

Nepal

The Little Jab Book

A Playbook for COVID-19 Vaccination in Nepal



COMMON THREAD



Illustration by [Icons8](#)

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Introduction



“The Little Jab Book Nepal” is one of the guides in our series of vaccination books.

“Jab” is a colloquial term for vaccination.

We decided to keep a similar name across the books so that it is easy to find all of them.

Introduction



COVID-19 has had significant economic and health impacts around the world. From January 3, 2020 to January 3, 2022, COVID-19 has led to 11,601 confirmed deaths and 830,002 total cases in Nepal¹. Vaccines offer one of the best ways to combat COVID-19 and reduce community transmission. As of January 3, 2022, a total of 10,710,721 people in Nepal have been fully vaccinated, equating to 36.76% of the population. Apart from sufficient supply, the success of the vaccine in preventing widespread diseases is dependent upon the number of people who take the vaccine. There are several reasons why vaccine uptake may

be below target levels, including availability of vaccines and personal reluctance or low confidence in getting vaccinated.

This work sought to uncover underlying reasons for vaccine hesitancy among parents and youth in Nepal and identify localised solutions to increase uptake of the COVID-19 vaccine. The Busara Centre for Behavioural Economics, Common Thread, and Save the Children completed in-depth interviews with 24 adults as well as a quantitative survey with 500 unvaccinated people in Province 2 to uncover barriers and enablers to vaccination.

This book begins with a look into the most important barriers to vaccine confidence in Nepal and highlights interventions to overcome these problems and increase vaccine uptake and confidence. It includes a total of 12 recommended behavioural science interventions specific to parents, youth, and health workers in Nepal. We received and incorporated feedback on these design concepts from both parents and health workers in Province 2.

1. WHO (2022). COVID-19 Dashboard.

How this playbook was made

Desk research

We did rapid desk research on the current COVID-19 situation in Nepal, the roll out plan, and barriers to and enablers of vaccination uptake.

Ethical Approval

We applied for ethical approval to conduct the research and received approval from Save the Children US Ethics Review Committee and the Nepal Health Research Council.

Co-design workshop

We facilitated three co-design and prioritisation workshops with key stakeholders and created over 150 ideas. These ideas were revised and narrowed down to 12 complete design ideas.

Final playbook

The phases of research and co-design have resulted in this playbook providing 12 evidence-based interventions to increase COVID-19 vaccination uptake in Nepal. The playbook has been reviewed by key local stakeholders and feedback has been incorporated in the final version.



Stakeholder interviews

We conducted semi-structured interviews with 5 Nepali stakeholders including MoHP and NHEICC representatives, community and religious leaders, members of the media, UN agency representatives, and local health workers.

Qualitative research

We did remote In-Depth Interviews with 24 adults (11 women and 13 men) from Province 2.

Quantitative and qualitative research

We conducted a phone-based quantitative survey with unvaccinated adults in Province 2 (N=500) in order to validate hypotheses around barriers to vaccine confidence. We also conducted phone-based qualitative interviews with 13 people to collect feedback on design concepts.

Who should use this playbook?

This playbook is for any stakeholder in Nepal working on a COVID-19 vaccination programme. This includes, but is not limited to, officials at the Ministry of Health and Population (MoHP) and National Health Education Information Communication Center (NHEICC), Community Health Workers, NGOs and UN agencies, community and religious leaders and organisations, and humanitarian agencies.

How to use this playbook?

Using this playbook does not require any prior knowledge of behavioural science.

It contains interventions specific to the Nepali context to increase vaccine demand, uptake, and confidence. You may want to consult this playbook when building your own vaccination programme or improving on an already launched programme. The implementation and use of this playbook should be tailored to the local context. For all interventions in this book, consider how they might work in your region, what might need to be changed to make them more contextually appropriate, and how they might be perceived by the community.

It is important to note that this playbook is developed based on research in a single province within Nepal (Province 2) with a very limited sample (N=500). These interventions therefore might not be appropriate or effective for all Nepalis and should be viewed as inspiration and a starting point. To implement these interventions in other regions, more research, testing, and adaptation should first be conducted.



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Structure of this playbook

This playbook is focused on increasing vaccine uptake and confidence amongst parents, young people, and health workers in Nepal. It is structured according to the six most common barriers to vaccine uptake and confidence identified in our research.

While improving the supply of vaccines is vital to increased uptake, the behavioural interventions in this playbook focus on improving demand for vaccination, improving the process for following through on intentions, and building confidence in vaccines and their safety and efficacy. If you are experiencing any supply side issues, such as a lack of vaccination sites or availability of vaccines, make sure you address these first before building demand, and expectation, for vaccines.

Addressing the six key behavioural barriers presented below will be an important step on the road to full vaccination in Nepal.



Key challenges for vaccination uptake and confidence in Nepal

The problems outlined below are the six most common challenges to vaccine uptake that were identified during our research. These problems are not presented in any particular order and may occur independently or in tandem.



Key challenges for vaccination uptake and confidence in Nepal

The key barriers for people with these beliefs include:



PEOPLE ARE CONCERNED ABOUT SIDE EFFECTS - UNLESS THEY KNOW OTHERS WHO HAVE BEEN VACCINATED

Early on in the pandemic, misinformation and rumours about the vaccine were common. Some women in particular were concerned about the vaccine's impact on fertility. Rumours and concerns about side effects may still be prevalent in communities with low vaccination rates, while those who have seen neighbours, friends, and family members get vaccinated are less likely to be worried about side effects.

"I heard that corona vaccine is made by coronavirus, people might die. But doctors got vaccinated, so I also got vaccinated".
- Male, 47, Urban

THERE IS LIMITED ENDORSEMENT OF VACCINATION FROM RELIGIOUS AND CULTURAL LEADERS

Many religious leaders - while not explicitly denouncing vaccination - have not actively endorsed vaccination. For those who are uncertain about the vaccine or who lack confidence in the vaccine's safety and efficacy, there is a missed opportunity for religious leaders to encourage their communities to get vaccinated.

"They didn't spread any rumors. There is Om shanti, Bhagvad but no one has said not to get vaccinated. They didn't even tell to get vaccinated."
- 65, Male Urban

PEOPLE PUT OFF GETTING VACCINATED BECAUSE THEY ARE NOT ABLE TO CHOOSE THEIR VACCINE BRAND

COVID-19 vaccines are imported from other countries, including China, India, and the United States, and the availability of specific vaccines is limited to what has been recently imported. People's vaccine preferences vary based on existing stereotypes and mental models. Some people - especially those who do not view themselves to be at high risk for COVID infection - prefer to wait to get vaccinated until they are able to choose which vaccine to get.

"I think Chinese and Nepalese are similar, height, weight....So, this is the good one. Condoms came from America, they made it according to their size. Everyone who used them...they got infected. They were for large size. So, the vaccine from America is for American."
- Male, 72, Urban

Key challenges for vaccination uptake and confidence in Nepal

The key barriers for people with these beliefs include:



THERE IS LIMITED ACCESS TO TIMELY OR CONVENIENT VACCINATION FOR KEY POPULATIONS

Due to limited supply, vaccines are only available at specific days, times, and locations. For those who work during the day or go to college, it is difficult to make it to the vaccination centres on time. For those who are elderly or lack the means to access transportation, walking long distances to health facilities for vaccination is a significant barrier.

“If a batch of health workers could come in the villages and vaccinate people, it would be better. There are people who are disabled, people who cannot walk or sit, health workers could come and vaccinate them.”

- Female, 25, Rural

PEOPLE INTEND TO GET VACCINATED, BUT ARE UNCERTAIN ABOUT THE PROCESS AND VACCINE AVAILABILITY

Intention to get vaccinated is generally high. However, vaccine supply has been limited throughout the pandemic, and many people are uncertain about their eligibility, where they can go to get vaccinated, and whether sufficient supply will be there when they arrive. Several respondents mentioned feeling frustrated when they went to a health facility for vaccination only to be told that there were no vaccines available at the time.

“I wanted to get the vaccine but the day when we decided to go to get it, we were told the vaccines are no longer available. We are waiting for the vaccines to come and we’ll get it.”

