



CASE STUDY

Demand Generation at COVID-19 Vaccination Sites in Cote d'Ivoire and Democratic Republic of Congo

VillageReach implemented demand generation activities to support increased COVID-19 vaccination coverage at vaccination sites in the Democratic Republic of Congo and Cote d'Ivoire. There were many lessons learned from implementing demand generation activities as vaccine site operators, which will be highly useful as government and partners explore when to pivot strategies during a COVID-19 vaccine campaign.

Key Takeaways:

- Implementing light-touch demand generation strategies around COVID-19 vaccination sites was crucial for increasing the number of vaccines administered at each site.
- Neighborhood specific demand generation strategies combined with convenient access points can increase COVID-19 vaccine coverage and other necessary health services.
- Tailoring demand generation strategies toward under-reached communities, such as women, can increase equity in access and uptake of COVID-19 vaccines.

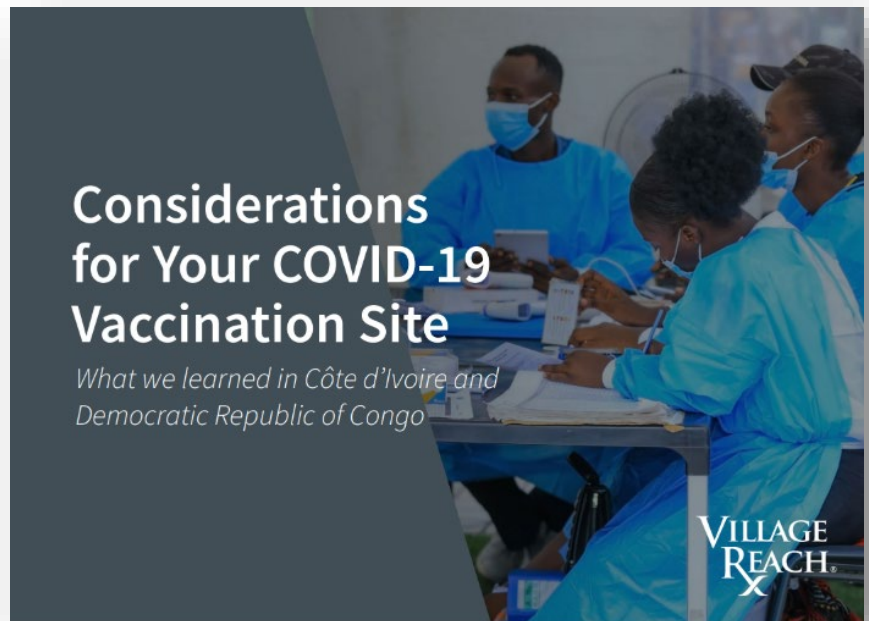
Introduction

From November 2021 to October 2022, VillageReach established and operated five COVID-19 vaccination sites and outreach strategies in urban neighborhoods of Abidjan, Cote d'Ivoire (CI) and Kinshasa, Democratic Republic of Congo (DRC) in partnership with government. Initial low daily attendance at the vaccination sites led VillageReach to implement a suite of strategies to boost demand for COVID-19 vaccines in the neighborhoods around the vaccination sites. Visits to the vaccination sites and outreach sessions increased, and VillageReach administered over 317,091 COVID-19 vaccines during this time period.

Low demand for COVID-19 vaccines was a key obstacle to achieving World Health Organization's (WHO) recommended goal of national COVID-19 vaccine coverage of 70%.¹ Demand is present when individuals trust the safety and efficacy of vaccines and actively seek out vaccination. Key factors influencing low demand for COVID-19 vaccines in DRC and CI include concern about vaccine side effects, distrust of government and vaccine manufacturers and decreased risk perception of COVID-19.²

Demand generation is a key component of an effective strategy to increase vaccine uptake. Demand generation strategies should be data-driven, evidence-based and can include social and behavioral change communication, social mobilization, community engagement and social marketing techniques. Additionally, demand generation activities should be coupled with necessary systems adaptations to increase access to and convenience of vaccination.

More information about general considerations for COVID-19 vaccination site operations can be found in [VillageReach's guidebook](#).



