



Covid-19 Vaccination Promotion Program

Summary. This campaign is to inform the staff, clients and family members of those clients of the wyccf, about the new Covid-19 vaccine, which will likely become available to them in 2021. The goal is that people will voluntarily take the vaccine, to create herd immunity and protect the clients of the WYCCF (who are a risk group). This will be done through informing, educating, social influence, and transparency, without compromising the individual's freedom of choice. From the exploratory survey we know that many people are still unsure, and that there is a need for more information and reassurance. This can be rational through facts and data, or socio emotional through group norms and leading by example. The project will consist of 4 phases each with a different aim.

Phase	Aims	Description	Dates
1	Inform and educate	Provide basic info, debunk most common myths, cite credible sources. Transparency.	15-23 December 20
2	Creating social & emotional support	Provide social proof, credible, relatable, likable. Offer opinion that trigger an emotional response.	5-14 January 21
3	Provide practical info and preparation	Provide (ALL) practical info. where, what time, duration, side effects, etc (HAS to be crystal clear)	17-25 January 21
4	Monitor and frame positively	Well prepared organization, and smooth process. Frame and highlight positive responses.	26- January 21

1. Goal. Primary: the primary goal is to get the target group to accept the vaccine and voluntarily take it, when it becomes available at the end of January 2021.

2. Scope. This project is primarily aimed at the staff, clients, and family members of the WYCCF, since they are considered amongst the highest risk groups. Second, we hope that the effects of this campaign will rub off the rest of the island too, to create herd immunity, which in turn is beneficial to our prior target group.

3. Motive

Medio December 2020, the wyccf received word, that it would likely receive the Covid-19 vaccine from the Netherlands at the end of January 2021, as the highest priority group. Considering that the clients of the WYCCF are amongst the highest risk groups, it is very important for the health and safety of the clients that the majority of the people that they come in contact with, get vaccinated. To determine the general attitude towards vaccination and the covid-19 vaccine, a survey was constructed and launched in the second week of December. Based on the results of this survey a draft project plan was developed with the following 4 phases.

Phase 1 - Inform & Educate & Debunking Myths (December 15-25)

Phase 2 – Creating social and emotional support (January 5-14)

trusted care

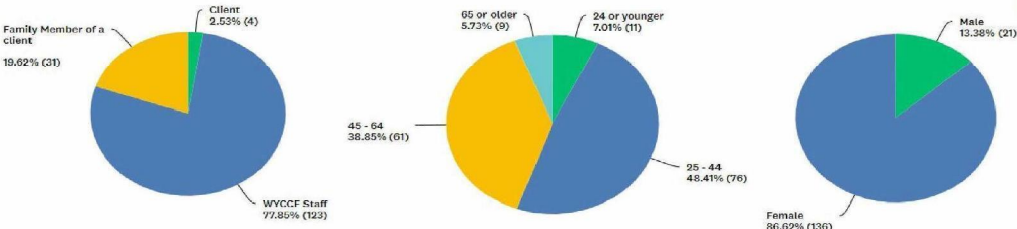


Phase 3 – Practical information & Preparation (January 17-25)
Phase 4 – Start Vaccinating – Monitor and highlight positive responses. (January 26-March 1st)

5. Target group description

As described above, the primary target group is the staff, clients, and family members. The secondary is the general population of Sint Maarten.

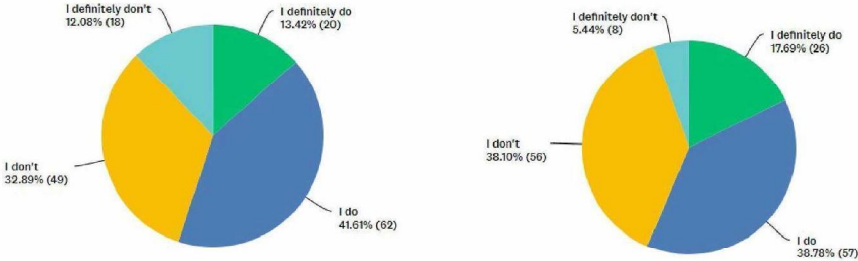
Demographics:



Attitude about vaccines in general:

I believe that vaccines prevent people from getting sick

I believe that vaccines, in general can be harmful to your health

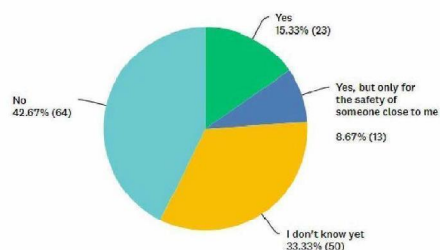




Attitude about Covid-19 Vaccine:

If the St. Maarten government would provide a fully tested vaccine for Covid-19, and you would fall in one of the priority groups to receive one, would you take the vaccine?

