The Little Jab Aid:
5 Ideas to increase COVID-19 vaccination for teachers in Middle East and North Africa (MENA)

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Busara   Save the Children

Introduction

WHAT IS THE LITTLE JAB AID (LJA)?

This tool is designed to help you increase Covid-19 vaccination amongst teachers in MENA countries. Using behavioural science, it offers practical guidance to help you get to the bottom of vaccine hesitancy in your context, and design tailored solutions to increase your Covid-19 vaccination rates.

WHY THIS LITTLE JAB AID (LJA)?

Children's lives have been greatly disrupted by the COVID-19 pandemic. Getting as many teachers vaccinated as possible offers the best chance to safely reopen schools and ensure children's education can continue uninterrupted. Barriers to vaccine uptake among teachers include individual factors such as misinformation and procrastination, social factors such as a lack of positive social norms for vaccination among their peers, and structural factors such as limited availability of vaccines and low access to vaccination sites.

WHO SHOULD USE THE LJA?

If you're leading or implementing a public health or vaccination programme in MENA, or are working with teachers or administrators on other issues, this tool is for you. You may be an official at the Ministry of Education, Ministry of Health, a humanitarian or aid worker, an administrator in the local government, in an education institution, or part of a non-government or community organization. Although you may use this tool if you're a teacher, this tool has not been designed for educators and teachers.

HOW SHOULD I USE THE LJA?

This tool can be used without any prior knowledge of behavioural science. It will be useful when designing a vaccine demand programme or improving one that's already established.

You'll find ideas that can be helpful to your vaccination programmes. Consider them to be inspiration rather than complete solutions. You'll need more research, testing and local contextualization to scale them up. There are tips on how you might consider adapting each solution to different audiences and contexts.

HOW WAS THE LJA CREATED?

In collaboration with UNICEF and WHO, Common Thread, The Busara Center for Behavioral Economics, and Save the Children conducted a rapid literature review and interviews with key stakeholders across the MENA region to define the most important barriers to vaccination amongst teachers. A co-creation workshop with WHO and UNICEF stakeholders helped identify solutions and opportunities to improve demand. These ideas were complemented by applied behavioural science strategies that have worked globally and in MENA. User testing of the interventions was completed with stakeholders to test for feasibility and viability.

Key barriers to COVID-19 vaccination uptake amongst teachers

The barriers below were identified consistently by countries in MENA, and have been prioritized to be the most important and feasible to address. They've been grouped into Environmental, Social, and Individual factors that may be interacting simultaneously to influence individual and collective human behaviour. Consider how these factors play out in your local context. Are there other barriers that need to be considered?

STRUCTURAL

Any hassle factors or practical issues on the supply and health systems side.

SOCIAL

Factors that often subconsciously influence behaviour, including culture, religion, and norms.

INDIVIDUAL

Attitudes, beliefs, perceptions, and intentions held by an individual.

Key barrier:
Gender hierarchy

1 Key barrier:
Difficulty accessing vaccination services

2 Key barrier:
Lack of enforcement for getting vaccinated

3 Key barrier:
Lack of social norms

4 Key barrier:
Lack of perceived severity

Key barrier:
Misinformation

5 Key barrier:
Low trust in institutions

Snapshot of interventions

These five interventions are feasible to implement and have high potential to show impact. They are all grounded in behavioural science insights globally and regionally, and have been co-designed with stakeholders in the region. They work best when combined together, or with other interventions. Select the ones that best respond to your needs.

1 Intervention:
Make it easier for teachers to get vaccinated

2 Intervention:
Consider vaccine mandates

3 Intervention:
Support teachers to serve as peer advocates for vaccination

4 Intervention:
Leverage teachers' innate sense of community responsibility

5 Intervention:
Facilitate two way dialogue between teachers and institutions

Key barriers and interventions

⬤ STRUCTURAL

Any hassle factors or practical issues on the supply and health systems side.

Key barrier: **Difficulty accessing vaccination services**

Some countries in MENA face a lack of healthcare facilities along with insufficient vaccines. This makes vaccine access for teachers, who are often not prioritized during rollout, challenging. Additionally, teachers (a majority of whom are women) might lack independent means of transport, making it difficult to travel to vaccination centres, particularly during work days.

1 Intervention: **Make it easier for teachers to get vaccinated**

Consider making registration simpler, giving teachers a day off to get their jab, or bringing the vaccination centres physically closer to teachers. Making it easy for female teachers is particularly important, given the additional barriers women face in getting the vaccine (e.g. lack of mobility, lack of time, etc).

Key barrier: **Lack of enforcement for getting vaccinated**

Without any legal or employment sanctions for being unvaccinated, vaccine hesitancy might go by unchecked.

2 Intervention: **Consider vaccine mandates**

Vaccine mandates are increasingly being used across the world and in the MENA region. Mandates can be effective in some cases, but they must be used carefully and under specific conditions to work well. More information about when to use mandates can be found on page 20.

● SOCIAL

Factors that often subconsciously influence behaviour, including culture, religion, and norms.

Key barrier: **Gender hierarchy**

Education systems, and schools themselves, tend to be hierarchical. Males tend to occupy more senior positions, and it is not unusual for young female teachers to be assigned to relatively isolated rural schools. While teachers are generally considered respected community influencers, (young) female teachers may have less power within schools and less access to information about COVID-19.

Key barrier: **Lack of social norms**

Social influence and community dynamics play a large role in vaccine uptake. Since teachers may not know how many of their peers have been vaccinated, and healthcare workers themselves are hesitant in some countries, there is a limited social norm for Covid-19 vaccination among trusted peers and influencers.

