

The Little Jab Aid:

5 Ideas to increase COVID-19
vaccination for women in
Middle East and North Africa
(MENA)

COMMON THREAD

unicef  | for every child



Introduction

WHAT IS THE LITTLE JAB AID (LJA)?

This tool is designed to help you increase Covid-19 vaccination amongst women 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 LJA?

In many MENA countries, women have higher levels of vaccine hesitancy, and lower vaccination rates. While some countries in the region have equal vaccination rates between genders, others have significant gender gaps. Barriers to uptake include individual factors such as misinformation and procrastination, social factors such as a lack of social norms for vaccination, and structural factors such as limited availability of vaccines and limited 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 women on other social issues, this tool is for you. You may be an official at the Ministry of Health, a humanitarian or aid worker, an administrator in the local government, or part of a non-government or community organization.

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 context 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 women. 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. You can find more information about the process on page 58.

Overview of the barriers and interventions 6	
Intervention 1: Bring vaccines to the places and events that women frequent 12	Intervention 2: Provide “women only” vaccination sites and platforms 22
Intervention 3: Engage men to advocate for women to get vaccinated 32	Intervention 4: Share positive vaccination stories from trusted messengers 40
Intervention 5: Highlight risks of getting COVID-19 and use prosocial messaging 50	How this tool was made 58

Key barriers to COVID-19 vaccination uptake amongst women

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 Structural, 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.

1 Key barrier: **Women have limited mobility and time**



SOCIAL

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

2 Key barrier: **Cultural preference for female healthcare workers**

3 Key barrier: **Limited decision making power**



INDIVIDUAL

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

4 Key barrier: **Fear of side effects**

5 Key barrier: **Lower perceived risk and need to get vaccinated**

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: **Bring vaccines to places and events that women frequent**

2 Intervention: **Promote and provide "women only" vaccination sites and platforms**

4 Intervention: **Share positive stories from trusted messengers**

3 Intervention: **Engage men as vaccine advocates**

5 Intervention: **Highlight the risks of getting COVID-19 and use prosocial messaging**

Key barriers and interventions

STRUCTURAL

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

● Key barrier: **Women have limited mobility and time**

In many settings, women face limited mobility to reach health facilities, with men often having to accompany women to vaccine sites. This lack of independent mobility is often compounded by a lack of time. Women largely assume the majority of domestic duties and care-taking of children (especially as schools are closed) and other family members. This can make it challenging for women to prioritize vaccination, or to act on a positive intention to get vaccinated.

1 Intervention: **Bring vaccines to places and events that women frequent**

Make it easy for women to get vaccinated. Bring vaccine sites to areas where women are most likely to be (e.g. homes, women's group meetings, markets or bazaars, women's spas etc.) or to a closer facility instead of them having to travel far away to a health clinic to get vaccinated.

SOCIAL

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

● Key barrier: **Cultural preference for female healthcare workers**

In many settings, women feel more comfortable, or obliged, to receive medical care from other women. Women may choose not to get vaccinated if they think they will be treated by a male health worker.

2 Intervention: **Promote and provide "women only" vaccination sites and platforms**

Ensure awareness of, and access to, female health care providers. Ensure they can get advice from female health providers, and be cared for by them. Set up a hotline for anonymous questions dedicated to women.

● Key barrier: **Limited decision making power**

Women may not be the ones making the choice about whether or not to get vaccinated. Instead, their vaccination decision may be determined by the man of the household or an elder family member.

3 Intervention: **Engage men as vaccine advocates**

Educate men about the importance of getting the entire population (including women in their families) vaccinated. Promote men as powerful messengers and key supporters of vaccination for everyone.

INDIVIDUAL

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

4 Key barrier: **Fear of side effects**

Misinformation and general anxiety around the long and short-term effects of the vaccine have slowed uptake. Fear of side effects related to fertility is particularly worrisome for women who are pregnant or intending to have children.

4 Intervention: **Share positive stories from trusted messengers**

Identify female role models and influencers to share their vaccination uptake stories. Include and clarify common fears of side effects in these stories and testimonials. Establish peer support groups or vaccination groups to facilitate conversations among women.

5 Key barrier: **Lower perceived risk and need to get vaccinated**

Compared to men, women in MENA may be less socially mobile, and exposed to the public. They may be more likely to stay at home, and go out less for work and socialization than men. This leads to a perception that they- and other women — have lower risk of catching Covid-19, and less need for the vaccine.

