



Case Title:

From below 16% to 100% -Reaching 18 years+ Population with COVID 19 vaccination services in Tanzania through house to house approach

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Summary:

USAID funded Jhpiego led Momentum Country and Global Leadership (MCGL) program worked in collaboration with Tanzania Ministry of Health (MOH) and the President's Office to increase COVID-19 vaccination uptake in 7 Regions-Kagera, Dodoma, Singida, Arusha, Morogoro, Manyara and Kilimanjaro. MCGL provided technical assistance in service delivery, demand creation and capacity building components.

COVID 19 Vaccination uptake was slow in the initial phase of implementation. Low uptake of COVID 19 vaccination, political resistance and low acceptance of COVID 19 vaccination were critical challenges. In August 2021 the MOH collaborated with partners and developed Accelerated Community-Based COVID-19 Vaccination Strategy aiming at increasing COVID 19 uptake to 70% of 18+ population by December 2022. The MOH desired to utilize this strategy to get many people vaccinated.

MCGL and Regional Health Management Team engaged key stakeholders through Primary Health Care Committees and data review meetings to explore what was supposed to happen, what happened and challenges encountered to improve COVID 19 vaccination uptake. House to house outreach campaign, capacity building of health care providers, engagement of community leaders and community health workers were implemented to improve program performance. The rate of vaccination was monitored by tracking the number of vaccinations administered at facility level. By March,2023 vaccination rate reached 100% in all 7 Regions. This was a result of execution of action plans made out of the after-action review meetings. The government commitment to reach the targets was key to success but challenged with rapid timelines impacting the quality of program implementation.

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?

In 2021 as COVID vaccine became available in Tanzania, the Ministry of Health desired to utilize strategies to get as many eligible people vaccinated as quickly as possible. As COVID-19 vaccine delivery enters a phase of integration with routine immunization services in Tanzania, the Country has emerged the best performing among 34 African countries for intensive support by the COVID-19 Vaccine Delivery Partnership. From a poor coverage of 2.8% of the total population by mid-January 2022, Tanzania recorded an exponential increase to 51% as at April 2023 of the total population and above 100% for 18years and above population (WHO). In the initial phase of program implementation, significantly low uptake of COVID 19 vaccination services, political resistance, vaccination hesitancy and low acceptance of COVID 19 vaccination were critical problems in the national effort to improve uptake of COVID 19 vaccination. To successfully handle these issues, it was necessary to collaborate, learn on different service delivery approaches to accelerate uptake and adapt linked with continuous political buy-in, cross-sectoral collaboration and involvement of key stakeholders to expand services to meet the national target of 70% by December,2022 for 18years and above population. On this background, USAID funded MOMENTUM Country Global Leadership (MCGL) Program was tasked with supporting the MOH to rollout the vaccination services in seven regions. The rate of vaccination was monitored by tracking the number of vaccinations administered through facility based registers and chanjocovid electronic systems to ensure rapid increase in COVID-19 vaccination uptake in supported MCGL regions.

2. What two CLA Sub-Components are most clearly reflected in your case?

In this case multiple subcomponents were used in CLA Program cycle including Internal and external collaboration where by multiple stakeholders including ministry of health representatives, community leaders, influential people, Regional/Council Health Management teams, political leaders, community health workers, implementing partners were involved to assess the status of program implementation, discuss key challenges contributing to low uptake and proposed solutions to ensure rapid increase in COVID-19 vaccination.

To promote Adaptive Cycle, adaptive management principles and pause and reflection methods were also used including after action and data review meeting to dig dive into: ‘ what causes low uptake, hesitancy and low acceptance’, what are the service delivery models that can be adapted to accelerate uptake and bring results during implementation and collectively the team discussed the role of community engagement for sustained change, barriers and opportunities to promote COVID 19 vaccine uptake.

To increase positive enabling environment, the project in partnership with the Ministry of Health at Subnational levels in MCGL supported Regions, promoted the culture of transparency, enhanced local partnerships and relationships with multiple key stakeholders and outlined roles and responsibilities of each in improving COVID 19 vaccination uptake through mass vaccination campaigns using house to house outreach approach.



3. HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?

Recognizing the urgent need to accelerate COVID 19 vaccination uptake in all 7 supported Regions as the 1st step, MCGL engaged Regional and Council Health Management Teams and high level political leaders at Sub national levels through extended Primary Health Committees and data review meetings. These meetings were led by the Regional Commissioners and pulled in multidisciplinary team of key stakeholders in COVID 19 vaccination marathon 'the so called who matters in decision making process' that includes: Regional and Council Health Management teams, Influential People, Religious Leaders, Political Leaders-District Commissioners, District Executive Directors, media team, reporters, regional security team, health promotion team and implementing partners. These meetings provided great opportunity to discuss four main agendas: COVID 19 vaccination benefits, status of COVID 19 vaccination program implementation, key challenges that hinders COVID 19 vaccination uptake and strategies to improve program performance. Critical discussions on the COVID 19 vaccination indicators were held. These meetings were followed by technical team data review and after action review meetings at District and Facility levels in all MCGL supported Regions. Key challenges in the uptake were outlined that includes: low uptake of COVID 19 vaccination services due to- myths/misconception, long distance to the health facilities, community resistance due to rumor's on the safety issues, vaccination hesitancy and low acceptance of COVID 19 vaccination. Action plans were developed under the leadership of the high level policy maker-Regional Commissioners and Regional Administrative Secretary with outlined implementation strategies to address key challenges for COVID 19 vaccination performance improvement. From the discussion it was strongly recommended to implement: mass campaigns using house to house approach to improve uptake of COVID 19 vaccination services, engaging CHWs/influential people and religious leaders at community level to address myths/misconception and promote acceptance, orient media house/reported on COVID 19 vaccination issues, use media houses and subject matter experts to inform/educate the community, promote public acceptance by ensuring high level political leaders/health professionals and influential people are vaccinated in public to win community trust. MCGL supported implementation of all these strategies in supported Regions. Using adaptive management principle, initial strategy of waiting for clients to come to the health facilities to be vaccinated was replaced by house to house community based approach in massive -clients were followed at home and wherever they are. Privacy was one of the motivating factor observed for them to be vaccinated. MCGL conducted feedback -pause and reflect meetings to monitor progress and exchange experience through adaptive learning and change approach. House to house outreaches were conducted in all supported regions were by a team of health workers, community leaders, CHWs, data clerks and MCGL staff moved house to house to sensitize and vaccinate target population. Supervisors were supported by MCGL to monitor outreach services in community setting. ***Strong collaboration, team work, being culturally sensitive grounded in vaccine safety advocacy contributed to improve COVID 19 vaccination uptake.*** CHW, HCW, political leaders and media were the most effective sources of information on COVID-19 vaccination. MCGL provided technical assistance in planning, implementation, monitoring phases and supported availability of all tools needed for implementation.