3 Intervention: **Support teachers to serve as peer advocates for vaccination**

Promote and support already vaccinated teachers to become advocates for other teachers to get vaccinated.

● INDIVIDUAL

Attitudes, beliefs, perceptions, and intentions held by an individual.

Key barrier: **Reduced risk perception of COVID-19**

Relative to other challenges in the region, like conflict and economic instability, COVID-19 is not perceived to be a large threat for individuals. One report on teacher perceptions in August, 2021, indicated that teachers may be less worried about catching COVID-19 and feel that the vaccine is not necessary to stay safe from the virus[1].

4 Intervention: **Leverage teachers' innate sense of community responsibility**

Community support for safely reopening schools is high. Highlight how teachers can continue to support society by helping get children back to school and parents back to work. An alternative framing can be to warn that schools will stay closed until teachers get vaccinated.

1   "B2S Teacher Vax Uptake Brief 17.08.2021. Retrieved from: https://docs.google.com/presentation/d/1Ka8G9ofBOUcmQGpTD-3eQHERp3tAoV_O/ edit#slide=id.p16"

Key barrier: **Misinformation**

Many younger female teachers are worried about the impacts of the vaccine on their fertility.

Key barrier: **Low trust in institutions**

Countries with higher trust in authorities tend to have higher Covid-19 vaccination rates. Many people in the MENA region have low trust in authorities. This may be due to a history of conflict, bad experiences with the health sector or misinformation and scepticism around the motives of authorities. This reduced trust has decreased vaccine acceptance across the region.

5 Intervention: **Facilitate two way dialogue between teachers and institutions**

Give teachers easy and direct access to authorities via a dedicated information channel that facilitates open dialogue for questions and concerns.
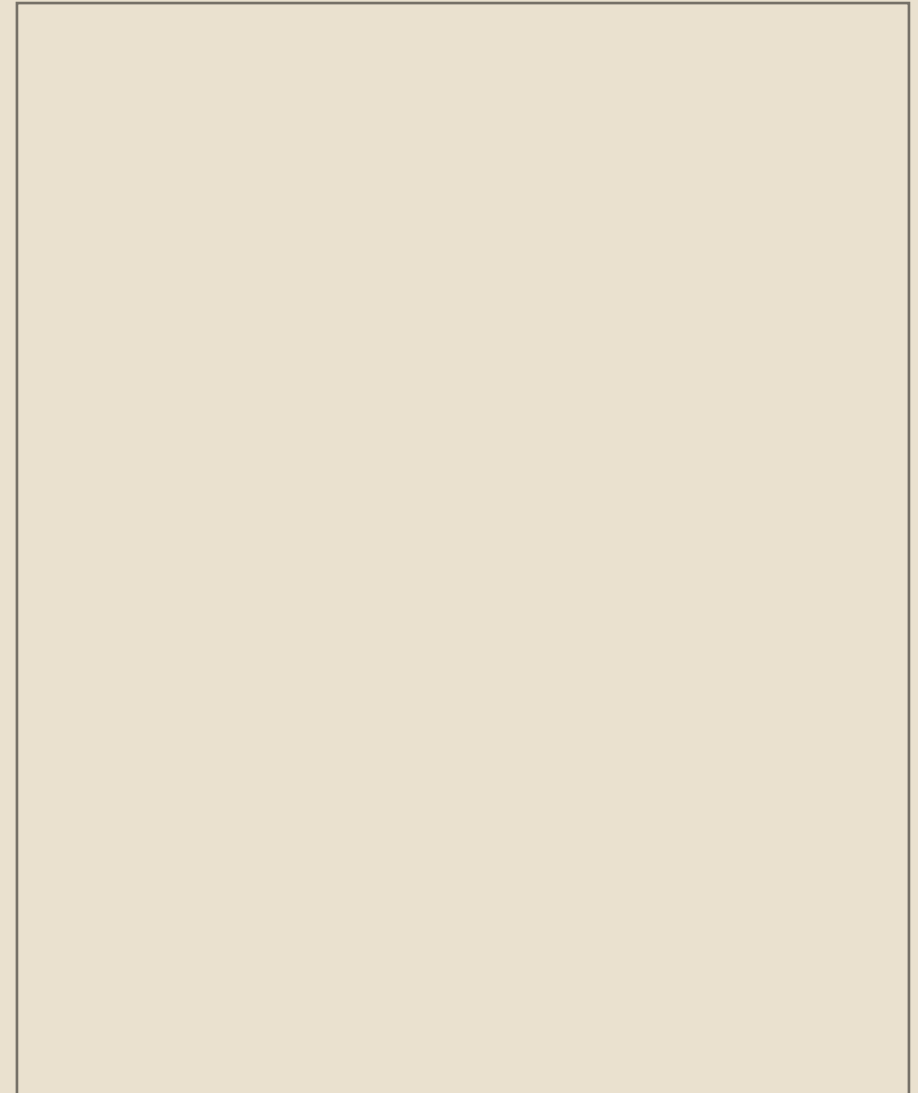
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Illustration: Marginalia at Icons8

KEY BARRIER: Difficulty accessing vaccination services

1 Make it easier for teachers to get vaccinated

DESCRIPTION OF INTERVENTION

Eliminate the hassles teachers face to register and take the vaccine.

Here are some ways to make it easier for teachers to get vaccinated:

☐ Make registration simpler, or remove the need for registration altogether (e.g. schools automatically register teachers)

☐ Provide subsidized or free transport to and from the vaccination centres, or have door-to-door vaccination drives (especially for female teachers who might be unable to travel independently).