5 Intervention: **Highlight the risks of getting COVID-19 and use prosocial messaging**

To make the risks of the disease more tangible to women and their families, use easy examples, risk-comparisons, storytelling, and prosocial messaging — emphasising the benefits to children and other family members as well as the wider community.



Illustration: Marginalia at Icons8

KEY BARRIER: Women have limited mobility and time

1 Bring vaccines to the places and events that women frequent



DESCRIPTION OF INTERVENTION

Instead of requiring women to register and travel to vaccination centres (which they might not have the means and time to do), bring the vaccination services closer to them.

This can include creating vaccination drives at:

- Markets and bazaars
- Parent-child school events
- Hair salons and spas
- Closer to home through neighbourhood vaccination centres and mobile clinics

Create awareness and communication campaigns around these vaccination services to spread the word about where to get vaccinated.



BEHAVIOURAL INSIGHTS

Reduce hassle factors: Simple processes are more likely to be completed than difficult ones. By making it easier to get vaccinated and bringing the vaccination centre to women, they do not need to spend extra time, money, or endure unnecessary hassles to get the vaccine.

Social norm: If vaccination services are brought to places where women frequent, a social norm can be created as women see other women — particularly women they may know — getting vaccinated.

Removing competing priorities: By bringing vaccines to women, it reduces the likelihood that other competing priorities, like fulfilling domestic or family duties, intervene.

CONTEXTUALIZING THIS INTERVENTION

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

1. Identify the profile of women you want to focus on:

A: What is the profile of unvaccinated women that have limited mobility and time? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> urban / <input type="checkbox"/> rural areas | <input type="checkbox"/> employed / <input type="checkbox"/> unemployed / <input type="checkbox"/> self-employed |
| <input type="checkbox"/> old / <input type="checkbox"/> young | <input type="checkbox"/> educated / <input type="checkbox"/> not so educated |
| <input type="checkbox"/> high / <input type="checkbox"/> middle / <input type="checkbox"/> low income | <input type="checkbox"/> literate / <input type="checkbox"/> not so literate |
| <input type="checkbox"/> mothers / <input type="checkbox"/> not mothers | <input type="checkbox"/> have access to technology / <input type="checkbox"/> don't have good access to technology |
| <input type="checkbox"/> pregnant / <input type="checkbox"/> not pregnant | |
| <input type="checkbox"/> caring / <input type="checkbox"/> not caring for children or elders | |

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

C: Is this area conflict affected? yes / no

D: Are there religious or cultural influences you should take into account for this population of women? If so, what are they?

E: Other profile information to consider

2. Based on the profile you've selected, these women most frequently visit the following events / locations (Check all that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Markets and bazaars | <input type="checkbox"/> Work places |
| <input type="checkbox"/> Schools for parent-child events | <input type="checkbox"/> Home |
| <input type="checkbox"/> Local neighbourhood events | <input type="checkbox"/> Other |
| | ----- |
| <input type="checkbox"/> Hair salons and spas | |

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

A: What would make it difficult to set up vaccination at the location/events you selected?

B: Are there any events, such as Ramadan, EID etc. that might influence women's availability to get vaccinated? If yes, how will you consider these events in your efforts?

C: Are there enough vaccines to meet an increased demand among women?

D: What kind of specific preferences might women in your area have when it comes to this vaccination site?

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

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

G: 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.)
- Television
- Posters and flyers
- WhatsApp, Telegram or Viber
- Other _____
- Radio

Implementation to-do list

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

- Speak to women and other stakeholders to identify points of difficulty along the vaccination process.
 - List relevant stakeholders here: _____

- Identify places and/or events that are frequently visited by women in your area. Select specific places for a vaccination site, or provide a door-to-door vaccination service based on available resources, and feasibility

- List places and events here: _____

- Plan vaccination drives:
 - Decide on days or weeks and hours when the service is available. Make sure you're scheduling it at the most convenient time for the women you want to reach.
 - Get an approximate count of women who would use this service.
 - In case of conflict, make sure you are securing women's safety and making it clear that security and safety have been considered.
 - Identify female healthcare workers to provide vaccination for mobile and clinic-based services.
 - Identify transport services or local health clinics who could offer the mobile vaccination service.
 - Consider providing childcare services while women are getting vaccinated.
- Develop communication materials to promote these vaccination services.
 - Provide information on timings, registration, cost, and other such details.
 - Include a clear call to action (where, when, and how one can get vaccinated).
 - Make sure the women you're trying to reach can see themselves in the communication material (visually, and through language).

