccines rollout? Have you had previous interactions with them? • Who are the other faith actors working in this area? How have you interacted with them in the past? • Who are the local and regional public health services you can connect with? What local WHO and UNICEF offices can you connect with? What health services are linked to or managed by religious groups? • Who do you have existing relationships with and who do you need to build relationships with? Who might you have missed? • Can you highlight and identify contacts to reach out to among specific health and development staff? Who in your network can help you identify these contacts? • Who are your trusted sources for COVID-19 vaccines information? **WHO information about vaccines:** • How do vaccines work? **Advice for faith groups:** • #FaithInAction GUIDANCE DOCUMENTS • Faith-based organizations and faith leaders	• Where is your faith community primarily based in the country or region? Are you associated with one area in particular? • Is there an area where COVID-19 is most prevalent and are you present in that area? • Are there areas where people with particular vulnerabilities (e.g., refugees, child-headed households) are at risk? What religious groups are represented in those areas? • Where does your geographic experience overlap with your existing partnerships/affiliations with health, development, and other faith actors? Where do you need to make new partnerships to help cover new areas? • Can you identify specific groups or communities where specific attention to vaccine equity and openness have priority? This might include schools, refugee settlements, specific minorities, women, or institutions such as care homes. Are you linked to these communities in any way (e.g., religious schools)? • Do you have religious buildings or facilities that could be used in COVID-19 vaccine rollout?	• How would you approach an effort to establish partnerships with the key health and development organizations identified, building on a model of equal partnership between health, development, and faith? • How can you align with the requirements of health and development work? Is there someone in your team who has background experience in these fields and who can help you understand how they operate? • How can you build on existing networks and partnerships such as other relationships between faith actors and health authorities? • How can you reach out to subgroups within your faith community, such as women's groups and youth groups, to include them and understand what they want to know about vaccine rollout? • How can you find common ground with health and development actors to start a dialogue? What interests or links do you have in common? How can you appropriately and sensitively approach conversations, with the awareness that misconceptions and misunderstandings could do more harm? • How can you build technical/health and faith/belief understandings together so that one element is not lost in another? • How will you assess, or what can you learn from this experience?