☐ Give teachers time off to get vaccinated and/or recover, which sends a signal that this is something the educational institution values and encourages.

☐ Create "vaccination days", where teachers can get vaccinated all at once. Administrators or senior members of faculty can model the behaviour first. This has a double effect of creating social proof that most teachers get vaccinated.

BEHAVIOURAL INSIGHTS

Reducing hassle factors: Even if teachers intend to get vaccinated, they may not follow through on these intentions because of unnecessary hassles. By simplifying access and availability to vaccines people are more likely to get vaccinated.

Removing competing priorities: By giving teachers a day off to get vaccinated and recover, you remove any conflicting priorities or duties that may have been hindering vaccination. It is also difficult to say no to such a gesture.

Social norm: Bringing vaccination services to schools or arranging vaccination days, can create a norm that vaccination is acceptable and the right thing to do since teachers will see other teachers — including their peers — getting vaccinated.

CONTEXTUALIZING THIS INTERVENTION

The questions below may help you implement this intervention in your location.

1. **Identify the profile of teachers to focus on:**

   A: What is the profile of teachers that have limited access to vaccines? (Check all that apply)

   □ male / □ female

   □ old / □ young

   □ middle / □ low income

   □ primary / □ secondary school

   □ urban / □ rural areas

   B: They are from (region, city, country):
   _____

   C: Is this area conflict affected? yes / no

   D: Other profile information to consider
   _____

2. **Based on the teachers you've selected, they would be more likely to get vaccinated if:**

   □ Registration is simplified

   □ Transportation is subsidized or free

□ They receive time off to get vaccinated and/or recover

□ There is an organized "vaccination day" at the school

3. **Reflect on the impact and feasibility of this intervention based on the teachers you are focusing on:**

   □ What would make it difficult to implement this intervention?
   _____
   _____

   □ Are there enough vaccines to meet an increased demand among teachers?
   _____
   _____

   □ What kind of specific preferences might teachers in your area have when it comes to this intervention?
   _____
   _____

   □ If you are reaching teachers from areas of conflict or mobile populations, what additional challenges might exist? How can you overcome them?
   _____
   _____

   □ Are there existing initiatives/campaigns that you can build on?
   _____
   _____

4. What popular and trusted channels can you use to increase awareness about this intervention? (select all that apply)

☐ Social media
(Facebook, Instagram,
Tik Tok, Twitter, etc)

☐ WhatsApp, Telegram
or Viber

☐ Radio
(Select channel and
programme)
_____

☐ Television
(Select channel
and programme)
_____

☐ Posters and flyers

☐ Direct communication
from the school

☐ Other_____
_____

Implementation to-do list

Consider the following tasks to get you started with implementing this intervention

→ Simplify registration

▫ Coordinate with schools and local authorities to automatically register teachers

▫ Discuss an option with health officials to allow teachers to walk in to vaccine sites without registration or appointments (e.g. priority treatment)

▫ Provide information on steps to register and direct teachers to specific vaccine sites. Make sure the design of these sites considers cultural or gender based nuances (e.g.

ensure there are female vaccinators and people available to address questions, observe people after vaccination, and explain what to expect following vaccination)

→ Subsidize or provide free transport

▫ Coordinate with schools and local authorities to arrange transportation to vaccine sites, deciding on days or weeks where this service will be available

▫ Ensure female teachers can go to vaccination sites where female health care workers are available

→ Give teachers time off

▫ Coordinate with school administration to arrange for this to happen

▫ Help create vaccination schedules so this intervention doesn't cause too much disruption for students

▫ Publicly applaud and recognize teachers who avail of this option

→ Organize "vaccination days"

▫ Coordinate with schools on a day and place for the "vaccination day"

▫ Get a count of teachers to be vaccinated and map out where they are; consider offering vaccination to teachers' families as well as a special "perk" for being a teacher

▫ Organize nurses or health workers for that day (ensure some are female), and accommodate necessary logistics

▫ Coordinate media or press coverage to publicize the events and continue to amplify through social media

☆ INSPIRATION

How Save the Children is making it easier for teachers to get vaccinated in Uganda

In Uganda, President Museveni required all of the estimated 550,000 teachers in the country to be vaccinated against COVID-19 before returning to school. However, despite this mandate, as of 13 October 2021, only 14.9% of teachers had been fully vaccinated. While for much of 2021 vaccine availability was a major issue in Uganda, sufficient vaccines have now been acquired to vaccinate priority groups, including teachers.

Save the Children Uganda and the Centre for Utilizing Behavioural Insights for Children (CUBIC) conducted rapid formative research and found that "making it easier" for teachers to get vaccinated could be a critical lever to improve vaccination coverage. Many teachers didn't know where vaccines were available, or would go to a health centre and then be turned away because they had run out of vaccines. Additionally, some teachers — who had been unemployed for months — couldn't afford to travel to vaccination sites. Teachers had also heard misinformation about vaccines, and were worried about side effects.

The project team developed a three-pronged strategy to encourage vaccination among teachers in Wakiso district:

1. To address information barriers, a government health educator was recruited to provide daily information about vaccination sites and vaccines available via teacher Whatsapp groups, and also respond to teachers questions by phone or text.

2. To address the structural barrier of travel costs, small transport stipends were provided.

3. To address intention-to-action gaps, a series of text messages were sent, utilizing a range of behavioural insights including social norms, the endowment effect, and altruism.

Credit: Save The Children

As of the time of writing in October 2021, the above interventions are currently being tested via a small randomized controlled trial. The next phase of this project will work to make it even easier for teachers to get vaccinated by setting up vaccination drives at schools, and ensuring these drives are enjoyable and engaging events.