- Female, 60, Urban

PEOPLE COMPLY WITH VACCINATION REQUIREMENTS, BUT LACK CONFIDENCE IN VACCINATION

Many people in Nepal are essentially required to get vaccinated - for their job (as a frontline worker) or because they need or want to travel. Still others get vaccinated because they feel some social obligation to do so. However, some people who are vaccinated continue to lack confidence in the vaccine’s safety or efficacy and may hesitate to take booster shots or to get their children vaccinated.

“I took the vaccine. It is good, it is bad. Even if one gets vaccine, still they get cough and flu. Even if they don’t, they get cough and flu. I don’t see any benefit. It is just for the sake of your delusion.”

- Male, Rural, 30, Minority community

A range of interventions depending on different vaccine confidence levels



BUILDS INTENTION

This idea may create willingness amongst people who do not currently have an intention to get vaccinated (i.e., vaccine hesitant).



CLOSES INTENTION-ACTION GAP

This idea may encourage or enable those who want to get vaccinated to follow through on their intention.



BOOSTS CONFIDENCE

This idea may enable people to feel confident about their decision to get vaccinated— before and after being fully vaccinated.

Snapshot of interventions

To address each of the six key problems, we co-designed intervention ideas with local stakeholders. These ideas were prioritised into 12 final interventions based on impact and feasibility. A snapshot of the interventions and what key barriers they address is presented below.

PEOPLE ARE CONCERNED ABOUT SIDE EFFECTS - UNLESS THEY KNOW OTHERS WHO HAVE BEEN VACCINATED.

SHARE TRENDS TOWARDS VACCINATION

Share up-to-date information about transitional norms towards vaccination - including in other reference groups.

MAKE INFORMATION ABOUT SIDE EFFECTS RELATIVE

Enable health workers to present information about vaccine side effects with comparisons to COVID itself and other vaccines.

BRING HEALTH SERVICES TOGETHER

Couple vaccination services and counseling with other health services.

THERE IS LIMITED ENDORSEMENT OF VACCINATION FROM RELIGIOUS AND CULTURAL LEADERS.

LEVERAGE LOCAL INFLUENCERS

Promote testimonials from religious and community leaders to encourage vaccination, leveraging existing religious festivals and events.

MAKE VACCINATION SOCIAL

Bring vaccines to religious centers, and ask people at temples and other places of worship to make visible commitments to get vaccinated.

PEOPLE PUT OFF GETTING VACCINATED BECAUSE THEY ARE NOT ABLE TO CHOOSE THEIR VACCINE BRAND.

CHANGE MENTAL MODELS ABOUT SPECIFIC VACCINE BRANDS

Frame *all* vaccination as better than no vaccination and emphasise similarities amongst vaccines.

Snapshot of interventions

To address each of the six key problems, we co-designed intervention ideas with local stakeholders. These ideas were prioritised into 12 final interventions based on impact and feasibility. A snapshot of the interventions and what key barriers they address is presented below.

PEOPLE INTEND TO GET VACCINATED, BUT THERE IS LIMITED ACCESS TO TIMELY AND CONVENIENT VACCINATION FOR KEY POPULATIONS.

MAKE VACCINATION PERSONALISED

Tailor vaccination drive timings to match people's availability, and let people in certain groups know that a vaccine has been 'reserved for them' at a specific time.

BRING VACCINES TO PEOPLE

Bring vaccinations to workplaces and universities, and give people 'passes' to use to get out of class/work at specific times to get vaccinated.

PEOPLE INTEND TO GET VACCINATED BUT ARE UNCERTAIN ABOUT THE PROCESS AND VACCINE AVAILABILITY.

SHARE TIMELY INFORMATION

Conduct Public Service Announcements (PSAs) at Haat Bazaars to share up-to-date information of vaccine availability.

EMPOWER COMMUNITY OWNERSHIP

Leverage existing community gatherings to share information about vaccine availability, and enable communities to create their own solutions for generating local awareness.

PEOPLE COMPLY WITH VACCINATION REQUIREMENTS BUT LACK CONFIDENCE IN VACCINATION.

LEVERAGE PEOPLE'S POSITIVE EXPERIENCES

Identify vaccine 'heroes': ask people who have been vaccinated to reflect on their motivations for vaccination and share with their community.

COMBAT HEALTH WORKER HESITANCY

Build skills for health workers to discuss clients' vaccine concerns with confidence.

INTERVENTIONS FOR PEOPLE WHO ARE
**Concerned about
vaccine side effects**



1.

Share up-to-date information about trends towards vaccination - including in other reference groups.

TARGET POPULATION

PEOPLE LIVING IN RURAL AREAS WITH LOW VACCINATION RATES

WOMEN OF REPRODUCTIVE AGE (WHO ARE CONCERNED ABOUT FERTILITY)

BARRIERS TO OVERCOME

FEAR OF SIDE EFFECTS

NO NORMS OF VACCINATION IN SOME COMMUNITIES

DESCRIPTION OF INTERVENTION

In order to demonstrate how many people are getting vaccinated (and to emphasise the growing numbers), share messages of how many people have taken up the vaccine through the following ways:

- Live counter of progress could be shared through both social media and community touch-points including barber shops, tea shops, vegetable shops, and Aama Samuha meetings
- Radio ticker update every morning to reach more people
- PSA announcements in both urban and rural areas
- Radio call in with testimonials from people that have taken up the vaccine

Change the *reference group* for people in communities with low vaccination rates by sharing vaccination rates amongst other reference groups (or 'people like them') such as number of vaccinated women, students, workers, etc.

In order to address concerns about infertility specifically, share testimonials from other women who have gotten pregnant after

Concerned about vaccine side effects

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getting vaccinated. Additionally, include messages about the benefits of vaccination and side effects experienced after vaccinations to counter fear.

BEHAVIORAL INSIGHTS

Social proof: People are more likely to get vaccinated if they believe their peers are doing so as well. If people's immediate neighbours still have low vaccination rates, it may be helpful to demonstrate the norm in alternative reference group (such as other women or other young Nepalis).

ACTIVITIES FOR IMPLEMENTATION:

- Consider the most relevant and appropriate touch-point in your community for sharing information about vaccination trends.
- Provide radio stations, TV hosts, MoH communication officers, etc. with up-to-date information on the number of people who have been vaccinated amongst different reference groups (e.g., students, workers, mothers, etc.)

**INTERVENTION
MOCK-UP / RADIO
TESTIMONIALS
BY PEOPLE WHO
HAVE GOTTEN THE
VACCINE**



2.

Enable health workers to present information about vaccine side effects with comparisons to COVID itself and other vaccines.

TARGET POPULATION

PEOPLE LIVING IN RURAL AREAS WITH LOW VACCINATION RATES

WOMEN OF REPRODUCTIVE AGE (WHO ARE CONCERNED ABOUT FERTILITY)

HEALTH WORKERS

BARRIERS TO OVERCOME

FEAR OF SIDE EFFECTS

LACK OF COMPLETE INFORMATION ON VACCINE RISKS AND SIDE EFFECTS

DESCRIPTION OF INTERVENTION

Create simple job aids which compare side effects from COVID vaccines to both a) other vaccines and b) from COVID itself to demonstrate that a) side effects are normal and b) risks of COVID are higher than risks of side effects.

It is useful to mention vaccine side effects as these are usually not spoken about. Open and transparent conversations about the vaccine and how it measures comparatively to what people already know can enhance vaccine uptake. Moreover, the discussions on side effects should target any rumours that are circulating locally.

Provide this information through trusted sources - including health workers and female community health workers - both to increase message credibility and to make it easy for health workers to address concerns and rumours. Local health care workers are generally trusted as they are considered to be knowledgeable and informed.

BEHAVIORAL INSIGHTS

Creating cognitive dissonance: People feel uncomfortable when they experience cognitive dissonance, or when they hold competing thoughts in their head. By comparing COVID vaccines to other vaccines, people may align their views on COVID vaccines to match their existing positive views on other vaccines.

Relativity: People have a hard time processing abstract information. In order to make risks more clear, compare them to other known experiences.