Answered: 150 Skipped: 8



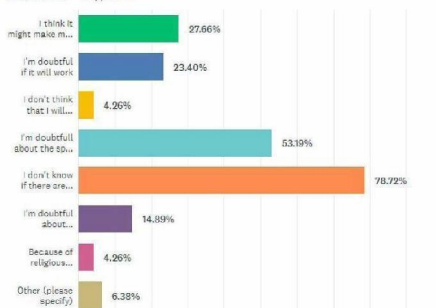
What is the reason that you don't want to vaccinate? (You can mark multiple boxes)

Answered: 64 Skipped: 94



What is the reason that you are doubtful about taking the vaccine?(You can mark multiple boxes)

Answered: 47 Skipped: 111

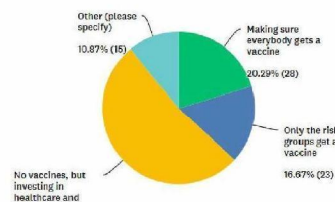




Pandemic solution and information sources

The only way to end this pandemic and make everything go back to normal, in my opinion, is:

Answered: 138 Skipped: 20



The most important findings of this survey are:

1. Our target group is mostly women between the age of 24 and 65.

2. The majority believe that vaccines work and can prevent the spread of diseases, however, that same percentage of respondents think it can be harmful too. Half of the respondents think the pandemic can be ended by promoting good healthcare without vaccines (only 20% wants everyone to get the vaccine and 17% only the risk groups)

3. Only 24% will take the vaccine.

33% say that they're not sure and 43% will not take the vaccine when it becomes available for them.

4. The objections for the 'NO-group' are:

- 73% - produced too soon
- 33% - it will make me sick
- 25% - don't think it will work

5. The objections for the 'maybe-group' are:

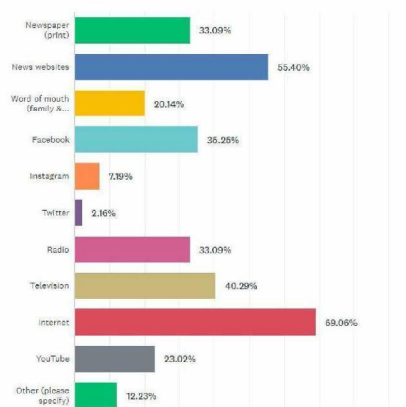
- 79% - I don't know if there are any side effects
- 53% - I'm doubtful about the speed of production
- 28% - I think it might make me sick

6. Most used media:

- Internet
- News websites
- Television
- Facebook
- Radio

What media do you mostly go to, to get your information about the Covid-19 and the Covid-19 vaccine

Answered: 139 Skipped: 19





6. Phases elaboration

Phase 1 - Inform & Educate & Debunking Myths (December 15-25)

Introduction

The 'I don't know yet' group will be our main focus. The 'yes-group' is already in, and the 'no' group already made up their minds. The main objection of the 'I don't know yet-group' seems to be rational arguments (development speed/side effects/harmful effects).

What

Because of the rational nature of their objections, the first phase will focus on informing, educate, and debunking myths. This should cover the absolute basics about vaccines, how does it work, how is it processed, and debunking the most common myths and fake news.

In this phase, it is important to come across as objective and transparent. In this phase, we will make use of credible sources like the WHO. The communication can't come across as a persuasion attempt. This may cause suspicion of a hidden agenda and diminish credibility. Instead: *"We noticed that there is a lot of doubt (and a call for more information about this topic), and so we want to help and provide that info."*

How

In this phase, we will post a series of daily boosted Facebook posts & WhatsApp messages (which we will boost to create more engagement). These posts will be visually attractive with not too much text in them, and as simple as possible. However, for those who do want more detailed info a longer elaboration in the description plus a link to the source. At the end of the week, we will collect all posts and create a news article about them and send that to the local media (paper, news websites, radio) and post it on the blog section of the WYCCF website. At the end of this week and phase, we can also organize an internal information session to go over the content of the posts with all people who have questions or per department to inform in person instead of via different media. The person who does these presentations/talks is preferably credible and come across as an authority on the matter, e.g., a biologist.

This should cover at least the rational objections and provide for a solid base of basic knowledge.

Phase 2 – Creating social and emotional support (January 5-14)

Introduction

This phase will start only after the holidays are over. During this time people aren't very receptive. The information provided in phase 1 alone, is often not sufficient in creating behavioural change. Therefore, in this phase, we will focus on creating social and emotional influence.



What

Instead of providing information, we will show social proof of others that are promoting vaccinating. These people should be, credible, relatable, and likable. We can do pieces about a local and well-respected doctor, a very likable nurse, or a popular politician. In these pieces, they simply explain why they are going to take the vaccine themselves! The pro arguments in these pieces should trigger an emotional response instead of a rational one. E.g., *'I take the vaccine because I care about my grandmother, and I don't want her to get sick'*. (soft) or *'Man, what if I didn't take it, and I would infect my grandfather and he passes away? I would never forgive myself'* (hard -> works on anticipated regret).