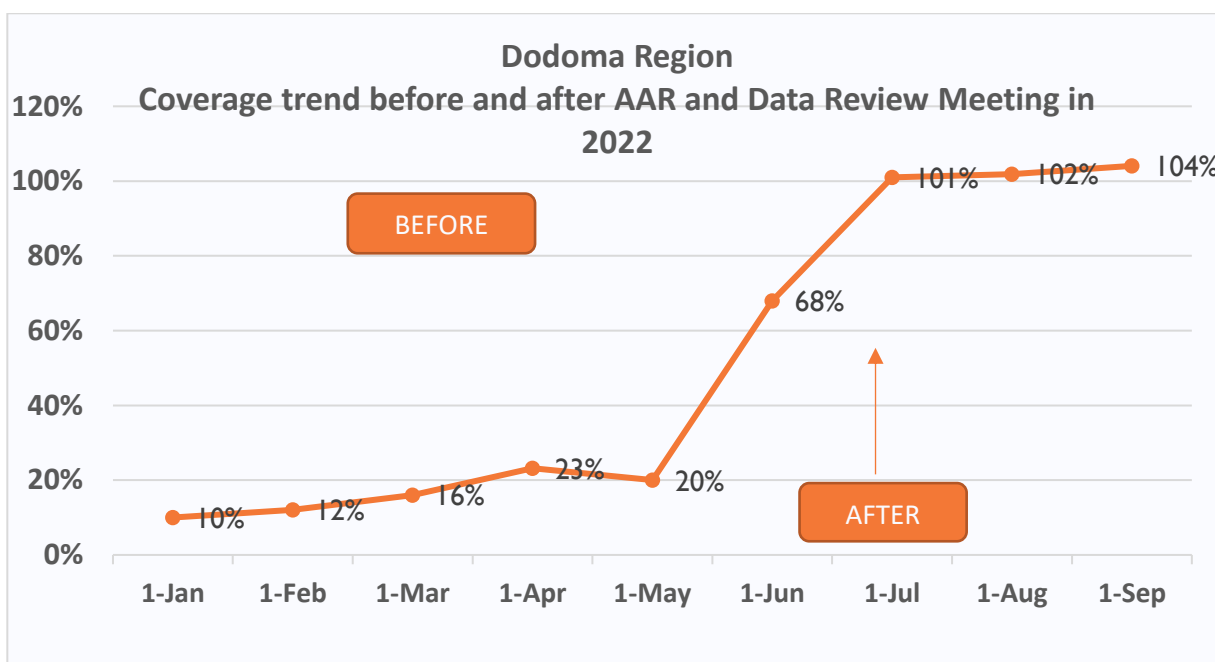
Using adaptive management principles linked with change in service delivery strategy to use house to house outreach approach and engagement of multidisciplinary team of key stakeholders contributed significantly to improve uptake of COVID 19 vaccination services in MCGL supported Regions. It was observed that many people have accepted the vaccine but fear to be judged when vaccinated in the public was a stigma to majority. Political leaders who accepted the vaccine, vaccinating influential leaders in the public and positive testimonies from vaccinated clients promoted community acceptance in COVID 19 vaccination.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

All MCGL Regions achieved COVID 19 vaccination coverage of 70% for 18 years + by December 2022. By March,2023 all 7 regions reached 100 % COVID 19 vaccination coverage. Below graph shows performance of Dodoma Region which is one of the USAID MCGL supported Region in Tanzania that was the 1st to reach 100 % coverage Countrywide by September,2022. Following initial Primary Health Committee and Data Review Meetings in June,2022 followed by close monitoring through pause and reflect physical and virtual meetings , there was a rapid increase in COVID-19 vaccination uptake as a consequence of heightened political commitment at Subnational levels, engagement of multiple key stakeholders and implementation of mass COVID 19 vaccination campaigns using house to house approach. Building on Dodoma case as an example, after implementation of house to house outreaches the results improved from the average of 16% of the target from Jan to May 2022, to surpassing the target by average of 84% in July,2022. By September,2022 , 100% of 18years + target population were fully vaccinated in Dodoma Region.