NOTES

☆ INSPIRATION

If you still aren't sure how to implement this intervention, consider this inspiration of how it has been done elsewhere

How Morocco designed vaccination to be convenient

With **56% of the total population fully vaccinated** and **62% of the total population partially vaccinated** against COVID-19 as of October, 2021¹,



Credit: Morocco World News

Morocco is a low to middle income country with a leading vaccination rate in the MENA region. This leading vaccination rate can be partially attributed to the “smart Vaccinodromes”, a nickname the local media has given to the pop-up vaccine centres distributed across the country.

¹ <https://www.thenewhumanitarian.org/news/2021/8/18/>



Credit: Morocco World News

To increase access to vaccination, Vaccinodroms are present across settings that people frequent (including on the property of the Ministry of Education) instead of being located only at primary care clinics².

At a vaccination centre, people only have to scan a QR code using their mobile phone or tablet to get vaccinated. This QR code provides a one-stop resource where Moroccans can track their vaccination progress, from registration to receipt of their second dose, report an adverse event following vaccination, or download their vaccination certificate³.



Credit: Morocco World News

The centre employs intelligent sensors to monitor vaccine cold chains, general supervision, and management, and to analyse medical, environmental, and logistical data.

Could something like this work to increase vaccine uptake in your region?

- 2 Common Thread and Busara center for BE. (2021). Stakeholder interviews.
- 3 Drissi Bourhanbour A, Ouchetto O. Morocco achieves the highest COVID-19 vaccine rates in Africa in the first phase: what are reasons for its success?. *J Travel Med.* 2021;28(4):taab040. doi:10.1093/jtm/taab040

☆ INSPIRATION

Beauty salons can connect women to life saving health services

In KwaZulu-Natal, South Africa, hair salons were identified as promising spaces through which women could seek contraceptive care



Credit: Unsplash

Responding to adolescent girls' and young women's high and unmet need for contraception, hair salon stylists were trained to initiate conversations about HIV testing, PrEP and contraception services with their clients, and then refer those who were interested to an on-site nurse. The nurse could then assess the client's eligibility for contraception and/or PrEP and dispense treatments at the salon.

Community based venues were found to be an effective way to reach, educate and treat women.

Could something like this work for vaccination uptake in your region?

Wara N., Psaros, C., Govere, S. et al. (2021). Hair salons and stylist-client social relationships as facilitators of community-based contraceptive uptake in KwaZulu-Natal, South Africa: a qualitative analysis. *BMC Reproductive Health*, 18(178).



Illustration: Marginalia at Icons8

KEY BARRIER: Cultural preference for female healthcare workers

2 Provide “women only” vaccination sites and platforms



DESCRIPTION OF INTERVENTION

Create a safe space for women to get vaccinated.

This could take various forms:

- A physical vaccination site or mobile vaccination service with all-female staff and health workers.
- Offer a “Call a Lady Vaccinator” service, where women can call a female doctor or nurse to their homes and get the vaccine.
- If other methods are not feasible, identify and promote existing facilities with female health workers.

In addition to women only vaccination “sites”, create a safe space for women to get information and ask questions before getting vaccinated:

- A digital platform or hotline where women can anonymously ask questions about the vaccine and receive accurate, credible information from a female medical expert.



BEHAVIOURAL INSIGHTS

Social proof: People like to follow the actions of others like them. Adding the community element of a women-only vaccination centre and platform sends the message that vaccinating women is safe, important, and prioritised by society.

Messenger effect: People are influenced and quickly take cues, based on who is conveying the information. Hotlines by and for women are more likely to be trusted.

Combat misinformation: By providing women with a trustworthy hotline where they can feel comfortable raising their concerns and getting reliable and factual responses from a female health expert, the risk of women relying on rumours and misinformation from various sources can be reduced.