ACTIVITIES FOR IMPLEMENTATION:

Consider other possible messengers to leverage:

- Journalists as they are able to be in the front-lines and report through a wide array of channels.
- People who have had the vaccine provide testimonials via TV or radio to spread awareness along with the healthcare workers.

**INTERVENTION
MOCK-UP /
MINI JOB AID**



3.

Couple vaccination services and counseling with other health services.

TARGET POPULATION

WOMEN OF REPRODUCTIVE AGE (WHO ARE CONCERNED ABOUT FERTILITY)

BARRIERS TO OVERCOME

FEAR OF SIDE EFFECTS

DESCRIPTION OF INTERVENTION

During other routine health services - including family planning counseling, antenatal care, postnatal care, child immunisation, and mothers' groups - provide brief information on the benefits of vaccination and how to follow through on getting vaccinated, ideally with either an opportunity to do so on the same day or with a planning, or 'implementation intentions' card that allows one to plan when they will do so.

Frame vaccination as an essential part of what one needs to do to be healthy and take care of one's family.

Use the process of filling out a vaccination plan with clients to inform them about the vaccination process and remind them of what steps they need to take.

Concerned about vaccine side effects

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BEHAVIORAL INSIGHTS

Framing effects and appeal to identity:

How information is presented is critical to how people interpret it. Framing vaccination not only as an action required for one's own health but for the health of one's family may be helpful to appealing to mothers' identities.

Implementation intentions: People are more likely to follow through on an intention if they make a specific plan for how and when they will take an action (such as getting vaccinated).

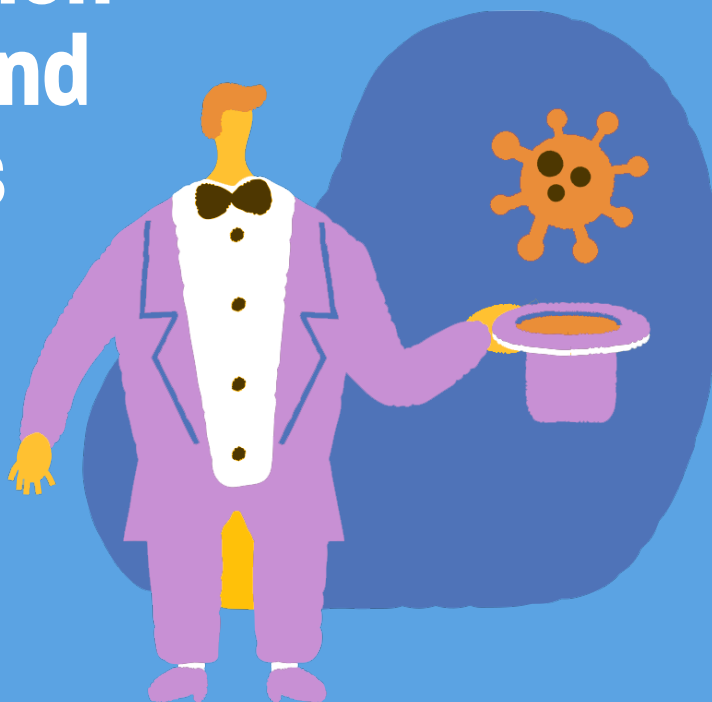
ACTIVITIES FOR IMPLEMENTATION:

- Create short, visual tools for health workers to use to share information about the benefits of vaccination.
- Create and share vaccination plan templates with health centres/posts.
- Identify appropriate community health workers or volunteers to help clients fill out vaccination plans (so as to not overburden health workers.)

**INTERVENTION
MOCK-UP / COVID-19
VACCINATION PLANNER**



INTERVENTIONS FOR PEOPLE WHO ARE
**Seeking validation
from religious and
cultural leaders**



4.

Promote testimonials from religious and community leaders to encourage vaccination, leveraging existing religious festivals and events.

TARGET POPULATION

ALL ADULTS (BOTH RURAL AND URBAN)

BARRIERS TO OVERCOME

FEAR OF SIDE EFFECTS

RUMOURS AND MISINFORMATION

LACK OF ENDORSEMENT FROM RELIGIOUS LEADERS

DESCRIPTION OF INTERVENTION

Work with religious leaders to create short testimonials on their personal reasons for getting vaccinated or sign open letters demonstrating widespread support of vaccination amongst religious leaders. These can be disseminated through phone, Interactive Voice Response (IVR), or at existing religious gatherings and festivals (e.g., deusi bhailo programmes as part of Tihar). Couple these testimonials with short songs or skits (e.g., bhajans) at religious festivals.

Ideally, these testimonials should be followed up with vaccination drives held at local temples or other places of worship with healthcare workers and experts in order to leverage trusted sources of health information, especially on days when many people are expected to visit these places (e.g., on festival days such as Ekadashi, Shivaratri, Saraswati Puja, Chhath, etc).

BEHAVIORAL INSIGHTS

Messenger effects: people's trust in a given message is dependent upon who is delivering the message. Given high levels of trust in religious leaders, the endorsement of vaccination by religious leaders may increase trust among key populations.

Reducing friction: holding vaccine drives at religious events that people are already attending reduces the hassle of finding and accessing separate vaccination sites.

ACTIVITIES FOR IMPLEMENTATION:

Consider who the most trusted sources of information are in a particular context:

- Health care professionals such as doctors, nurses and community health workers are preferred messengers in most settings.
- Identify the most relevant dissemination channels for testimonials based on usage statistics in your intended focus area.

**INTERVENTION
MOCK-UP /
PUBLIC EVENTS BY
COMMUNITY LEADERS
TO INCREASE
AWARENESS**



We must do everything we can to protect our communities from the deadly disease. I want you to disregard all the false information you hear about vaccination.

Vaccination is protecting you and your community. I have taken the jab and believe that the only way to fight the virus as a society is for all of us to get the vaccine.

5.

Bring vaccines to religious centres, and ask people at temples and other places of worship to make visible commitments to get vaccinated.

TARGET POPULATION

ALL ADULTS IN RELIGIOUS COMMUNITIES

BARRIERS TO OVERCOME

LIMITED ENDORSEMENT OF VACCINATION FROM RELIGIOUS LEADERS

FEAR OF SIDE EFFECTS

LIMITED PROXIMITY TO VACCINATION

DESCRIPTION OF INTERVENTION

During religious services - especially alongside traditions that ask people to get pledge donations - pass out small commitment cards with information about vaccinations that ask congregants to pledge to get vaccinated to protect their religious community. Religious leaders speak about the importance of vaccination and **frame vaccination as part of being a responsible member of a religious community**. Create a place for people to display their commitments to others.

Where possible, follow up on the commitment activity drive with a vaccination drive held at or as close to places of worship as possible; ensure religious leaders remind people of their commitment.

Seeking validation from religious leaders

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BEHAVIORAL INSIGHTS

Commitment devices: people are more likely to follow through on taking an action once they have privately or publicly committed to doing so.

Framing effects and appeal to identity:

How information is presented is critical to how people interpret it. Framing vaccination not only as an action required for one's health but also as a part of being a responsible member of one's religious community may encourage people to get vaccinated because it is associated with one's religious identity.

ACTIVITIES FOR IMPLEMENTATION:

- Create template commitment cards that can be distributed to religious institutions.
- Advocate for vaccination drives to be held at appropriate times (immediately following religious services but not interfering with them.)

**INTERVENTION
MOCK-UP /
COMMITMENT CARD**



INTERVENTIONS FOR PEOPLE WHO ARE

Delaying vaccination due to the limited choice set



6.

Frame all vaccination as better than no vaccination, and emphasise similarities amongst vaccines.

TARGET POPULATION

ADULT MEN (WHO ARE MORE LIKELY TO GET VACCINATED IF THEY CAN CHOOSE THEIR VACCINE)

BARRIERS TO OVERCOME

PERCEIVED LIMITED CHOICE SET

MENTAL MODELS OF SOME VACCINE BRANDS AS MORE EFFECTIVE THAN OTHERS

DESCRIPTION OF INTERVENTION

Create a multi-channel campaign emphasising the efficacy of any vaccines compared to no vaccine. Visually display the risks/deaths/missed days of work amongst those vaccinated (with any vaccine) vs. unvaccinated.