¹ World Health Organization (2021). Strategy to Achieve Global Covid-19 Vaccination by mid-2022. https://cdn.who.int/media/docs/default-source/immunization/covid-19/strategy-to-achieve-global-covid-19-vaccination-by-mid-2022.pdf?sfvrsn=5a68433c_5

² Ackah, B.B.B., Woo, M., Stallwood, L. et al. COVID-19 vaccine hesitancy in Africa: a scoping review. *glob health res policy* 7, 21 (2022). <https://doi.org/10.1186/s41256-022-00255-1>

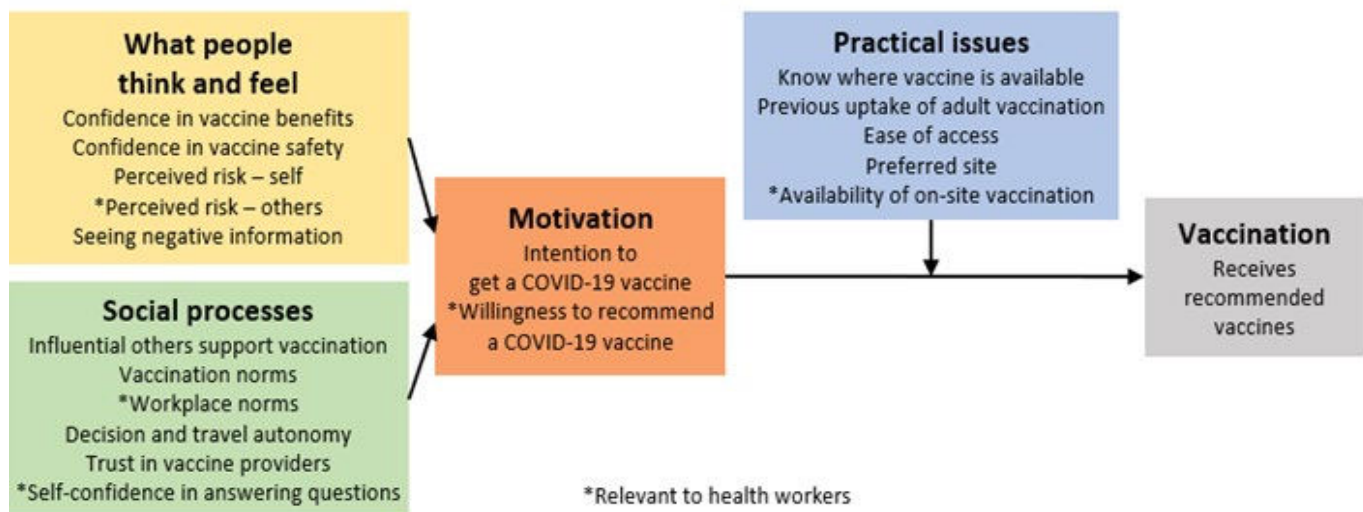
Developing a Demand Generation Strategy

When the COVID-19 vaccine sites opened, VillageReach was focused on overseeing vaccination site operations. However, low initial traffic at the vaccination sites made it clear that adding new sites would not increase vaccination coverage if overall demand was still low. Site operators recognized the need for neighborhood-specific demand strategies to increase daily visits to the vaccination sites. VillageReach then identified opportunities to use our existing resources to implement light-touch demand strategies in the surrounding neighborhoods.

DEMAND GENERATION THEORY AND PRINCIPLES

The design of our COVID-19 demand strategy began by choosing a theoretical framework and identifying guiding principles. We set out to ensure our demand strategy approach was holistic and considered all factors that could impact vaccination demand. There are many models, theories and principles, but here are three that VillageReach used to guide our work:

BeSD Framework: In conceptualizing the role of demand in COVID-19 vaccine uptake and designing demand generation strategies, VillageReach used the WHO’s Behavioral and Social Drivers of vaccination (BeSD) framework.³ The BeSD framework measures four domains that influence vaccine uptake: 1) what people think and feel about vaccines; 2) social processes that drive or inhibit vaccination; 3) individual motivations to seek vaccination and 4) practical factors involved in seeking and receiving a vaccination. While considering all domains enables comprehensive strategies, demand generation focuses on the first three components of the framework: what people think and feel, social processes and motivation.