CONTEXTUALIZING THIS INTERVENTION

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

1. Identify the profile of women you want to focus on:

A: What is the profile of unvaccinated women that have a cultural preference for female health providers? (Check all that apply)

- urban / rural areas
- old / young
- high / middle / low income
- mothers / not mothers
- pregnant / not pregnant
- caring / not caring for children or elders
- employed / unemployed / self-employed
- educated / not so educated
- literate / not so literate
- have access to technology / don't have good access to technology

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

C: Is this area conflict affected? yes / no

D: Are there religious or cultural influences you should take into account for this population of women? If so, what are they?

E: Other profile information to consider

2. Based on the profile you've selected, which intervention are you choosing (check all that apply) :

- Vaccination site with all-female staff
- "Call a Lady Vaccinator" service
- A digital platform or hotline for women

3. Reflect on the impact and feasibility of the intervention you selected based on the women profile you are focusing on:

A: What would make it difficult to establish your intervention?

B: Are there enough vaccines to meet an increased demand among women?

C: How easily available are women health workers?

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

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

F: What popular and trusted channels can you use to increase awareness about this intervention? Make sure you consider access to technology among your population. (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Social media (Facebook, Instagram, Tik Tok, Twitter, etc) | <input type="checkbox"/> Radio |
| <input type="checkbox"/> WhatsApp, Telegram or Viber | <input type="checkbox"/> Television |
| | <input type="checkbox"/> Posters and flyers |
| | <input type="checkbox"/> Other |
-

Implementation to-do list

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

→ Create an all-female vaccination site:

- Identify places for the vaccination site (e.g. existing healthcare facility, mobile site where women are already going to).

- Decide on the days and hours that this service is available, making sure the hours are convenient for the women you’re trying to reach.
- Mobilise local champions (ideally women with matching socioeconomic, demographic and ethnic background) to reach out to women in the area and invite them to use the facility.
- Identify female healthcare workers to provide vaccination services.
- Ensure you have adequate PPE (masks, access to water and soap or other hand washing supplies) available.
- Consider providing transport services to and from the vaccination site.

→ Create a digital platform or hotline for women:

- Identify and hire local female experts to volunteer or work for the hotline.
- Make sure hotline workers can speak all the languages and dialects of the women you want to reach.
- Create materials for hotline staff and train them on the science and facts of COVID-19 vaccination, as well as how to listen and respond to questions in a way that promotes trust and understanding.
- Ensure hotline workers are trained on the most common misconceptions and rumours in your area. This will require continuous research to understand and get in front of rumours and misinformation.
- Set up an easy-to-remember number for the Hotline, and a website and/or platform where women can ask anonymous questions and receive support.

→ “Call a Lady Vaccinator”:

- Tap into existing similar on-demand transport services (e.g. taxis, ubers, ambulances).
- Identify local female healthcare workers and organisations to provide these services.
- If you have a shortage of healthcare workers, consider tapping into new resources such as retired/former healthcare workers, or medical students in their final stages of training.

☆ INSPIRATION

Addressing women’s concerns directly

In Sudan, as of August 2021, **fewer than 40% of those who were vaccinated against COVID-19 were women.**

Women’s lower vaccination rate was attributed to concerns about the vaccine’s effect on fertility as well as the safety of vaccination during pregnancy, lactation and menstruation.

To address women’s concerns, UNICEF produced four gender-oriented messages and disseminated them through Facebook, Twitter and Instagram accounts by the Sudan News Agency platform.

Messages included:



Is COVID-19 safe during menstruation period?

Vaccinations against COVID-19 are safe during menstruation. There is no need to delay vaccination (intake) if you are on your monthly cycle; vaccination during this period is safe. Evidence shows that vaccination against COVID-19 has no negative effect (impact) on your menstruation cycle at all.



Should nursing mothers get vaccinated?

A nursing mother can take the vaccine safely. Vaccines are safe for the nursing mother. The vaccine does not cause any damage to the baby. It is good to continue breastfeeding after receiving the vaccination.



Does being vaccinated against COVID-19 affect fertility?

Vaccines against COVID-19 are safe, and do not affect fertility for both men and women. There is no evidence that the antibodies

produced by the body after vaccination, or the components of the vaccination themselves, will hinder pregnancy now or in the future. Women who are vaccinated can have a healthy pregnancy without harming her health, and can birth a healthy baby.

After launching these communications, UNICEF saw an unprecedented rise of 144% in female engagement on COVID-19 social media topics, as reflected through Talkwalker.

