

How can community-based youth and women's organizations in the Eastern and Southern Africa Region support demand for COVID-19 vaccines?

Context and rationale

First introduced in the Eastern and Southern Africa region (ESAR) in February 2021, 68 million COVID-19 vaccine doses have been administered to date, and the available supply of vaccines in the region is expected to continue to increase significantly in 2022.

Ensuring acceptance and uptake of COVID-19 vaccination at country level is key to successful reduction of transmission and containment of the pandemic.¹ However, introducing any new vaccine – especially with new target populations, through potentially new delivery strategies is challenging.

Globally, the rollout of COVID-19 vaccines is taking place amongst existing challenges related to access and widespread public discussion about the safety and efficacy of vaccines, which may weaken public trust and confidence and lead to hesitancy*.² These sentiments are reflected in surveys in the ESA region on what people think and feel about COVID-19 vaccines, showing that while confidence in the health benefits of COVID-19 vaccines is high, trust in the vaccine is low, with prevalent concerns on side effects and vaccine efficacy.³

Access remains a major issue across countries in the ESA region, with insufficient information (e.g., on when and where to get vaccinated), unavailable services, and inadequate vaccination hours as key barriers. This can especially be the case for elderly and vulnerable groups accessing a second dose.

Factors related to gender, age, and equity can also influence vaccine confidence, with evidence of, for example, specific challenges and doubts related to the vaccine faced by pregnant and lactating women in the region.⁴ Along with confusion about the disease itself, there has been misinformation about COVID-19 vaccines on social and mainstream media, and people may receive conflicting information from friends, family, community leaders, online and digital platforms, and other sources.⁴

UNICEF is partnering with faith-, women's-, youth-, and other community-based organizations in the Eastern and Southern Africa region to strengthen community engagement interventions to promote, facilitate and sustain COVID-19 vaccine uptake.

Goals

Uniquely equipped with the knowledge, resilience, and experience of existing trusted networks, alliances and partnerships, the support of mobilizers from community-based groups are crucial to build trust and acceptance of vaccines and to overcome barriers, particularly for vulnerable target populations.⁵ Community engagement expands the influence of local actors, facilitates the access to

* Hesitancy is defined as the delay in acceptance or refusal of vaccines despite the availability of vaccination services.

and understanding of information, enables and promotes the right to provide feedback on the received services, and builds on existing local capacities.

Specific goals are that:

- (1) Target communities are engaged to identify barriers to the uptake of COVID-19 vaccines and implement solutions to overcome them, particularly those affecting elderly and vulnerable groups.
- (2) Clear information is disseminated through trusted sources and adequate channels on when and where to access the vaccines and on vaccine safety, efficacy and adverse effects following immunization (AEFIs) to address questions and concerns, particularly of women.
- (3) Trust-building interventions are enhanced, which showcase key influencers getting the vaccine and provide safe two-way discussion spaces so that hesitant can share how they feel and think, their fears and questions.
- (4) As many eligible women, men, and people with disabilities are vaccinated as possible, equitably, efficiently, and effectively, to maximize the protective benefits of COVID-19 vaccines.

Expected results

- Community trust and confidence is built around COVID-19 vaccines.
- People have the life-saving information they need to protect themselves and others, including on how, when and where to be vaccinated.
- Priority population groups facing structural barriers are supported to access vaccination.
- Demand for and uptake of COVID-19 vaccines is strengthened in eligible populations.

Key interventions on behavioral and social drivers of vaccination

Women's groups can:

- 1. Facilitate community-led conversations that address fears and perceptions and reinforce trust in vaccines.**
 - Organize community dialogues framing the COVID-19 vaccination discussion into a larger narrative that places COVID-19 vaccination among essential health services that are needed for women and children to live and thrive.
 - Provide space for interactions with experts (UNICEF, WHO), covering questions about safety, efficacy and specifically concerns faced by women such as the effects of the vaccine on the menstrual cycle, pregnancy, and breastfeeding, so that hesitant can share how they feel, their fears and questions.
 - *Example:* [Mobilizing mothers around immunization](#) in Nigeria.
- 2. Publicize trusted information and fight message fatigue.**
 - Support in sharing reliable information on COVID-19 and **dispelling myths or rumors**, by engaging followers on social media or through interactive radio shows.
- 3. Amplify community voices, attitudes, perceptions, concerns and needs.**
 - Facilitate feedback collection and dissemination to decision-makers from their communities, through short surveys (survey tools available by target group) or dialogues.