The Behavioral and Social Drivers of COVID-19 vaccination framework³

Equity: An overarching principle of developing a comprehensive demand generation strategy requires that equity considerations are included in the design, planning and implementation. Marginalized groups may face additional demand and access barriers. Disparities in access to COVID-19 vaccines by key factors such as gender, age, income,

³ The BeSD expert working group. Based on: Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A (2017). Increasing vaccination: putting psychological science into action. Psychol Sci Public Interest. 18(3):149–207.

geographic location (rural vs. urban) and access to mobile technology should be monitored and addressed with tailored demand generation strategies.

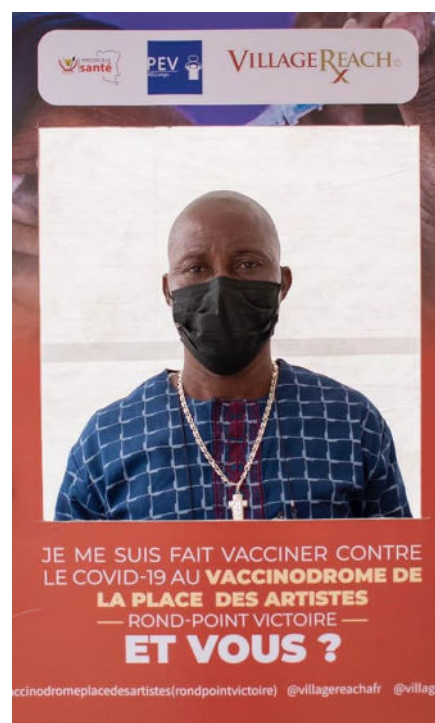
Intersection between demand and access: COVID-19 vaccine demand does not exist in a vacuum but instead is closely tied to vaccine access. While generating individual demand for vaccines is an important component of increasing individual motivation to seek and eventually obtain a vaccine, the convenience of accessing vaccine services influences individual demand. For this reason, demand-generation strategies must be coupled with strategies that address practical vaccine access barriers and promote convenience.

As site operators, there was only so much that was within our control to improve demand, and the district and ministry of health departments we partnered with had limited funds to use towards demand. With this in mind, we designed strategies targeted toward each site’s local context and were easy and affordable to deploy.

Given these limitations in the types of strategies we could implement, we focused our efforts on the “movable middle” and vaccine enthusiasts (see this [blog post](#) for more background). These strategies target individuals who actively want the vaccine but don’t know where to get it. They can also reach those who have some hesitancy about the vaccine and can be persuaded to get it by receiving more information about the risks vs. benefits or by hearing experiences from people they trust.

Strategies from the literature that we know work for these groups include:

- Creating strong positive social norms around COVID-19 vaccination
- Building confidence in the safety of the vaccines
- Making the vaccine accessible to them
- Building awareness about where and how to get vaccinated.



A vaccination site visitor in Kinshasa, DRC, takes a photograph holding a frame that reads, “I was vaccinated against COVID-19 at the Places des Artistes vaccination site at the Victoire Round-About. And you?” Visitors were encouraged to share photographs on social media.

Implementing Demand Generation Activities



A team of community health workers talk to a passer-by about COVID-19 vaccines near the vaccination site in Gombe, Kinshasa, DRC.

We employed different strategies for different sites to tailor the unique needs, characteristics and opportunities presented for each. For example, in DRC, at two of our locations in Kinshasa, we recruited vaccine ambassadors from around the area. This strategy worked at these two sites because the location was near many businesses (barbers, photographers, taxi and bus drivers), so we could use this in our favor.

Across all vaccination sites, demand activities were initially broad in their target populations. However, as vaccination rates stagnated, we noticed trends in who was and who was not getting vaccinated and began to more heavily target specific sub-populations such as women, health workers and specific religious groups. For example, in Yopougon, CI, we targeted religious leaders to increase vaccination rates among specific religious groups who were more vaccine hesitant than other groups in the same neighborhood. We did this by inviting religious leaders to

the vaccination sites to observe the site and site operations and answer their questions and concerns. We also hosted a vaccination session at a local church where we answered the congregation's questions, conducted vaccinations and followed up post-vaccination for lingering questions or concerns.