Within vaccines, leverage social proof and demonstrate similarities across vaccines: e.g., "all of these vaccines are WHO-approved, and all of these vaccines have been given to more than XXX people." If there's data, provide a quick visualisation of "before vaccination" and "after vaccination" death rates.

Leverage loss aversion to emphasise what people might miss out on if they wait for the "right" vaccine. Leverage regret aversion to emphasise that people may regret waiting to get vaccinated if they end up in the hospital.

Consider testing both negative and positive framing of this campaign. Some people might better respond to negative framing - such as highlighting the risks of not getting vaccinated or the number of deaths amongst those who are unvaccinated. Others may respond better to the positive gain of getting the vaccine such as decreased severity of COVID or having a better immune system.

BEHAVIORAL INSIGHTS

Relativity: It is difficult for people to process risks in isolation. Rather than sharing absolute risks associated with each vaccine, show the risks of vaccination compared to not being vaccinated.

Delaying vaccination due to choice set

Loss aversion: Losses loom larger in people's minds than gains. Rather than framing vaccination in terms of benefits, consider framing vaccination in terms of what people could lose if they don't get vaccinated.

Regret aversion: People make decisions to avoid feeling regret later. Emphasize that if people delay getting vaccinated, they are likely to regret it if they get sick with COVID.

ACTIVITIES FOR IMPLEMENTATION:

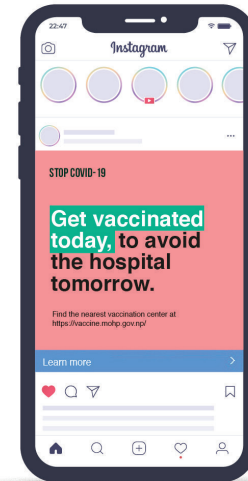
Identify the most appropriate channels to disseminate information, including:

- Social media platforms (Facebook, TikTok, Instagram.)
- News programmes (radio and TV.)
- Create simple, accurate visual displays of risk which can be posted in visible places (including markets, buses, etc.)

**INTERVENTION
MOCK-UP / MULTI-CHANNEL
CAMPAIGNS**



Photo: Lucien Alexe from Unsplash



INTERVENTIONS FOR PEOPLE WITH
**Limited access
to timely,
convenient
vaccination**



7.

Customise vaccination schedules to people's availability.

TARGET POPULATION

UNIVERSITY STUDENTS

DAILY WAGE WORKERS

PARENTS

BARRIERS TO OVERCOME

INCONVENIENT TIMING OF VACCINATION

COMPETING PRIORITIES

FEAR OF GOING TO A CROWDED HEALTH CENTRE

DESCRIPTION OF INTERVENTION

Identify specific times which are convenient for different demographic groups, e.g., students, daily wage workers, parents, including early in the mornings, late in the evenings, or on weekends. Notify members of these groups that vaccines have been 'reserved' for them at these times, and that other workers/students/parents like them find it convenient to go for vaccination at this particular time.

Where possible, bring vaccine drives directly to universities and workplaces.

BEHAVIORAL INSIGHTS

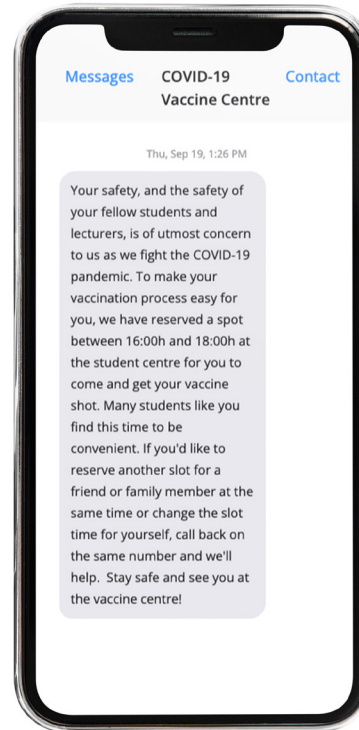
Reducing friction: Reduce friction in the process by bringing vaccines to people. Reduce cognitive friction in decision making by removing the decision around when are where to get vaccinated.

Reciprocity and scarcity: research shows that letting people know that a vaccine has been specifically reserved for them encourages people to follow through on vaccination - perhaps because they feel obligated to show up if the vaccination centre has put in the effort of reserving them a vaccine.

ACTIVITIES FOR IMPLEMENTATION:

- Conduct research with representatives of key population groups to identify which times are the most popular for vaccination. Our research suggests that for daily wage workers, evenings may be the most convenient time.
- Send SMS messages letting people know the specific time and place where vaccines have been reserved for them.
- Ensure vaccination booths are in visible places to make them easy to find and to generate social proof.

**INTERVENTION
MOCK-UP / VACCINE
RESERVATION
MESSAGES**



8.

Bring vaccinations directly to workplaces and universities.

TARGET POPULATION

UNIVERSITY STUDENTS

DAILY WAGE WORKERS

OFFICE WORKERS

BARRIERS TO OVERCOME

INCONVENIENT ACCESS TO/PROCESS FOR VACCINATION

COMPETING PRIORITIES

FEAR OF GOING TO A CROWDED HEALTH CENTRE FOR VACCINATION

DESCRIPTION OF INTERVENTION

Host mobile vaccination clinics at universities and workplaces, such as factories or office buildings. Support these institutions to create promotional videos about their efforts in order to create a norm for educators/ employers to offer this programme as an incentive. Employers and universities can give students/workers specific time slots to get vaccinated and skip out on work/ classes. Throughout campuses, host an 'ask me anything' booth staffed by experts and other vaccination advocates to address any concerns about side effects or rumours.

BEHAVIORAL INSIGHTS

Micro-incentives: providing people with a tiny incentive - the opportunity to miss school or work - serves as an enticement to get vaccinated on campus or in the office.

Reducing friction: wherever possible, seek to reduce the hassles associated with traveling to a vaccination site.

Limited access to convenient vaccination

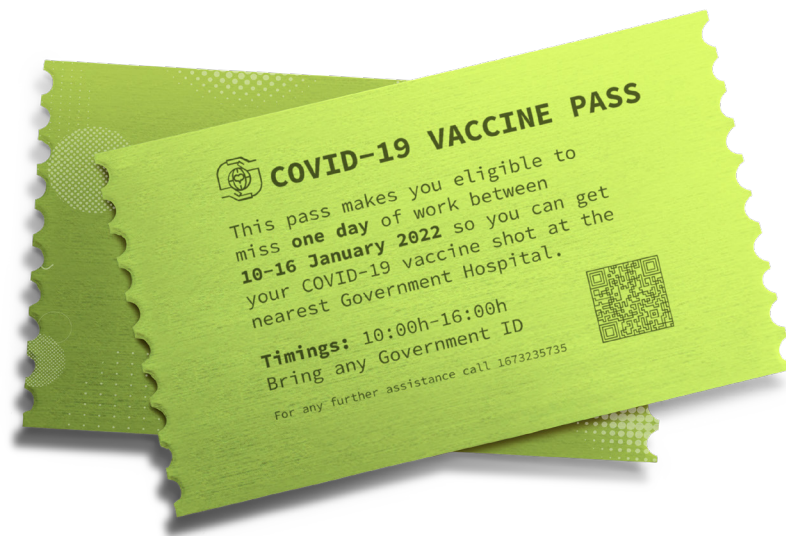
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Just-in-time information: people are primed to take action when their intention is highest - provide opportunities to get vaccinated right after receiving positive information about vaccination through an "ask me anything" session.

ACTIVITIES FOR IMPLEMENTATION:

- Make booths fun and visually appealing. Ensure decorations are colourful, have music playing, and offer free snacks and drinks during/ after vaccination.
- Create an appointment system for vaccinations and SMS appointment times to students/workers so that they don't have to wait in a long queue before getting vaccinated.

**INTERVENTION
MOCK-UP /
COVID-19
VACCINATION
PASSES**



INTERVENTIONS FOR PEOPLE WHO ARE

Uncertain about the vaccination process and vaccine availability



9.