Illustration: Marginalia at Icons8

KEY BARRIER: Lack of enforcement to get vaccinated

2 Consider vaccine mandates

DESCRIPTION OF INTERVENTION

In some countries, mandates, or official orders to get vaccinated, have been introduced for certain groups or the general public.

Mandates can come in many different forms, such as:

- Requiring people to be vaccinated in order to keep their jobs
- Creating disincentives like taking frequent PCR tests, often at an individual's own cost
- Limiting certain 'freedoms' for the unvaccinated, such as access to restaurants, malls, places of worship, festivals, etc.

While mandates can be effective, they must be very well thought through and used with extreme caution. Improperly designed and enforced mandates can sometimes cause greater harm than good.

BEHAVIOURAL INSIGHTS

When mandates can be effective:

- When the desired behaviour is already a norm in society. For example, Jordan prioritised teachers for early vaccination. By the time mandates for teachers and other government workers were introduced, the majority of teachers had already been vaccinated, making the mandate more acceptable and less controversial
- When the desired behaviour is feasible. For example, when France introduced mandates for healthcare workers to get vaccinated, they ensured that there was enough vaccine supply to meet the increased demand, and tried to address any competing priorities
- When reasonable time is allowed for people to comply. In both cases above, the mandate was rolled out in stages, as part of a broader strategy and set of actions, giving people time to consider their options, be confident of safety, and be able to comply.

When mandates should not be used:

- Mandates should not be used as the first course of action. For example, when the desired behaviour has very low acceptance in society, communities need information and education to understand what is required of them and why. A mandate enforced too early might generate further resistance.

- When vaccines are not easily available and affordable for all. For example, if there are significant barriers to vaccination among populations who are mandated, the mandate will either be circumvented, increase inequities, or create more entrenched resistance and bottlenecks.

- When there is high distrust in government and institutions, mandates can cause resistance within the population and create even more distrust.

- When repercussions of disobeying the mandate are unclear or unreasonable (e.g. a major cost penalty in a poverty stricken region) costs of the mandate can outweigh its benefits and end up harming the wrong people.

- When they single out a specific population group or geographic location. Mandates should never be perceived as discriminatory and should be monitored to make sure they do not inadvertently increase stigma or inequities to increase stigma or inequities. Generally, mandates need to apply uniformly to a specific population (e.g. teachers) or sub-groups.

CONTEXTUALIZING THIS INTERVENTION

The questions below may help you implement this intervention in your location.

1. **Identify the profile of teachers to focus on:**

   A: What is the profile of teachers that a mandate can be considered for? (Check all that apply)

   □ male / □ female

   □ old / □ young

   □ high / □ middle income

   □ primary / □ secondary school

   □ urban / □ rural areas

   □ high risk / □ low risk areas of outbreak

   B: They are from (region, city, country)

   _____
   _____ _____

   C: Is this area conflict affected? yes / no

   D: Other profile information to consider:

   _____
   _____ _____

2. **Based on the teachers you have selected, decide if mandates are the right intervention for your context (only consider enforcing a mandate if you answer "yes" to the majority of the questions below):**

   Y/N Is the majority of your audience already vaccinated and/or has there been sufficient time for a vaccination norm to be established among your selected audience?

   Y/N Would the supply of vaccines be able to meet an increased demand among your selected population?

   Y/N Can you provide a reasonable timeframe to allow people to comply with the mandate?

   Y/N Is there adequate trust in governments and institutions?

   Y/N Does everyone have free access to vaccines if a mandate is introduced? (Please be sure to consider any hidden costs that may exist)

   Y/N Have you already tried other courses of action among this audience, that have been unsuccessful?

3. **Based on the teachers you have selected, what are some "disincentives" that might be effective for unvaccinated people:**

   □ Needing to take frequent PCR/Antigen tests

   □ Making masks and other precautionary measures mandatory

   □ Limiting access to buildings, places and events

   □ Prohibiting employment

   □ Other _

4. **Reflect on the impact and feasibility of mandates and selected disincentives:**

   ▫ Is there a chance of unintentionally harming any group(s) of people, increasing inequities, or causing serious backlash with this mandate?
   _
   _

   ▫ Do you have the infrastructure in place to enforce the mandate and subsequent disincentives? (e.g. adequate testing facilities, checking for proof of vaccination, etc)
   _
   _

   ▫ If you are including teachers from areas of conflict or mobile populations, what additional challenges might exist to enforce a mandate here? How can you overcome these?
   _
   _

   ▫ What other mitigation measures are already being enforced?
   _
   _

5. **What popular and trusted channels can you use to increase awareness about the mandate? (select all that apply)**

   □ Social media (Facebook, Instagram, Tik Tok, Twitter etc.)

   □ WhatsApp, Telegram or Viber

   □ Radio

   □ Television

   □ Posters and flyers

   □ Direct communication from the school and/or governing bodies

   □ Other _

☆ INSPIRATION

How Jordan effectively mandated vaccination among teachers

With 34% of the total population fully vaccinated and 38% of the total population partially vaccinated as of October, 2021, Jordan follows closely behind Morocco as a Upper Middle Income Country with a leading vaccination rate in MENA.

1. After the first reported case in March 2020, the government ensured **consistent and transparent communication with the public**, including daily briefings, updates on restrictions and cases and recommendations from the WHO[1].

2. The country had relatively **good availability of Covid-19 vaccines**[1], including self-funded options.

3. Restrictions on the population, including **curfews, were instituted to increase the incentive to gfet vaccinated, which was seen as a ticket out of lockdown**[1].

4. The government **prioritized vaccinating teachers early.** They believe that by focusing on only one sector they were able to develop a more successful approach to vaccination[1].