In DRC, we began to target women and health workers who had consistently lower vaccination rates in the country and at our sites. Strategies to target women included approaching women's associations in the health zone i.e., women of specific religious communities and women's small-business groups, etc., to organize informational sessions about the vaccine and then schedule them for vaccination. CHWs were also directed to focus on sensitizing women while out in the community.



A community health worker announces COVID-19 vaccine information using a megaphone in Kinshasa, DRC.

The following table summarizes the demand activities we deployed in our four sites in Kinshasa, DRC and one site in Abidjan, CI:

Demand Strategies	Kinshasa, DRC				Abidjan, CI
	<i>N'djili</i>	<i>Masina 1</i>	<i>Kalamu 1</i>	<i>Gombe</i>	<i>Yopougon</i>
Recruiting site clients as ambassadors: encourage clients to recruit three family members/friends to get vaccinated	X	X	X	X	X
Advertising on radio and television outlets		X		X	X
Creating appointment blocks for key community groups (religious, vocational, CSOs)	X	X	X	X	X
CHW outreach and pre-registration: door-to-door mobilization to encourage & register for vaccination	X	X	X	X	
Social media: Individuals to take a photo after vaccination & post about their experience			X	X	
Social media advertising and promotion of COVID-19 vaccines and vaccination site locations	X	X	X	X	X
Community leader & faith leader ambassadors: encourage vaccination, advertise the site & answer questions	X	X	X		X
Recruiting vaccine ambassadors from around the sites (e.g., photographer, barber etc.)		X	X		
Identify other highly frequented areas within the health zone to place outreach/mobile vaccination sites deployed from the fixed site	X	X	X		X
Advocacy made to the leaders of public and non-public institutions (universities, schools, businesses)				X	X
Community awareness & vaccination: With district teams, visit communities to conduct mobilization & vaccinations					X
Referral from COVID testing site: referrals from COVID testing site adjacent to vaccination sites					X

Evaluating and Pivoting Demand Strategies

Given the fast pace and adaptive nature of running a vaccination site, demand strategies had to be flexible and responsive to changing demand drivers, site operations and shifting resources. We developed processes to continuously assess what was working well and what needed to be improved or adjusted. We attempted to do this in as systematic and data-informed a way as possible, however the process was dynamic. Below are key strategies we employed to make decisions about when to pivot demand strategies or develop additional strategies.

- **Service delivery data analysis:** Every week, we analyzed data on how many people are vaccinated, what their demographics are, what vaccine they got and what mode of delivery they got their vaccine. When possible, we compared our site's vaccination rates against the vaccination coverage trends in the city.
- **Exit surveys:** We conducted regular exit surveys on a sample of clients from several sites. Survey questions cover topics of why clients chose to get vaccinated, how they heard about the site and their satisfaction with their vaccination experience
- **Assessments:** We have conducted several assessments (both qualitative and quantitative) to understand drivers and barriers of vaccine uptake among specific sub-populations to inform more tailored strategies.
- **Weekly data reviews:** The monitoring and evaluation manager for the project conducted a weekly analysis of the service delivery data and exit surveys and circulated the data with all relevant team members. We then reviewed the data weekly, discussing what is working well, what needs improvement and explanations for dips/gains in vaccination rates.



A community mobilizer uses a megaphone for COVID-19 demand generation in Yopougon, Abidjan, CI.

One example of how we pivoted demand activities based on these strategies is radio campaigns. After review of the exit surveys we saw that very few individuals in DRC were hearing about our sites through TV and Radio. This prompted a discussion among the team about the value of advertising the site on TV and Radio, especially given the cost of advertising. As a result of that discussion, we decided to no longer advertise on radio except for hyperlocal radio channels near the locations of sites, where the cost of getting a radio spot was low and allowed us to be more targeted in our messaging.

Another example was in CI, where the team piloted a strategy of sending two teams of vaccinators into the community accompanied by community mobilizers to promote the vaccine. After a few weeks, the data review indicated these community outreach

vaccination sites vaccinated more people than the fixed site. This strategy was then amplified by pivoting to a primarily outreach-based model and gradually increasing from two to thirteen outreach teams.