Conduct Public Service Announcements (PSAs) at Haat Bazaars to share up-to-date information of vaccine availability

TARGET POPULATION

ADULTS AND YOUNG PEOPLE (PERI-URBAN AND RURAL SETTINGS)

BARRIERS TO OVERCOME

UNCERTAINTY ABOUT VACCINATION PROCESS AND AVAILABILITY OF VACCINES

DESCRIPTION OF INTERVENTION

At Haat Bazaars (open air markets), use miking to share information about when and where the COVID vaccine will be available, for how many days, for which age group/population, and the type of document they need to carry to prove their identity. Community volunteers distribute implementation intention cards where people can make a plan for a specific time and date when they can be vaccinated.

One booth will offer mehendi where people can draw a reminder on their hands. Booths can also offer a special mehendi for those who have already gotten vaccinated to express their pride in having taken the vaccine. Other booths can offer stickers and badges to remind people about vaccinations.

BEHAVIORAL INSIGHTS

Salient reminders: People have limited attention. Consider using culturally relevant reminders (like mehendi) to encourage people to follow through on their intentions - even when they are distracted by other priorities and life events.

Uncertain about the vaccine process

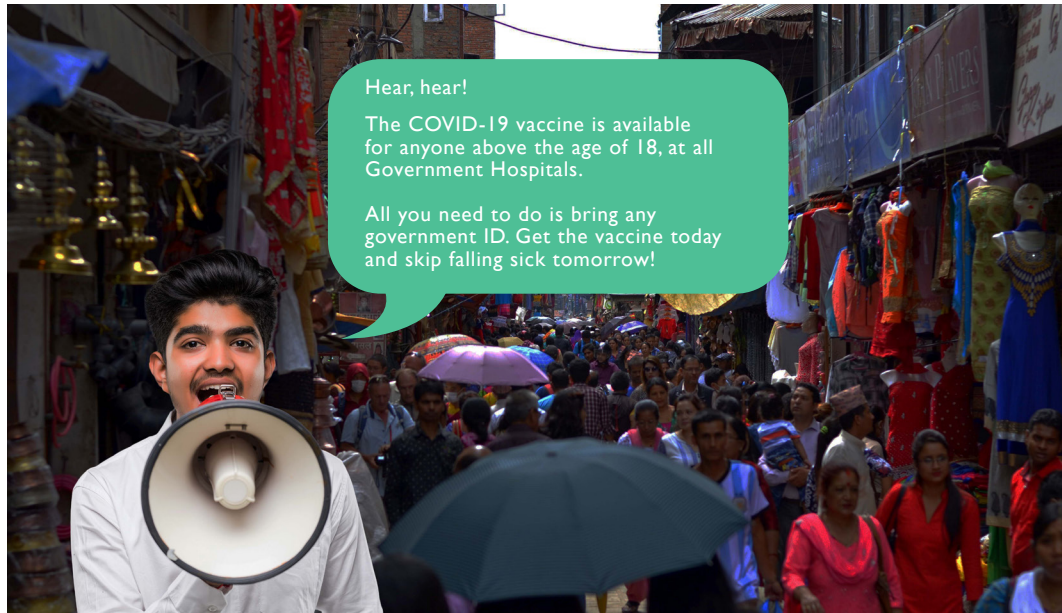
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Implementation intentions: People are more likely to follow through on an intention if they make a specific plan for how and when they will take an action (such as getting vaccinated)

ACTIVITIES FOR IMPLEMENTATION:

- Consider using trusted messengers to deliver messages like health workers, religious leaders, and vaccinated individuals within the community.
- Distribute templates of intention cards for people to fill out.
- Consider what visible items (stickers, badges, cards, etc.) serve as culturally appropriate reminders in your intended community.

**INTERVENTION
MOCK-UP / MIKING TO
SHARE INFORMATION
ABOUT VACCINE
AVAILABILITY AND
WHERE TO GET IT**



Hear, hear!

The COVID-19 vaccine is available for anyone above the age of 18, at all Government Hospitals.

All you need to do is bring any government ID. Get the vaccine today and skip falling sick tomorrow!

10.

Leverage community gatherings to generate community ownership of vaccinations.

TARGET POPULATION

ADULTS AND YOUNG PEOPLE

BARRIERS TO OVERCOME

UNCERTAINTY ABOUT VACCINATION PROCESS AND AVAILABILITY OF VACCINES

DESCRIPTION OF INTERVENTION

During regular community gatherings - such as community clean up days (Tol sar-safai karyakram) - have local ward officers share specific information on when, where, and how vaccines will be (or are) available in the community. Provide prompts for communities to think about what barriers to vaccination might exist within their communities.

In addition to cleaning the streets/ neighbourhood, community members can create signs pointing towards vaccination centres and murals encouraging vaccination to protect the community.

As a reminder to people and to ensure momentum, summaries of the discussions from these gatherings should also be sent out via SMS or Whatsapp messages.

Uncertain about the vaccine process

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BEHAVIORAL INSIGHTS

Social proof: People are more likely to get vaccinated if they believe their peers are doing so as well. Use neighbourhood gatherings as an opportunity to make the social norm of vaccination visible.

IKEA effect: People like things that they've build themselves. Asking communities to create their own way-finding systems for vaccination instills a sense of ownership in the process.

ACTIVITIES FOR IMPLEMENTATION:

- Identify appropriate touch-points (existing community gatherings) in your community.
- Ensure that trusted messengers deliver accurate information about COVID-19 vaccination.
- Have up-to-date information on vaccine availability and supply handy so that you can clarify when and where vaccines are available in the community.

**INTERVENTION
MOCK-UP / STREET
ART AND MURALS**



INTERVENTIONS FOR PEOPLE WHO
**Lack confidence
in vaccination
(even if they
are willing to
comply with
requirements)**



11.

Identify vaccine heroes to motivated others in their community.

TARGET POPULATION

ALL ADULTS AND YOUNG PEOPLE, BUT ESPECIALLY YOUNG MEN (WHO ARE MORE LIKELY TO LACK CONFIDENCE IN VACCINATION EVEN IF THEY COMPLY WITH REQUIREMENTS)

BARRIERS TO OVERCOME

LACK OF CONFIDENCE IN VACCINATION

DESCRIPTION OF INTERVENTION

When people go for vaccinations, share short, compelling information (ideally using testimonials or short videos reiterating why vaccination is important, and showing examples of other people who have been vaccinated). Then, ask people to write down or record short voice notes of why they are getting vaccinated to share with at least one friend.

Provide people with badges that say “Maile ta covid ko khop lagaye, hajur le ni? [I got vaccinated against covid, did you?]” Encourage people to wear this badge to provoke conversation about why they got vaccinated (and why others should too!)

BEHAVIORAL INSIGHTS

Motivational interviewing: This technique is used to encourage people to reflect on their motivations for behaviour change in order to reduce ambivalence about changing their behaviour. Leveraging similar principles can encourage reflection and boost confidence in vaccination.

Messenger effect: People are most likely to trust information that comes from their peers. Sharing motivational messages from peers who have chosen to get vaccinated may resonate more strongly with some people than simple informational messages.

ACTIVITIES FOR IMPLEMENTATION:

- Create short video or audio testimonials emphasizing the reasons why people chose to get vaccinated and distribute these to health facilities.
- Ensure community health workers or volunteers are equipped with notepads or recording devices to capture testimonials after vaccinations.

INTERVENTION
MOCK-UP / PIN-UP
BADGES FOR THOSE
THAT ARE VACCINATED



12.

Build skills for health workers to discuss clients' vaccine concerns with confidence.

TARGET POPULATION

HEALTH WORKERS (AND THEIR CLIENTS, ESPECIALLY WOMEN)

BARRIERS TO OVERCOME

LACK OF CONFIDENCE IN VACCINATION

LACK OF INFORMATION ABOUT THE VACCINES

DESCRIPTION OF INTERVENTION

Create a peer-to-peer channel (facilitated by a vaccination expert) which allows health workers to ask each other questions about vaccination information and counseling in a safe space (including addressing their own hesitations). Each week, nominate one health worker to share a short video or voice note about a particular strategy that has worked for them to help address client concerns. Ensure that the moderator effectively addresses any concerns or misinformation.

Integrate this peer-to-peer learning channel into an existing weekly meeting or discussion at health facilities.