5. **Mobile teams to visit teachers at schools** were launched to increase convenience[1].

6. In August 2021, **Jordan passed a law mandating government workers like teachers to be vaccinated** – but not immediately. The law allows for a gradual introduction of measures. For example, unvaccinated teachers would need to have regular PCR tests paid for by government. After a few months these tests would need to be paid for by the teachers (and other government workers) themselves. If teachers did not get vaccinated or tested they would have to take a holiday or risk getting a salary reduction. By the time the mandate was in effect, the majority of teachers were already vaccinated – the 'social norm' of teachers being vaccinated had already been established. And so, the law doesn't affect most teachers, but rather provides additional incentive for the small group of unvaccinated teachers to make the move towards vaccination[2].

1   Common Thread and Busara Centre for BE. (2021). Stakeholder interviews.

2   B2S Teacher Vax Uptake Brief 17.08.2021. Retrieved from: https://docs.google.com/presentation/d/1Ka8G9ofBOUcmQGpTD-3eQHERp3tAoV_O/ edit#slide=id.p16
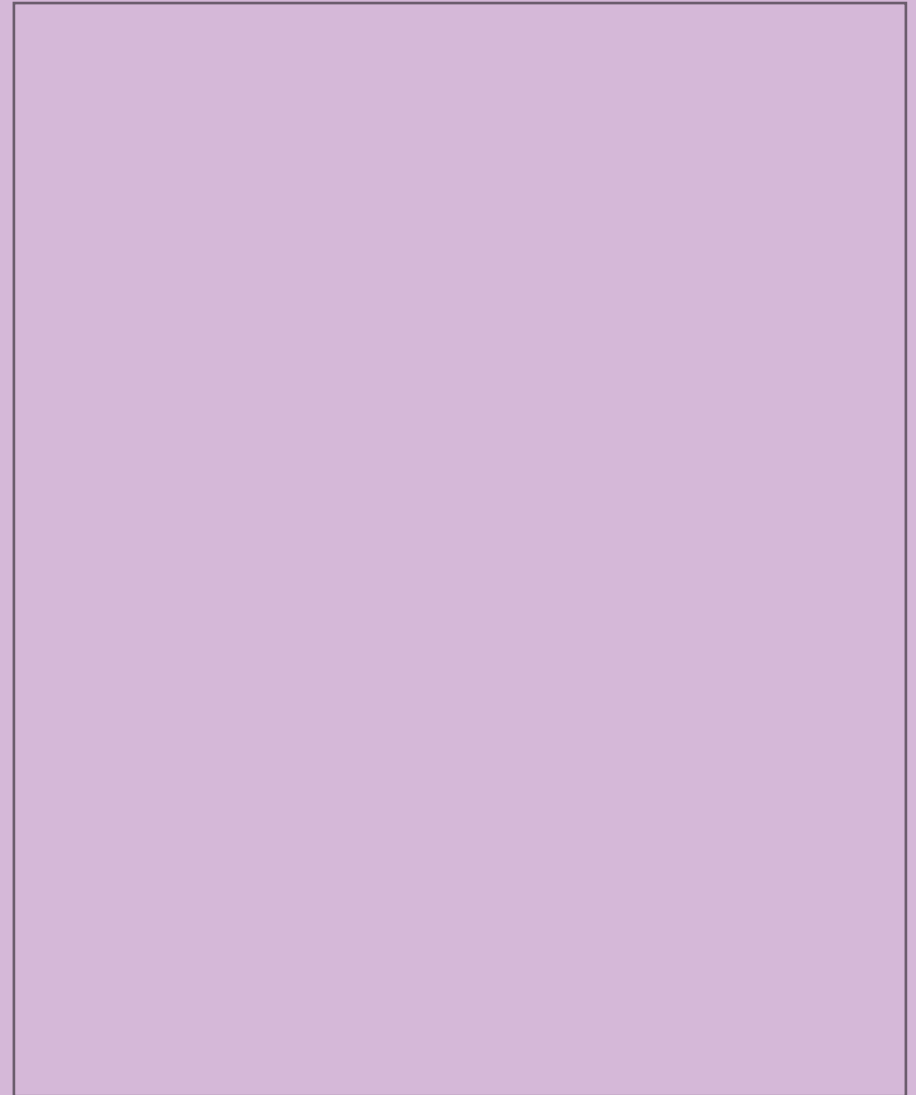
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Illustration: Marginalia at Icons8

KEY BARRIER: Lack of social norms

3 Support teachers to serve as peer advocates for vaccination

DESCRIPTION OF INTERVENTION

Create campaigns featuring vaccinated teachers to serve as spokespeople and advocates for their peers.

Teachers can share their stories to increase visibility and a sense of social proof among teachers that vaccination is a norm. Stories can be shared and amplified offline, through teachers' unions and teachers events, and online through WhatsApp groups, social media, and mass media communication. Consider celebrating "Vaccinated Champions" through school, Unicef, Ministry of Education or Ministry of Health events and channels.

In addition to a communication campaign, consider peer support and community engagement where vaccinated teachers in schools can be paired up with uncertain or hesitant teachers to provide information, answer any questions and mitigate concerns.

BEHAVIOURAL INSIGHTS

Social proof: People like to follow the actions of similar others. If they see that their fellow teachers have been vaccinated, they are more likely to get vaccinated as well. Making it known that more teachers are getting vaccinated will strengthen the social norm that vaccination is the right and responsible thing to do for all teachers.