Now, according to UNICEF Sudan, women are asking gender-oriented questions online and having open conversations about vaccine safety.





Illustration: Marginalia at Icons8



KEY BARRIER: Restricted decision making power

3 Engage men to advocate for women to get vaccinated



DESCRIPTION OF INTERVENTION

Men in the region have considerable influence on the health decisions of women, so encouraging men (religious leaders, elders, fathers, husbands) to become advocates for female vaccination is an important milestone to reaching women.

To engage men, work with private and public organizations to share pro-vaccination messages at places of employment, places of worship, health visits and social spaces (e.g. Cafes, Bazaars, etc.) These pro-vaccination messages should include the risk COVID-19 poses to unvaccinated women. Consider messaging, such as “Your family is only safe if your wife is safe” or “Good sons make sure their mothers are vaccinated.” Leveraging men’s identity as their family’s caretakers can be one motivating approach.



BEHAVIOURAL INSIGHTS

Messenger effect: People are influenced and take cues on an issue based on who is conveying the information. Encouraging trusted men (e.g. husbands, businessmen, health experts, religious leaders) to become messengers is likely to be effective.

Social proof: People like to follow the actions of others like themselves. By revealing, for example, that “more and more men are making sure their wives are vaccinated”, a normative behaviour is created which other men will want to replicate.

Combat misinformation: People might think it’s only necessary for men to get vaccinated for employment reasons, or because they socialise more and could be at higher risk. However, it’s important to create awareness about herd immunity and that no one is safe until everyone is safe.

CONTEXTUALIZING THIS INTERVENTION

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

1. Identify the profile of women you want to focus on:

A: What is the typical profile of women that tend to be most influenced by a male family member? (Check all that apply)

- urban / rural areas
- old / young
- high / middle / low income
- mothers / not mothers
- pregnant / not pregnant
- caring / not caring for children or elders
- employed / unemployed / self-employed
- educated / not so educated
- literate / not so literate
- have access to technology / don't have good access to technology

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

C: Is this area conflict affected? yes / no

D: Are there religious or cultural influences you should take into account for this population of women? If so, what are they?

E: Other profile information to consider

2. Based on the women you have selected, identify the profile of male influencers to act as advocates for women to get vaccinated:

A: What type of men are best suited to act as advocates? (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Religious leaders | <input type="checkbox"/> Celebrities (musicians, athletes, actors, news pundits etc) |
| <input type="checkbox"/> Government officials and politicians | <input type="checkbox"/> Other husbands / fathers / brothers / sons |
| <input type="checkbox"/> Health workers | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Prominent businessmen | ----- |

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

A: What kind of hassles might you face in asking men to be vaccine advocates?

B: Are there enough vaccines to meet an increased demand among women?

C: If you are reaching women and men from areas of conflict or mobile populations, what additional challenges might exist?

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

E: What additional popular and trusted channels can you use to disseminate information to men? Make sure you consider access to technology among your population. (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Social media (Facebook, Instagram, Tik Tok, Twitter, etc) | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Television |
| <input type="checkbox"/> WhatsApp, Telegram or Viber | <input type="checkbox"/> Posters and flyers |
| | <input type="checkbox"/> Other |
-

Implementation to-do list

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

- Collect insights from men and other stakeholders to understand their existing attitudes and beliefs around the vaccine, particularly as it relates to vaccine uptake among women
 - What are men's views around their own vaccination? Try to disaggregate by age, geography and socioeconomic background.

▫ What are men's views around women's vaccination? Mothers? Daughters? Etc.

▫ What male authority figures do women trust?

→ Coordinate with private sector and other organizations to conduct outreach and information sessions with men

▫ Where can you host these sessions?

▫ What are some incentives you can offer to ensure attendance?

▫ Who can you ask to speak at these sessions?

→ Create training or communication materials that will be used to engage men. Consider the following while developing materials:

▫ Are the men you are trying to reach literate? Y/N

▫ What are some cultural nuances or languages you should take into account while developing these materials?

▫ What form of communication will most resonate with men?

→ Consider family vaccination days where men can come together with their female family member

▫ How can you promote these days at existing centres?

▫ Can you encourage this kind of event in places that do not exist yet?

NOTES

★ INSPIRATION

Supporting couples to make active, joint decisions

Similar to how men play an important role in decisions around vaccination for their wives and families, they also play a role in women's contraception use.