- *Example:* Rwanda Red Cross volunteers were trained and deployed in gender-balanced teams to implement a community-level feedback collection and rumour tracking mechanism for COVID-19. The data generated by the RCCS volunteers is regularly shared with the Ministry of Health.
- 4. Integrate members of women’s associations systematically into existing activities, microplanning advocacy meetings, training (non-COVID-19 exclusive), rapid assessments and safe spaces for discussions with experts.**
 - *Example:* Ethiopia is integrating rapid assessments into existing activities with different target groups (e.g., religious leaders, teachers, social mobilizers, health workers, etc.)
 - 5. Women as showcased vaccine champions and agents of change.**
 - Advocates can leverage their platforms to affirm the importance of COVID-19 vaccination to protect yourself and others. Publicize support for COVID-19 vaccination, share testimonies from those who have been vaccinated, and encourage their communities to get vaccinated.
 - *Example:* The African Council of Religious Leaders [signed a statement](#) on COVID-19 and -vaccination following the Faith in Science conference.
 - 6. Provide support to women struggling with competing priorities and facilitate delivery of accessible vaccination services in places where women congregate (e.g., markets, food distribution, nutrition sites, reproductive health services and antenatal care. Women’s group can also support those who need assistance filling registration forms.**
 - *Example:* In Somaliland, partnerships are formed with women's groups directly to bring them to facilities for vaccination.
 - *Example:* Mother’s Care Group members in Malawi follow up with all children who are eligible for immunization and identify those that have been missed, [linking them up with clinics](#).

Youth groups can:

- 1. Facilitate community-led conversations that address fears and perceptions and reinforce trust in vaccines.**
 - *Example:* The Scouts in Bhutan are initiating [self-designed interventions related to community-level dialogue](#) on several critical problems triggered by the COVID-19 crisis.
- 2. Publicize trusted information and fight message fatigue.**
 - Support in sharing reliable information on COVID-19 and dispelling myths or rumors, by engaging followers on social media or through interactive radio shows.
 - *Example:* UNICEF Mozambique’s partnership with local artists to start a [Tik Tok campaign](#) and OneAfrica’s [#MythorVax challenge](#) on TikTok.
 - *Example:* UNICEF Rwanda’s partnership with Kiss [FM’s Fact or Fiction show](#) on COVID-19.
- 3. Amplify community voices, attitudes, perceptions, concerns and needs.**
 - Facilitate feedback collection and dissemination to decision-makers from your communities, through short surveys (survey tools available by target group) or dialogues.
 - *Example:* Rwanda Red Cross volunteers were trained and deployed in gender-balanced teams to implement a community-level feedback collection and rumour tracking mechanism for COVID-19. The data generated by the RCCS volunteers is regularly shared with the Ministry of Health.
- 4. Integrate members of youth associations systematically into existing activities, microplanning advocacy meetings, training (non-COVID-19 exclusive), rapid assessments and safe spaces for discussions with experts.**

- *Example:* Scouts could support evidence generation activities, similarly to the above example of youth volunteers in Rwanda collecting data regularly.

5. Youth as showcased vaccine champions and agents of change.

- Advocates can leverage their platforms to affirm the importance of COVID-19 vaccination to protect yourself and others. Publicize support for COVID-19 vaccination, share testimonies from those who have been vaccinated, and encourage their communities to get vaccinated.
- *Example:* UNICEF Rwanda's partnership with a network of 114 youth volunteers, who helped to engage community members in cross-border districts on prevention measures and increasing vaccine uptake through demonstrations and dialogue.
- *Example:* UNICEF West and Central Africa Region's (WCAR) [#GiveItAShot challenge](#), is engaging and empowering 10 million U-Reporters in the region to take their family members, neighbors, and other community members to get vaccinated.

6. Support priority populations, particularly the elderly, to overcome practical issues such as online registration or implementing a buddy system to escort to the health facility or vaccination sites. Youth groups can also support those who need assistance filling registration forms.

- *Example:* the #GrandKidsforGogos campaign in South Africa is [helping the elderly register for their COVID-19 vaccinations](#).

Tips to effectively engage with women and youth groups

1. Set your target

- Building on available national and/or sub-national Coverage and Equity analysis, identify the geographical areas and socio-economic profiles of under-immunized population groups.

2. Choose your partners

- Undertake a light mapping to identify active women and youth groups and/or networks present in these areas and/or having an influence over the selected target population groups.
- Identify and leverage existing partnerships with these networks, either directly established with UNICEF or through a partner interested in collaborating on joint interventions.

3. Listen, monitor, and adjust

- Ensure that community feedback is embedded in the proposed interventions to allow programmatic improvement through iteration.
- Establish a joint monitoring framework to be able to identify risks and mitigation measures in advance, monitor achievements, propose programmatic adjustments and report on results.

4. Get visible

- Ensure adequate media coverage so that main achievements and human-interest stories can be showcased and disseminated widely, inviting other similar networks to join the initiative.
- Allocate some funding to document and disseminate lessons learned.

References

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