The Messenger Effect: People are influenced and take cues on an issue based on who is conveying the information. Encouraging teachers themselves to become messengers is likely to be effective, as members of their own communities are more relatable and likely to be trusted. It will be important for principals and other senior teachers to model the right behaviour as well.

CONTEXTUALIZING THIS INTERVENTION

The questions below may help you implement this intervention in your location.

1. **Identify the profile of teachers to focus on:**

    A: What is the typical profile of teachers that are less likely to be vaccinated? (Check all that apply)

    □ male / □ female

    □ old / □ young

    □ high / □ middle income

    □ primary / □ secondary school

    □ urban / □ rural areas

    B: They are from (region, city, country)

    _____

    _____

    C: Is this area conflict affected? yes / no

    D: Other profile information to consider

    _____

    _____

2. **Based on the teachers you have selected, identify the appropriate messengers:**

    A: What kind of teachers would serve as effective vaccine advocates?

    □ They are male/female

    □ They are old/young

    □ They are high/ low income

    □ They teach primary/ secondary school

    □ They are administrators/ educators

    □ They live in urban/ rural areas

    □ Other_____ _____

3. **Reflect on the impact and feasibility of this intervention:**

    □ What kind of hassles might you face in asking teachers to be vaccine advocates?

    _____
    _____

    □ Are there enough vaccines to meet an increased demand among teachers?

    _____
    _____

    □ If you are reaching teachers from areas of conflict or mobile populations, what additional challenges might exist?

    _____
    _____

    □ Are there existing initiatives/campaigns that you can build on?

    _____
    _____

4. **What popular and trusted channels can you use to share stories of vaccinated teachers? (select all that apply)**

- ☐ Teacher forums
- ☐ Direct communication from the school
- ☐ Social media (Facebook, Instagram, Tik Tok, Twitter etc.)
- ☐ WhatsApp, Telegram or

    Viber
- ☐ Radio
- ☐ Television
- ☐ Posters and flyers
- ☐ Other_____ _____

Implementation to-do list

Consider the following tasks to get you started with implementing this intervention

→ Identify teachers to share their stories in public fora

- ▫ Understand the key reasons for hesitancy among teachers in your area.

- ▫ Consider the profile of vaccinated teachers to feature in campaigns. Make sure they are representative of the teachers you want to reach.

- ▫ Ensure teachers' stories address the key concerns contributing to hesitancy in your area. Their stories should include their initial fears, how they overcame them, and how they feel about it now.

- ▫ Make sure stories are produced and disseminated in diverse formats: print, TV, radio, social media, professional education networks, Whatsapp etc.

→ Celebrate and support "vaccination champions"

- ▫ Set milestones or goals for the advocates, where they get awarded for convincing a higher number of teachers to get vaccinated.

- ▫ Share the profile and actions of advocates on school, UNICEF, and Ministry of Health channels.

→ Consider community engagement and peer support

- ▫ Vaccinated teachers in schools can be paired up with uncertain or hesitant teachers to provide information and answer any questions or mitigate concerns. Make sure this is done carefully so that people's privacy and personal choices are not exposed without their consent.

- ▫ Vaccine advocates can accompany, or drop off and pick up unvaccinated teachers from vaccination sites.

- ▫ Coordinate with schools to create open discussion fora where teachers can ask questions of others and have a respectful dialogue.

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☆ **INSPIRATION**

How Georgia built trust in COVID-19 vaccination

In cooperation with the Ministry of Education and Science, UNICEF Georgia put together a team of the country's most prominent medical experts.

The team facilitated educational sessions on COVID-19 vaccination for medical personnel, teachers, media, religious leaders and municipal staff.

During these 2-hour sessions, the team of medical experts delivered key messages and the latest updates about COVID-19 vaccination.

These sessions were complemented by a live Q&A that was addressed by local health authorities and experts. To close the intention-action gap, on-the-spot vaccination was provided by the same group of experts.

Illustration: Marginalia at Icons8

KEY BARRIER: Reduced risk perception of COVID-19

4 Leverage teachers' innate sense of community responsibility

DESCRIPTION OF INTERVENTION

Teachers are strong influencers in the community and this arguably makes them more responsible for their behaviours and actions

To emphasize this responsibility, share anecdotal, empowering stories of the role teachers play in children's lives and how getting teachers vaccinated is an act of altruism and compassion for children. The campaign should frame vaccination as an act for others — "do it for the children" to capitalize on teachers strong sense of commitment to their community.

Be sure to go beyond professional responsibilities to children and the community to also address personal factors and motivations. For example, highlight how teachers can be super spreaders without them knowing because they are interacting with many children on a daily basis. This may help make clear that it is crucial for teachers to be vaccinated.

Where schools are not yet open, the importance of teachers getting vaccinated in order to open schools and get children back to their normal lives can be highlighted.

BEHAVIOURAL INSIGHTS

Framing: The way in which an option or idea is presented, can influence uptake of that option. In this case, framing the benefit to teachers as a wider, society-based gain, (in addition to an individual health gain), can help increase levels of motivation to get the vaccine.

Altruism: Altruism is the unselfish concern for other people. By focusing on vaccination as a way to help others, teachers may have a more altruistic perspective on getting vaccinated.

 ## CONTEXTUALIZING THIS INTERVENTION

The questions below may help you implement this intervention in your location.