Lack of confidence in vaccination

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BEHAVIORAL INSIGHTS

Social proof: Health workers rely on their peers for up-to-date information. In order to counter hesitancy amongst health workers, empower other health workers to address their contents.

Heuristics: Health workers are busy. Reduce effort by providing them with simple, effective strategies to discuss vaccination with clients, it ensures they are able to confidently incorporate vaccination counseling into all of their visits.

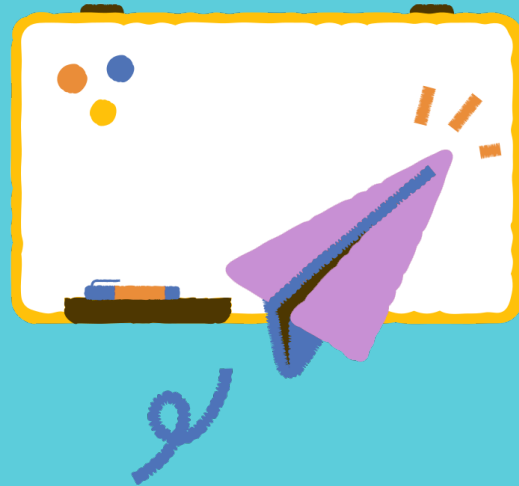
ACTIVITIES FOR IMPLEMENTATION:

- Initiate and encourage inter-hospital/health posts discussions about some of their learnings and frustrations for improved information flow.
- Peer-to-peer channels will need to be effectively monitored and moderated to ensure that they do not become forums for spreading misinformation further.

**INTERVENTION
MOCK-UP / PEER TO
PEER Q & A WITH
HEALTH WORKERS**



Implementation tips



Worksheet

Use this worksheet to help finalize the decisions you make as you go through this playbook. At the end, this worksheet can be an easy reference tool as you begin implementing your intervention.

FILL IN THE BLANK:

I am solving for _____ [population] in _____ [region].

I selected this population because of _____ [large population size/high transmission of COVID-19].

My population is facing _____ [X problem]. Specifically, they are having _____ [X barrier].

To solve this problem, we will employ _____ [X intervention in this playbook].

We believe that this intervention will be high / medium / low impact because of _____.

We believe that this intervention will take a lot / a little effort.

We will need to do _____ [X,Y,Z things] to implement our intervention.

This intervention will be tailored to _____ based on discussions we have had with local communities.

Success will be if _____% of population gets fully / partially vaccinated by _____ [X date].

We will measure the effectiveness of this intervention by measuring how vaccination rates before our intervention versus after our intervention differ.

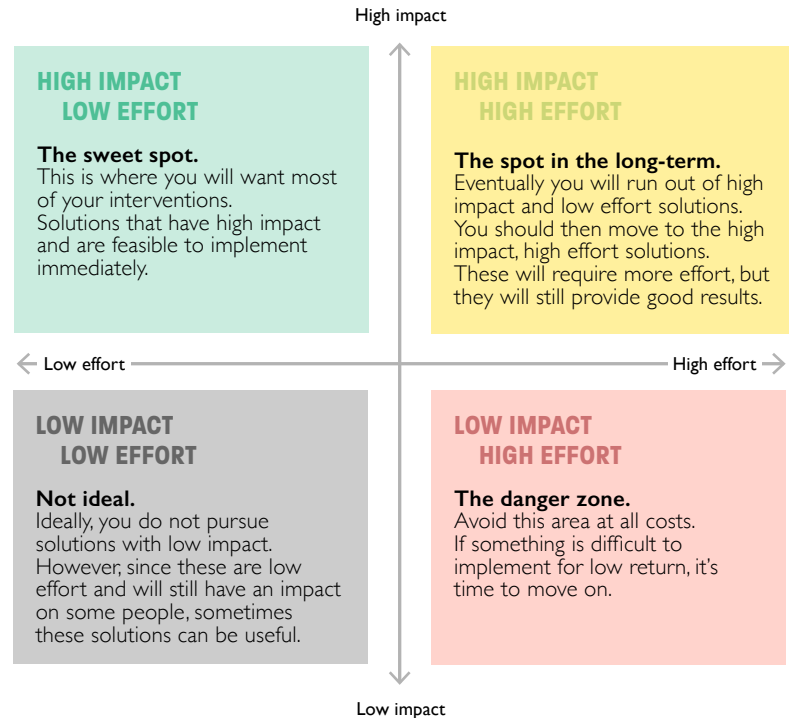
Questions to ask yourself while using this guide

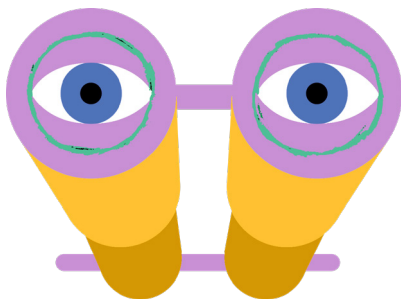
HOW TO SELECT THE RIGHT INTERVENTION

Before diving deeper into interventions, it is important to understand the key audience you are looking to target and which barriers they experience, in order to develop the most effective intervention for them.

As seen across many research studies and programmes, the most successful interventions target specific barriers at specific times. While this playbook provides 12 recommended interventions, these interventions should be selected based on your knowledge of **who** the intended target population is, **where** the intervention will take place, and **when** it will take place.

You will also want to **select an intervention that is feasible** or easy enough to implement in your context. If it's something you have little control over or that cannot be easily implemented even if it is tweaked, you may want to select a different intervention.





To help with your selection process, here is a checklist of guiding questions to ask yourself when reviewing each intervention.

QUESTIONS TO MEASURE INTERVENTION IMPACT

1. Have you selected a target population?
 - Yes
 - No
2. Is the population that you selected large? (E.g. at least 25% of the population or more)
 - Yes
 - No
3. Is the population that you selected contributing to high COVID-19 transmission in the region or high mortality rates?
 - Yes
 - No
4. Does the population you selected experience one of the barriers outlined in this playbook?
 - Yes
 - No
5. If this intervention you selected were to be implemented, do you believe it would significantly increase vaccination rates?
 - Yes
 - No

STOP. If you responded 'No' to the majority of these questions, your intervention is low impact. Select something else.

Where on the matrix does your intervention lie (choose one)?

- High impact
- Low impact

QUESTIONS TO MEASURE EFFORT

1. Do you have the resources you need to implement this intervention?
 - Yes
 - No
2. Do you have control over the changes that this intervention would require?
 - Yes
 - No
3. Will this intervention be quick and easy to implement in your region?
 - Yes
 - No

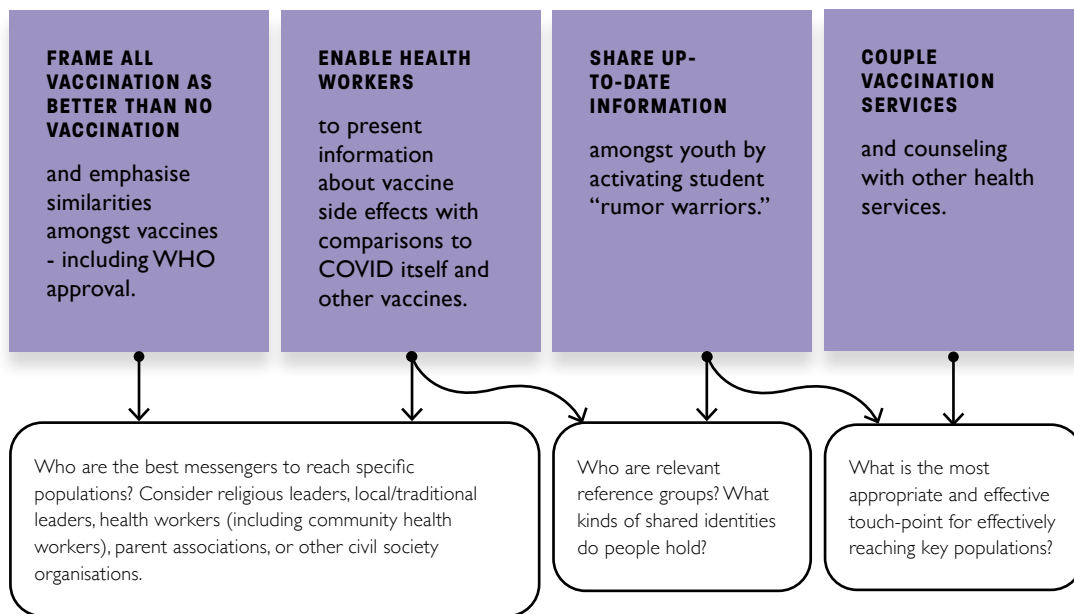
STOP. If you responded 'No' to the majority of these questions, your intervention is high effort. Consider whether the impact of the intervention justifies the effort that will be required.