Recognizing the role that men play in family health decisions, ideas42 developed the “Together We Decide” game. This game offers men opportunities to “experience” the consequences of choices about child spacing and contraceptive use.

Through a fun, lighthearted environment, the game allows participants to tackle sensitive topics, feel the consequences of their choices, and build confidence to engage in sometimes uncomfortable discussions. Child spacing planning cards act as a cue to guide discussions.

The solution shows a new approach to reach men with family planning programming that addresses their unique needs but also leaves space for women to participate actively in choices. It offers a promising means to empower both men and women to “decide together”.

Could something similar work for vaccination uptake in your region?



Illustration: Marginalia at Icons8

KEY BARRIER: Fear of side effects

4 Share positive vaccination stories from trusted messengers



DESCRIPTION OF INTERVENTION

Sharing stories of many different women who have taken the vaccine demonstrates that the vaccine is safe and appropriate for women and their risk profile.

- Create video stories, posts, and public statements from a wide range of female influencers to show that they trust the vaccine, and encourage other women to take it. Pregnant women, especially, should be featured sharing their fears and how they overcame them.
- Consider embedded content (included in news programmes, TV or radio shows, or social media channels that are not focused on health issues), as this content does not feel like advertisement, which can be mistrusted or politicized. Embedded content is more expensive and time-consuming to produce, but can often be more credible and trustworthy, particularly if content is embedded in popular or trusted programmes.



BEHAVIOURAL INSIGHTS

Social proof: People like to follow the actions of others like themselves. If women see role models, influencers, and peers that have been vaccinated, they will be more likely to get vaccinated as well.

Messenger effect: People are influenced and take cues on an issue based on who is conveying the information. Role models and influencers, particularly if they are from the same gender, geographic, demographic and social background, are more likely to be trusted by those who are hesitant. Health workers are among the most trusted sources of information.

Combat misinformation: In the early days of COVID-19 vaccines, there was a lack of clarity on recommendations for pregnant women. This led to an information gap, and rumours about vaccine safety for pregnant women filled this gap. Sharing positive stories addresses these information gaps by providing updated guidance and recommendations from trusted messengers.

CONTEXTUALIZING THIS INTERVENTION

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

1. Identify the profile of women you want to focus on:

A: What is the profile of women that are particularly fearful of vaccine side effects?

- urban / rural areas
- old / young
- high / middle / low income
- mothers / not mothers
- pregnant / not pregnant
- caring / not caring for children or elders
- employed / unemployed / self-employed
- educated / not so educated
- literate / not so literate
- have access to technology / don't have good access to technology

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

C: Is this area conflict affected? yes / no

D: Are there religious or cultural influences you should take into account for this population of women? If so, what are they?

E: Other profile information to consider

2. Reflect on the impact and feasibility of this intervention:

A: What kind of barriers might you face in asking role models to be vaccine advocates?

B: Are there enough vaccines to meet an increased demand among women?

C: If you are reaching women and men from areas of conflict or mobile populations, what additional challenges might exist?

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

3. Identify the main concerns that the women you have selected to focus on have about the COVID-19 vaccine (select all that apply):

- The vaccine will cause severe sickness and/or death.
- Some vaccine brands are better or more trustworthy than others.
- The vaccine will affect fertility.

- Pregnant women should not take the vaccine.
- COVID-19 is not harmful for younger people.
- COVID-19 does not affect babies.
- COVID-19 is a hoax.
- The vaccine gives people COVID-19.
- The vaccine is not effective against COVID-19.
- The vaccine is a way for governments and western countries to make money/control citizens.
- The side effects of the vaccine are worse than the actual disease.
- The vaccine was developed too quickly and it cannot be safe/hasn't gone through all the approval processes.
- Other _____

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

- Celebrities (musicians, athletes, actors, news pundits etc)

- Social or Community Influencers/Leaders

- Business women

- Female health experts

- Other female role models

- Religious leaders

- Other:

5. What popular and trusted channels can you use for communication? Make sure you consider access to technology among your population. (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Social media (Facebook, Instagram, Tik Tok, Twitter, etc) | <input type="checkbox"/> Television (identify the channel and programme)
_____ |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Posters and flyers |
| <input type="checkbox"/> WhatsApp, Telegram or Viber | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Radio (identify the channel and programme)
_____ | |

Implementation to-do list

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

- Develop relevant and tailored stories with the identified influencers
 - Understand the main concerns and barriers among unvaccinated women in your area.