1. **Identify the profile of teachers to focus on:**

    A: What is the typical profile of unvaccinated teachers? (Check all that apply)

    □ male / □ female

    □ old / □ young

    □ middle / □ low income

    □ primary / □ secondary school

    □ urban / □ rural areas

    B: They are from (region, city, country)

    ———————————————————————————————————
    ——————— ———————————————————————————

    C: Is this area conflict affected? yes / no

    D: Other profile information to consider

    ———————————————————————————————————
    ——————— ———————————————————————————

2. **Identify the reasons why teachers might remain unvaccinated:**

    □   They do not think they are at risk of catching COVID-19

    □   They believe COVID-19 will not be severe because they are young

    □   They are more concerned about the side effects of the vaccine than the actual disease

    □   They have more pressing priorities to think about

    □   They believe the vaccine has been developed too fast and is unsafe

    □   Other

    ———————————————————————————————————
    ——————————— ———————————————————————

3. **Reflect on the impact and feasibility of this intervention:**

    □   What barriers might you encounter when implementing this intervention?

    ———————————————————————————————————
    ——————————— ———————————————————————

    □   Will highlighting teachers "responsibility" to get vaccinated be well received, or will it generate a negative reaction?

    ———————————————————————————————————
    ———————————————————————————————————

    □   If you are reaching teachers from areas of conflict or mobile populations, what additional challenges might exist? How can you overcome them?

    ———————————————————————————————————
    ———————————————————————————————————

    □   Are there enough vaccines to meet an increased demand among teachers?

    ———————————————————————————————————
    ——————————— ———————————————————————

☐ Are there existing initiatives/campaigns or services that you can build on?

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4. **Identify appropriate messengers who would be both comfortable and trustworthy to share their positive stories:**

☐ Children

☐ Mothers and/or fathers

☐ Teachers and administrators

☐ Government officials

☐ Other

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Implementation to-do list

Consider the following tasks to get you started with implementing this intervention

→ Document stories of families whose lives have been affected/ disrupted by school closures and are motivated and excited to reopen schools

▫ Look for regions/ populations where COVID-19 and school closures have been particularly disruptive

▫ Collect data around the numbers such as how many children and families have been affected by COVID-19 and school closures

▫ Understand how particular families have been affected — these important details help make stories authentic and relatable

→ Develop relevant and tailored stories with the identified influencers

▫ Understand the main concerns and barriers among unvaccinated teachers in your area

▫ Make sure you've collected stories from a wide range of perspectives (young, old, ethnically and socially diverse).

▫ Ensure your stories address the most common and critical rumours and fears

▫ Make sure people are telling their stories in their own words so that it is authentic and credible

▫ Consider the best format for your stories: video, radio, print, TV, etc

▫ Include a clear call to action (where, when, and how teachers can get vaccinated)

→ Identify the best way to disseminate your stories:

☐ Identify partners who can disseminate pro-vaccine stories: these may be media networks (be sure to identify not only a network but also the most appropriate show and time slot to reach your audience). Partners may also be social or occupational groups who can organize events that reach teachers, medical facilities, schools and community or religious centres.

NOTES

☆ INSPIRATION

Sample messages and mock-ups

Help Asaf get back to school.
Get vaccinated.

Asaf has been out of school for 2 years. He's missed learning about mathematics and language. He is also at risk of social isolation and academic delays. Help Asaf get back to school by getting vaccinated. It's the single most effective way to help our children.

📍 23 Al Azhar Road   🕐 Monday-Saturday 9am—3pm

WHO ARE YOU GETTING VACCINATED FOR?

for Asaf

Help bring children back to school and dedicate your vaccine to the child you will help.

GET VACCINATED TODAY

📍 23 Al Azhar Road

🕐 Monday-Saturday 9am—3pm

— I didn't know I was contributing to the spread

Get vaccinated for the kids

Get vaccinated not only to protect yourself, but also to protect the next generation of leaders you teach.

📍 23 Al Azhar Road

🕐 Monday-Saturday 9am—3pm

Illustration: Marginalia at Icons8

KEY BARRIER: Low trust in institutions

5 Facilitate two way dialogue between teachers and institutions

DESCRIPTION OF INTERVENTION

Establish regular 'dedicated' internal communication channels directly to teachers from The Ministry of Education, Ministry of Health, or the educational institution itself

This could happen via various channels, such as SMS, email, Whatsapp/Viber, or even in-person meetings at the school. The information can include:

- Updates from the Ministry of Health

- Case counts

- The status of available vaccines and if there are expected delays/ stock outs

- School and region updates

- Stories from doctors and other teachers and authorities who have already taken the vaccine

The direct information will not only increase trust in the messenger, but also provide teachers with a reliable source of information that can help combat misinformation and rumours.

BEHAVIOURAL INSIGHTS

Authority bias: People tend to trust authorities. Even if trust in institutions has waned during the COVID crisis, having consistent, direct and personal communication with the authorities can rebuild trust over time.

Accessibility and availability of reliable information: Teachers have access to the same information and misinformation as the general public and can easily be affected by rumours from untrustworthy sources. Having one easy, direct, and reliable source of information ensures that teachers are well-informed.

CONTEXTUALIZING THIS INTERVENTION

The questions below may help you implement this intervention in your location.

1. Identify the profile of teachers to focus on:

A: What is the typical profile of unvaccinated teachers? (Check all that apply)

□ male / □ female

□ old / □ young

□ middle / □ low income

□ primary / □ secondary school

□ urban / □ rural areas

B: They are from (region, city, country)

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————————— ———————————————————————————

C: Is this area conflict affected? yes / no

D: Other profile information to consider

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————————— ———————————————————————————

2. Identify channels for communication:

A: Which of the following channels are popular, easy to access and trustworthy? (select all that apply)

□ Social media (Facebook, Instagram, Tik Tok, Twitter etc)

□ WhatsApp, Telegram or Viber

□ Radio

□ Teacher forums

□ Direct communication from the school

□ Other
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3. Reflect on the impact and feasibility of this intervention:

□ Are there any challenges to establishing two-way communications with teachers? For example, limited telecommunications, remote areas, etc? How do you think you can overcome these?