Where on the matrix does your intervention lie (choose one)?

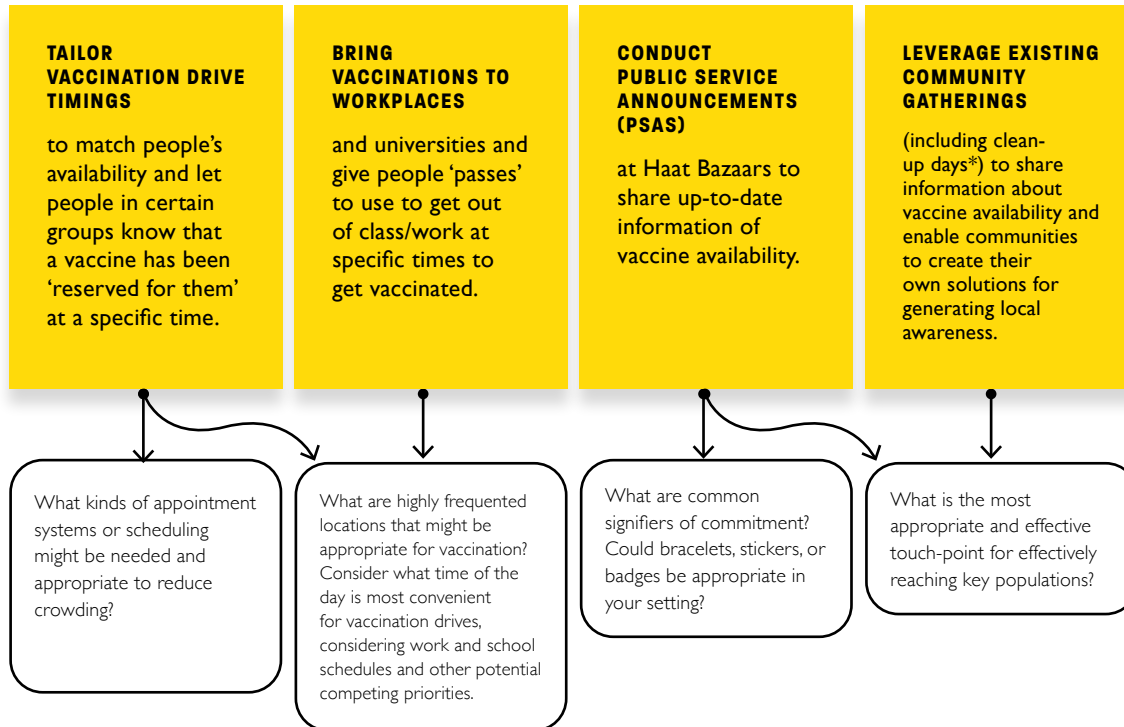
- High effort
- Low effort

How to take contextual factors into account

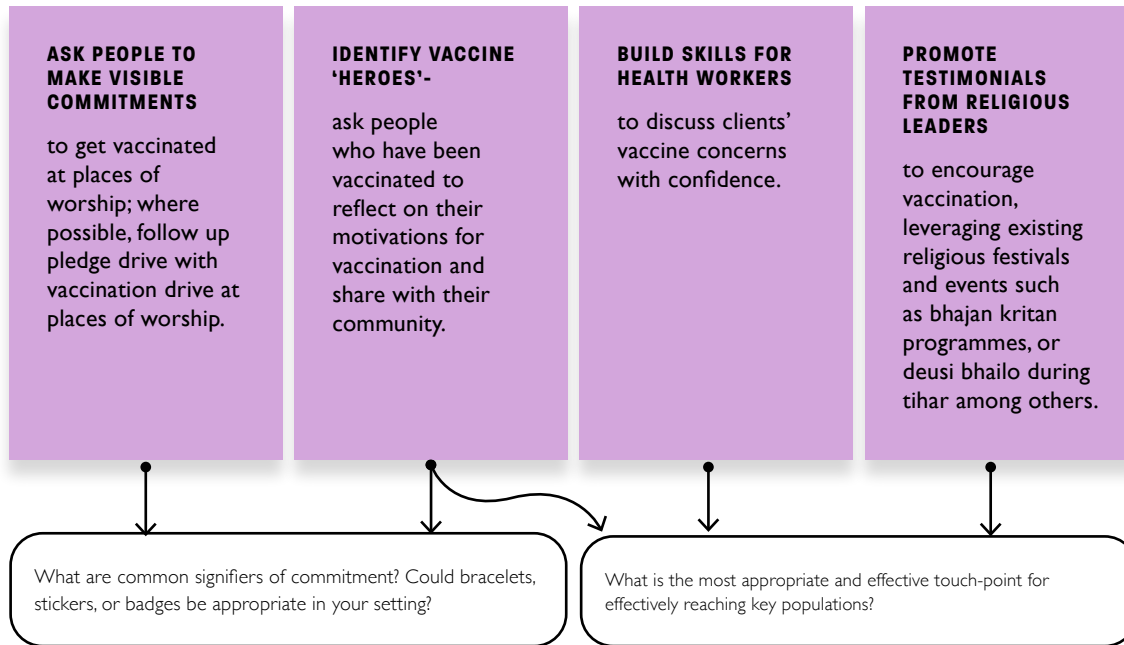
Before implementing an intervention it is crucial to consider contextual factors related to that intervention. To do this, you will want to make sure you have engaged local populations in further shaping and tailoring the interventions outlined in this playbook. Here are some example questions to ask and aspects to consider when contextualising interventions:



How to take contextual factors into account



How to take contextual factors into account



Primary research findings

To develop these recommendations we conducted stakeholder interviews, in-depth independent interviews with target audiences, a quantitative survey and co-design workshops with stakeholders.



Stakeholder interviews

METHODOLOGY

- We conducted semi-structured interviews with 5 Nepali stakeholders including MoHP officials, UNICEF staff, media personnel, and local health workers.
- The interviews took place over the phone and lasted approximately 45 minutes to 1 hour each.
- The transcripts and key takeaways were analysed using thematic analysis and used to inform the directions of the next phases of the research.

KEY FINDINGS

- People have generally positive attitudes towards vaccination due to positive past experiences with routine immunization.
- Few people have access to the vaccine, and inequitable power structures discourage those who feel they won't be able to receive the vaccine any time soon.
- Most people have general knowledge of COVID-19 symptoms, protection measures, and the purpose of vaccination. However, information about how to access the vaccine and the benefits of vaccination are largely available only in Nepali, creating a large language barrier in Province 2.
- People's mental models of how the vaccine works have been influenced by pre-existing beliefs, heuristics, and analogous experiences. Some people believe the Chinese vaccine (Verocell) to be of "low quality" because of their past experience with other Chinese-made products in Nepal. Others believe that the Indian vaccine may be less effective due to the severity of the outbreak in India.
- People's intentions to get vaccinated can be boosted by social proof. Those who see community leaders, family members, or peers get vaccinated have stronger vaccination intentions and confidence. Health workers, whom people largely trust, can boost people's intentions to get vaccinated by actively encouraging vaccination.
- For rural populations, vaccination centres are far away in cities and people defer getting a vaccination, especially if they are unsure whether vaccines will be available when they arrive.
- In Province 2, people's trust in community health workers (especially female health workers) is generally higher than trust in mass media - partly because health workers speak local languages (i.e., Maithali).