- Collect 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.
 - Include a clear call to action (where, when, and how one 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 women, medical facilities, cinemas, community or religious centres.
 - Consider partnering with Facebook/Instagram/Snapchat/WhatsApp/Viber to create filters and features that influencers can use on social media to encourage vaccination. Influencers can encourage other women to use the filters to share their own vaccination stories.
 - Consider other ways of making one's vaccination status "shareable" for women who might not be comfortable or have access to social media.

NOTES

☆ INSPIRATION

Visual evidence of vaccination in the community

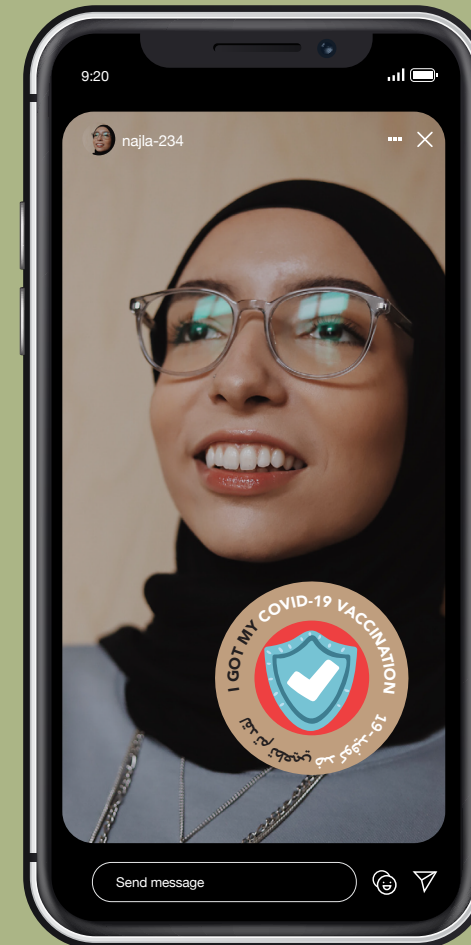
In vaccine centres around the world, stickers and selfie stations are filled with colourful backgrounds to help people celebrate their shot.

Some governments even provided sites with template stickers that the health workers and local communities could design.

Visibility encourages others in their communities to seek vaccination and creates the social norm that vaccination is the right thing to do. Social media filters have helped accelerate the vaccine message and create the perception that many others are getting vaccinated.

Can you think about how this idea can be customized or tailored to women in your context?

Intervention mockups



Instagram filter



Stickers

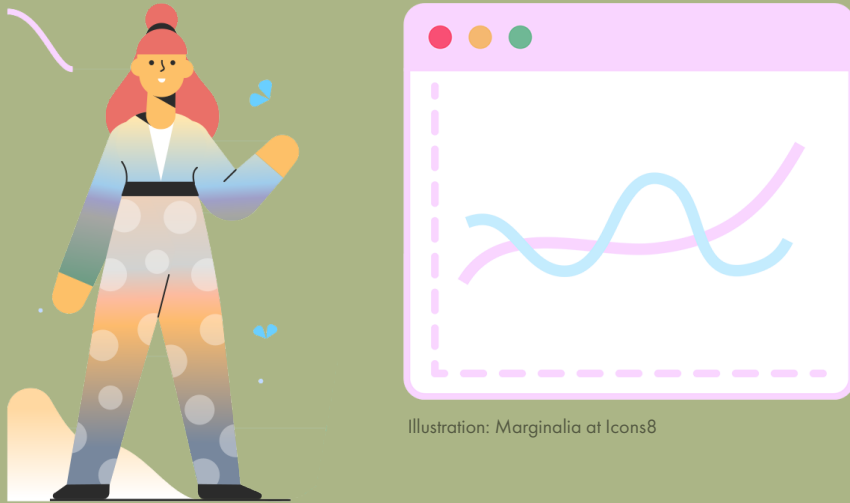


Illustration: Marginalia at Icons8

KEY BARRIER: Underestimation of the need to get vaccinated

5 Highlight risks of getting COVID-19 and use prosocial messaging



DESCRIPTION OF INTERVENTION

Use easy-to-understand examples to highlight the risk of getting COVID-19, and emphasize the importance of getting vaccinated to protect oneself and loved ones (prosocial messaging).