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□ Are there enough vaccines to meet an increased demand among teachers?

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□ If you are reaching teachers from areas of conflict or mobile populations, what additional challenges might exist?

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□ Are there existing communications between authorities and teachers that you can build on?

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LITTLE JAB AID: RECOMMENDED INTERVENTIONS

4. **Identify the main concerns that the teachers you have selected to focus on have about the COVID-19 vaccine:**

    A: Common rumours and forms of misinformation that need to be addressed are:

    □ The vaccine will cause severe sickness and/or death

    □ The vaccine was developed too fast and is unsafe

    □ Some vaccine brands are better or more trustworthy than others

    □ The vaccine will affect fertility

    □ COVID-19 is not harmful for younger people

    □ COVID-19 is a hoax

    □ The vaccine will give you COVID-19

    □ The vaccine is not effective against COVID-19

    □ The vaccine is a way for governments and western countries to make money/control its citizens

    □ The government just wants to collect our information

    □ Other
    _____
    _____

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navigation→ FACILITATE TWO WAY DIALOGUE BETWEEN TEACHERS AND INSTITUTIONS   5

Implementation to-do list

Consider the following tasks to get you started with implementing this intervention

→ Identify authority officials to engage in a dialogue

  ▫ Health experts and local health workers are highly trusted across the region. But do your research to understand who is most trusted by teachers in each local context.

  ▫ Consider ways of engaging them, along with leaders and administrators from schools

→ Identify the best communication channels to reach teachers (WhatsApp, teacher forums, SMS, email, phone calls)

  ▫ Make sure you are allowing for conversation, rather than just one-way communication

→ Prepare useful information to be shared with teachers during the dialogue:

  ▫ COVID-19 updates in the region, including hospitalization and mortality rates

  ▫ Information about each vaccine, and its safety record (highlighting how many people have taken the vaccine without incident is always helpful)

  ▫ Highlight the consequences of teachers not getting vaccinated (e.g. schools remain closed, children can get sick)

  ▫ Directly address the main concerns of unvaccinated teachers

  ▫ Include a clear call to action (where, when, and how one can get vaccinated)

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NOTES

☆ **INSPIRATION**

How Mauritania (Bababé) built a community based communication system

To prevent COVID-19 cases entering and spreading within the community, village chiefs and community members worked with local health staff to establish community-driven initiatives.

They set up a communication system using WhatsApp for monitoring and early warning of COVID-19 cases. The same system was used to inform the community of COVID-19 trends, promote the use of local health services and to debunk rumours and false information.

Even in the absence of a strong and well-resourced MoH, partnerships between community leaders and local health staff proved to be important in increasing community awareness, detecting cases, tracing contacts and supporting the needs of the community.

How might you take this model as inspiration to build two-way communications with teachers and academic institute?

Loewenson, R., Colvin, C., Rome, N. et al. (2020). 'We are subjects, not objects in health': Communities taking action on COVID-19, Training and Research Support Centre in EQUINET and Shaping Health

How this tool was made

Rapid desk research

We reviewed approximately 42 documents published between 2020–2021 on vaccine hesitancy and COVID-19.

**Rapid desk research
Co-creation workshop**

We facilitated a co-creation workshop with key stakeholders from the region. The focus of the workshop was to validate key barriers from previous phases and develop intervention ideas addressing those barriers. Finally, we received inputs on how the tool would be used and who we should design it for.

Final jab aid

The former phases of research, co-creation, and feedback resulted in this tool, providing 5 interventions to increase COVID-19 vaccination uptake among teachers in the MENA region.

AUGUST

SEPTEMBER

NOVEMBER

Stakeholder interviews

We conducted 9 group interviews with a total of 26 participants from WHO, UNICEF, Governments, and Save the Children in a variety of disciplines, from epidemiology to risk communications and community engagement and communications for development.

User Testing

We tested the tool with six UNICEF MENA regional stakeholders. These stakeholders reviewed the job aids and provided feedback on how easy or difficult it was to understand and use in field.

About us

UNICEF

UNICEF works in the world's toughest places to reach the most disadvantaged children and adolescents – and to protect the rights of every child, everywhere. Across more than 190 countries and territories, UNICEF helps children survive, thrive and fulfill their potential, from early childhood through adolescence.

www.unicef.org

BUSARA

The Busara Center for Behavioral Economics is a research and consulting firm that applies and advances behavioural science to address the most challenging development problems in India and across Africa. Busara works with academics, policymakers, and organizations to evaluate and implement behavioural and social interventions. Busara has consistently improved its partners' products, programs and had policy impact across a number of sectors, including financial inclusion, health, agriculture, and governance.

www.busaracentre.org

COMMON THREAD

Common Thread is a globe-spanning team of behavioural scientists, public health experts, communicators and designers. We bring a people-first approach to solving the world's toughest public health problems. Through data, stories and design, we facilitate healthy decision making in communities across the world. However illogical it seems, human behaviour is never a fault or a flaw. It's a feature. The key is to understand it. We harness human behaviour for good.

www.gocommonthread.com

SAVE THE CHILDREN

Save the Children in the leading independent organization for children, working in 117 countries to ensure children survive, learn and are protected. Launched by Save the Children in April 2020, the Center for Utilizing Behavioral Insights for Children (CUBIC) is the world's first applied behavioral science team focusing specifically on the world's most marginalized children's rights and welfare. Our mission is to apply behavioral science to create positive change for children.

www.savethechildren.net/cubic