In-depth interviews (IDI's)

METHODOLOGY

- The IDIs were conducted in various districts of Province 2. We covered both rural and urban areas to capture different perspectives.
- IDIs were conducted remotely via phone calls and took approximately 45 minutes to 1 hour each.
- The participants were recruited from Save the Children Nepal's database and were screened to ensure they met our inclusion criteria - primary resident of Province 2, and either be older than 55+ or between the ages of 25 and 30 years old.
- A total of 24 people (11 women and 13 men) were interviewed; 12 were from urban communities, while 12 were from rural areas.
- We conducted thematic analysis of transcripts. The transcripts were analysed by 4 trained researchers from Busara and CUBIC, with assistance from the field staff who conducted the interviews.

KEY FINDINGS

- General awareness about COVID-19 was high. Most Nepalis take COVID-19 seriously and take steps to keep themselves and their communities safe.
- Most participants are open to the idea of getting vaccinated and believe that vaccines are important to end the pandemic. They trust their health care workers and are willing to take the vaccine when it's available.
- Public service announcements; word of mouth from ward chairperson, neighbours, family/friends; health workers such as female community health workers and doctors; and health posts are well trusted. People who have themselves been vaccinated are trusted when they share information about a positive experience.
- Most of the misinformation revolved around the side effects of vaccine and were more common in late 2020 and early 2021, when covid and vaccines were new. However, misinformation does not seem to be a significant problem currently.
- The COVID-19 vaccine was only somewhat accessible at the time this research was conducted; many participants reported long wait times or limited availability in their communities. Especially for rural respondents, transportation to vaccination sites was long and costly. Participants report that cost plays a big role in their health care choices.
- The economics impacts of COVID-19 are strongly felt in Nepal, and daily wage earners are particularly impacted. Education for children has been disrupted. People are hopeful about the end of the pandemic and believe vaccines will plan an important role in returning to normal life.

Quantitative survey

METHODOLOGY

- The research was conducted with populations in 6 districts of Province 2 in Nepal.
- Data was collected through phone surveys by 7 trained enumerators. The survey was conducted from Nov 10 - 27, 2021.
- Respondents were recruited through different channels. We used Save the Children's database and also mobilised 2 field officers to collect names of people who are not vaccinated in the community through district, municipality, and ward offices and local health posts. Respondents had to fulfill three inclusion criteria - they had to be unvaccinated against COVID-19, between the age of 18 - 80 years old, and a primary resident of Province 2. After recruitment, they were randomly assigned to either a control group or one of the 2 treatment arms.
- The total sample size consisted of 418 respondents. This is a convenience sample and is not representative of the overall Nepali population.

KEY FINDINGS

- Our sample showed very strong support and trust for the COVID-19 vaccine. This current enthusiasm can be leveraged to increase vaccination in an ever changing context.
- There seems to be a gap between intention to vaccinate (96%) and current vaccination rates in Province 2 (26%) and Nepal (46%). The social norms around vaccination are positive. This indicates that there are likely additional barriers to vaccination that our research did not uncover.
- Misinformation such as COVID doesn't exist in my community and COVID is just like the flu/cold was not widely prevalent and only reported by a few respondents.
- Concern about infection from COVID-19 and severity of symptoms was moderate to low in this sample, indicating that Nepalis may not be highly worried about COVID-19 at the moment.
- Women reported that they are less likely to be involved in vaccine decision making compared to men. This finding highlights the need to consider household dynamics and power structures when communicating about the COVID-19 vaccine.
- Traditional media and family/friends were the most trusted source of information. Public health officials were most trusted to act in the public interest. This may indicate that COVID-19 communications need to reach an individual's social networks to increase trust and may use public health experts as messengers.
- We found some positive changes, though not statistically significant, in vaccine beliefs while communicating messages from health workers and neighbours compared to the messages from Ministry of Health.



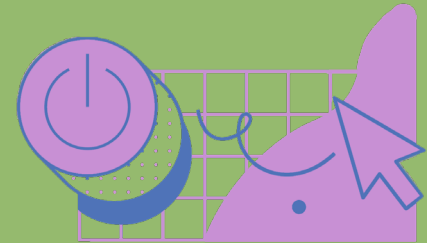
Co-design workshops

METHODOLOGY

- We facilitated three 2-hour co-design and prioritisation workshops with government stakeholders, implementing partners, community leaders, and health workers.
- The three co-design workshops led to the generation of more than 150 ideas.
- These ideas were then iterated on, first with Nepali stakeholders and then again with behavioural scientists at Common Thread, Busara, and Save the Children.
- 12 final ideas were prioritised and further developed.

KEY FINDINGS

- There was no one-size fits all approach to the recommendations. All recommendations required fine tuning and tailoring to local contexts and demographics, which includes differences in urban-rural populations, age, gender, and mobility.
- Frame messages using simplified language while utilising multiple channels to disseminate information in order to reach a wider audience.
- Offline channels and traditional media are more effective and reach a wider audience compared to social media.
- Detailed information regarding the vaccine—benefits, expectations, and side-effects, needs to be included in all interventions.
- Ongoing research on the context and audience is important to understand changes and potential adaptation of recommendations.



User testing

METHODOLOGY

- We conducted 13 IDIs to user test the final 12 design concepts for increasing vaccine uptake and confidence in Nepal.
- Data was collected through phone surveys. Respondents were a mix of male and females between the ages of 18-40. Within our respondent pool, we included two healthcare workers to test the viability of a few specific interventions.
- We collected feedback on the feasibility, desirability, and viability of each idea.
- 12 final ideas were refined based on the user testing.

KEY FINDINGS

- Most recommendations were well received by the respondents and were perceived to be impactful interventions for encouraging vaccine uptake in Nepal.
- To ensure uptake of vaccination, it's critical to ensure people have an in-depth understanding of COVID-19, the vaccination process, and potential side effects associated with vaccination.
- Leveraging messengers like healthcare workers, religious leaders, and experts may create trust in the process and decrease hesitancy.
- Loss framing messages such as fear of death or experiencing severe effects of COVID appeal more to respondents compared to gain framing messages.
- For dissemination of information, research on understanding the right channels for the target audience is key, especially for those who might not visit hospitals or health posts on a regular basis (such as younger people).
- Targeting misinformation and rumors need to be tailored by Province and audience.
- Knowing the number of people who have been - or are planning to be - vaccinated might be useful for those on the fence of getting the vaccine.
- Radio and PSAs were preferred sources as they had a wider reach in terms of both urban and rural areas, as well as literate and non literate populations.



Conclusion



According to our research, there are several barriers to full vaccine coverage in Nepal including vaccine hesitancy, inefficient or confusing processes, and lack of complete confidence. Several opportunities for increasing vaccine uptake exist by tackling these three problems.



This playbook uncovers these problems and brings forward evidence-based recommendations to solve them. It provides suggestions on implementation activities and inspiration on how the recommendations can be initiated. While it aims to be prescriptive, it also aims to enable tailoring of recommendations to populations and local contexts.

A recommendation implemented in Province 2, for example, can and should be different from the same recommendation implemented in Kathmandu. The recommendations enclosed require contextualization and should be used only as a starting point.

As you continue your vaccination programme, if you implement one of the recommendations or simply have a question for clarification, please reach out to our team. Health programmes can only be effective if we continue to collaborate, put people at the centre of our solutions, measure what works and learn from what doesn't.

About us



BUSARA

The Busara Center for behavioral Economics is a research and consulting firm that applies and advances behavioral science to address the most challenging development problems in India and across Africa. Busara works with academics, policymakers, and organizations to evaluate and implement behavioral 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.

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SAVE THE CHILDREN, NEPAL

Save the Children is the leading independent organization for children, working in 117 countries to ensure children survive, learn and are protected. Save the Children believes every child deserves a future. In Nepal and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children— every day and in times of crisis, transforming their lives and the future we share.

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nepal.savethechildren.net



COMMON THREAD

Common Thread finds human-centered solutions to the world's toughest public health problems. Our global team of public health specialists, behavioral scientists, designers and communicators understands that the only way to stop disease is through human behavior.

We work with communities and those around them to design for that change

Contact us at mike@gocommonthread.com

gocommonthread.com

Center for Utilizing behavioral Insights for Children (CUBIC)

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.

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The Little Jab Book:
A Playbook for Vaccination in Nepal



COMMON THREAD



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