Examples of messages could be:

- X number of women in your area have been hospitalized due to COVID-19. X% were unvaccinated.
- It's not only about your safety, but the safety and health of your family — “Get vaccinated to protect them”
- Be a good mother, get vaccinated¹
- Don't be a disease spreader, get vaccinated²
- Your loved ones need you. Get the COVID-19 vaccine to make sure you can be there for them³.



BEHAVIOURAL INSIGHTS

Misperception of risk due to lack of saliency: The risk of contracting COVID-19 can be abstract and not very visible. By making the risk more salient, women may come to understand their susceptibility to catching the virus and be more motivated to get vaccinated.

Altruism: Altruism involves acting out of concern for the well-being of other people. By focusing on vaccination as an act to help others and especially to keep one's family safe, this intervention capitalizes on existing gender roles of women as the primary caregivers and protectors of their children.

- 1 Everett, J. A., Colombatto, C., Chituc, V., Brady, W. J. & Crockett, M. The effectiveness of moral messages on public health behavioural intentions during the COVID-19 pandemic. (2020) doi:10.31234/osf.io/9yqs8.
- 2 Bavel, J., Baicker, K. et al. (2020). Using social and behavioural science to support COVID-19 pandemic response. *Nature*, 4, 460-471.
- 3 The Behavioural Insights Team Blog (15 March, 2021). <https://www.bi.team/blogs/four-messages-that-can-increase-uptake-of-the-COVID-19-vaccines/>

CONTEXTUALIZING THIS INTERVENTION

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

1. Identify the profile of women you want to focus on:

A: What is the profile of women that underestimate the need to get vaccinated? (Check all that apply)

- urban / rural areas
- old / young
- high / middle / low income
- mothers / not mothers
- pregnant / not pregnant
- caring / not caring for children or elders
- employed / unemployed / self-employed
- educated / not so educated
- literate / not so literate
- have access to technology / don't have good access to technology

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

C: Is this area conflict affected? yes / no

D: Are there religious or cultural influences you should take into account for this population of women? If so, what are they?

E: Other profile information to consider

2. Reflect on the impact and feasibility of this intervention:

A: What are gender and cultural nuances to consider in order to increase saliency of disease, and design prosocial messaging?

B: Is data around hospitalization/vaccination rates easily available and accurate in your region? Is it disaggregated by gender?

C: Are there enough vaccines to meet an increased demand among women?

D: If you are reaching women and men from areas of conflict or mobile populations, what additional considerations do you need to think about?

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

3. Identify the reasons why women might underestimate the need to get vaccinated (check all that apply):

- They feel less at risk of getting COVID-19 as they socialize less or stay at home more
- They underestimate how contagious the disease is
- They don't believe COVID-19 is severe for them/ their children
- Compared to other challenges they are facing, COVID-19 doesn't feel like a priority
- Other _____

4. What popular and trusted channels can you use for communication? Make sure you consider access to technology among your population. (select all that apply)

- Social media (Facebook, Instagram, Tik Tok, Twitter, etc)
- Phone
- WhatsApp, Telegram or Viber
- Radio (identify the channel and programme)

- Television (identify the channel and programme)

- Posters and flyers
- Other _____

Implementation to-do list

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

- Create compelling visualizations by collecting data about women in the region:
 - How many women in your context or area got COVID-19? How many hospitalizations? How many were unvaccinated?
 - What were the implications of women getting sick? (e.g. unable to care for their children, their family members, go to work, etc)
- Develop relevant communication materials with prosocial messaging
 - Make posts and short emotional videos about how women's families depend on them to stay safe and healthy
 - Understand and address main concerns and barriers among unvaccinated women in the region
 - Include a clear call to action (where, when, and how one can get vaccinated)

Intervention mockups



Get vaccinated to protect them

It's not only about your safety,
but the safety and health of
your family.

📍 23 Al Azhar Road

🕒 Monday-Saturday
9am—3pm



Who are
you getting
vaccinated for?

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

📍 23 Al Azhar Road

🕒 Monday-Saturday 9am—3pm

How this tool was made

Rapid desk research

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

AUGUST

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.

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.

SEPTEMBER

Final job aid

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

NOVEMBER

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 is 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