How

We can set this up in the same manner as phase one. A daily boosted Facebook post and possibly WhatsApp messages (although must be cautious to not come across as manipulating). We will combine the content again at the end and share this with the local media. In this phase, we can also try to work with internal promoters (if we can find people available and willing) to promote internally by sharing why they are going to take the vaccine.

Some social psychological methods applied in this phase are.

Reciprocity -> People tend to say yes more often after receiving a gift (Framing)

Scarcity -> We should emphasize that it is very special that we're the first (and only) ones getting it first.

Authority -> People tend to follow credible and experts.

Consistency -> You also take a flu-shot right? And a vaccine as a kid? Then why not this one? It's testing process was exactly the same.

Consensus -> People look to the behaviour of others to determine their own (Emphasize that a lot of other people are positive towards the vaccine. *The majority of ... is taking it, so, so will you right?'*)

Phase 3 – Practical information & Preparation (January 17-25)

Introduction

In this phase, we hopefully established a rational and socio-emotional basis for a positive attitude towards the vaccine. If we expect that the first vaccine will be administered at the end of January, we need to prepare people for this and make the transition from attitude towards action as smooth and easy as possible. This will require some organizational planning and clear communication. This is also the moment, that the decision will become real for people, (also the moment we should expect some backlash, where we need to be prepared for and respond to adequately).



What

We need to inform the target group that the vaccines are coming, and how we are going to administer them. (where, what time, how long does it take, does it hurt, what are the effects, etc., etc.) So, in this phase, we are providing practical information. The moment that we provide this information, the plan and setup should be **crystal** clear, so there is no room for discussion. (A messy and unorganized provider is not a creditable nor knowledgeable source).

We also need to be prepared for a possible backlash of people who are not only opposed to taking the vaccine, but also motivated to convince others. This can be done by referring to the facts, data and protocols, instead of engaging in an emotionally heated discussion (off or online).

How

In this phase, we will create the norm that everybody will get the vaccine without limiting people's freedom of choice in the matter. *'You will get the vaccine unless you don't want it'* instead of *'if you want the vaccine, apply here,'*. This is because people have a tendency towards passive behaviour (especially when in doubt). So, then we present taking the vaccine as the passive option, and the refusal of the vaccine as the active option. This way we will get some doubters on board without refusing people their rights to free choice.

Phase 4 – Start Vaccinating – Monitor and highlight positive responses. (January 26-March 1st)

Introduction

When the vaccines arrive, everybody should know **exactly** what and how it is about to go down. (if the previous phase was executed properly). In this phase, the main focus is that in the organization, you'll make it as easy as possible for the person, and in the communication that you highlight the positive effects and reactions after the shot.

What

Lead by example – the managing director should be the first to take the vaccine. Also, other well-known people who might take the vaccine could be used to show off to the rest. The persons administering the vaccine should be very knowledgeable about the matter and able to answer **any** last questions that people might have and should be well trained.

How

Make the process as easy as possible -> pick people up at their home/ let them do it during work time, so they don't have to use their free time. (even give them the whole hour off for it, even though the shot only takes 5 minutes, so it will feel like a reward).

To make it more visible we could also hand out something people can wear to show they got vaccinated (like a ribbon or something).



After the first people got the shot it is important to frame the experience positively. So, a press release can be made that highlights all the (positive) responses and what this means for the clients and Sint Maarten as a whole!

7. Stakeholders

The stakeholders in this project are the wyccf staff, clients and their family members. Secondary, the SMMC, Ministry of Health, and local media get involved as well.

8. Limitations and Dependencies

Certain limitations of the project could be that we don't have complete influence over the media. Despite our efforts, people are very susceptible to fake news on several social media outlets. Our range is relatively small compared to this.

We are also dependent on the first results of the vaccine in the countries that have started their vaccination program already. When unexpected bad effects occur, this could mean that we have to put the program to a halt or change the course.

9. Schedule

Phase	Aims	Dates
1	Inform and educate	15-23 December 20
2	Creating social & emotional support	5-14 January 21
3	Provide practical info and preparation	17-25 January 21
4	Monitor and frame positively	26- January 21

10. Budget

Phase	Type	USD
1	6 boosted FB posts a \$5	30
2	6 boosted FB posts a \$5	30
3	Unexpected cost	30
4	Unexpected cost	30
Total		120

11. Evaluation

From the survey we have an estimation of the percentage of people willing to take the vaccine. This could be used as one of the factors to determine the effect of this campaign. Secondly, an evaluation could be conducted amongst the management, and staff about how they perceived the project and if they thought it was contributing. This should provide us with feedback for a possible next project in this style.