Lessons Learned

Vaccine implementers should incorporate demand-generation strategies at the earliest stages of planning and throughout delivery. Individuals leading the demand strategies should plan for frequent check-ins to identify and adapt to demand fluctuations based on external factors and adjust demand strategies accordingly. Lessons learned for site planning and demand strategy implementation are listed below:

SITE PLANNING LESSONS LEARNED

Integrate demand-generation activities within all phases of project design and planning. Demand strategies should ideally be implemented prior to opening a vaccination site to ensure the community is appropriately sensitized to COVID-19 vaccination site locations. Demand strategies should then continue on an ongoing basis while the vaccine site is open.

Consider neighborhood-level demand barriers at the time of site selection. Rapid assessments of demand and access barriers at the neighborhood-level conducted prior to program implementation can inform site selection and accompanying demand and outreach strategies to promote increased daily visits. Low demand may require heightened convenience in vaccine access; for example, if an individual has low motivation, a site in their community may need to be more convenient to inspire vaccine uptake, such as vaccine availability at their place of work.

Budget for demand-generation activities.

Adequate funding for demand-generation strategies should be considered a core component of service delivery programming for COVID-19 vaccines. Budget items to consider include staff time for research, intervention design, monitoring and evaluation of demand generation strategies; costs of radio, TV, print, billboard or online advertisements; and training, per diems and supplies for community health workers or community mobilizers conducting community sensitization.



Community health workers attend a training on community mobilization and motivational interviewing for COVID-19 vaccines at the Kalamu 1 vaccination site, Kinshasa, DRC.

DEMAND STRATEGY IMPLEMENTATION LESSONS LEARNED

Tailor demand strategies to the neighborhood. Site operators should ensure that demand strategies are tailored to the specific resources and characteristics of the community to drive demand most successfully. Employ a variety of demand strategies to target different groups.

Prioritize data reviews. Building data collection processes into demand generation activities allows you to track effectiveness and adjust as needed quickly. Planning weekly data reviews will ensure strategies are monitored on a real-time basis and site operation teams can quickly implement any required changes.

Use audience segmentation for demand strategies. From the onset of service delivery, audience segmentation could promote more effective tailored strategies. Audience segmentation focusing on demand generation needs specifically for women and high-risk groups, such as health care workers, or those living with co-morbidities, can be a valuable strategy to reach priority groups that may face additional barriers.



A community health worker registers a motorcycle driver for COVID-19 vaccination at the Victoire vaccination site, Kinshasa, DRC.



A worker sets up a vaccination site in Kinshasa, DRC.

Take a multi-sectoral approach. Demand strategies require the partnership and cooperation of many entities, including government, religious leaders, community organizers, communication networks, civil society organizations and the private sector. Frequent collaboration and communication are needed to avoid duplicating activities and to share neighborhood-specific lessons learned and data gathered through demand generation activities.

Conclusion

Implementing demand generation activities was crucial to driving increased uptake of vaccines at VillageReach COVID-19 vaccination sites in DRC and CI. Developing complementary strategies to address vaccine access and demand early is essential to build interest in communities with limited demand. When coupled with convenient vaccine access, demand generation strategies focused on the “moveable middle” helped increase total site visits in each country from ~100 vaccines per day to ~400-1,000 vaccines per day within three months.

Demand strategies can be more than one-size-fits-all by delivering people-centered vaccination sites. Employing a neighborhood-specific strategy enabled us to take advantage of the resources and environment specific to each site. These demand strategies also helped to increase equity in vaccine access. For example, in DRC, targeted demand generation and outreach efforts to women helped increase the proportion of women vaccinated from 33% to 43% over three months.

Service delivery providers can apply the learnings from this case study to any situation where service delivery providers find that the uptake of health services is lower than expected. Locally tailored demand generation strategies, thoughtfully combined with convenient access, can drive increased coverage of COVID-19 vaccines and other necessary health services.



Visit the [VillageReach website](https://www.villagereach.org) to learn more about the vaccinodromes of Kinshasa and Abidjan. For more information about our demand generation strategies at VillageReach, contact Emily Gibson

emily.gibson@villagereach.org