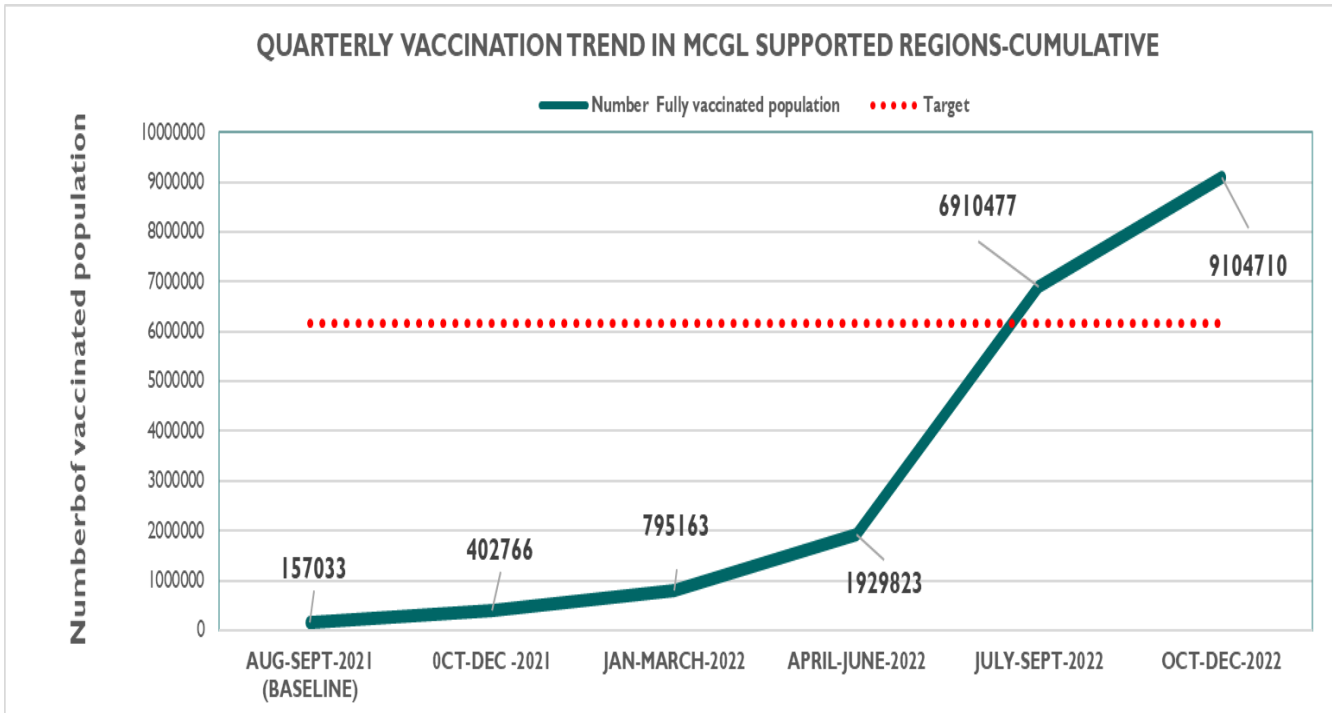
Graph 1: Coverage Trend of COVID 19 Vaccination Services in Dodoma Region



Cumulatively in all 7 MCGL supported Regions, during baseline only 157,033 18years+ population were fully vaccinated. By December,2022 above 9 million target population of 18yrs + were vaccinated as illustrated in Graph No 2 below.

Fifty (50) District Councils and 2182 facilities capacitated to implement COVID 19 vaccination services.

Graph 2: COVID-19 vaccination performance in 7 MCGL supported Regions from baseline through December 2022



5. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

COVID-19 vaccine rollout in Tanzania is largely considered a huge success. MCGL used CLA approach and worked in collaboration with the Ministry of Health to support scaling up COVID 19 vaccination services in 7 Regions targeting priority groups, people with HIV, health care providers and above 18 + population to improve vaccination uptake. Healthy partner competition in diverse Regions, political commitment, engagement of multi disciplinary team of key of stakeholders and changing service delivery strategy to house to house approach enabled a positive environment for acceptance of COVID-19 vaccines. House-to-house strategy made COVID-19 vaccines readily available at zero cost, acceptable and affordable to beneficiaries in hard to reach areas. Availability of financial resources, partners mapping and provision of key technical guidelines accelerated vaccination coverage in MCGL Regions. Facilitating pause and reflect meetings, data review meetings and supporting financially outreach and data entry activities are important success factors for these results.

Though MOH led implementation, huge scope linked with limited MCGL technical staff affected monitoring this program effectively. The government commitment to reach the targets was both key to success but also brought its own challenges including very rapid timelines impacting planning and coordination. MCGL provided technical, planning, budgeting, program management and data quality management technical assistance. This TA was essential to a successful, government led program, which ultimately contributed to significant uptake and coverage of COVID 19 vaccination. Additional enabling success factors that led to target achievement included: engagement of community leaders, capacity building of health care providers, CHWs, supervisors, provision of IT infrastructure, supporting data entry and data verification. Facilitating data verification process on regular basis due to large numbers generated during outreach services is key to minimize data fraud. To improve data quality, capacity of the Regions to conduct data verification process were enhanced.

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