ACCELERATED COVID-19 IMMUNIZATIONS POWERED BY COMMUNITY SCORE CARD IN KISHAPU DISTRICT, SHINYANGA

In 2019, the world was hit by the rapid spread of COVID-19, a deadly and uncontrollable epidemic caused by the SARS-CoV-2 virus. To counteract the effects of this calamity, many measures were deployed, including hand washing, face masks, and even lockdowns in some countries. In 2020, a vaccine was developed and made available in many countries, including middle- and low-income countries with the help of the COVAX program under WHO. Late in July 2021, Tanzania received several doses of vaccines, which marked the beginning of the implementation of this new mitigating measure. The responsible ministry gave directives on how, when, and who should benefit from the vaccine. Priority was given to groups such as healthcare professionals, defense forces, government officials, and elders, and the service eventually expanded to the whole Tanzanian community as more vaccine doses became available. Like in other regions, the Shinyanga region in Tanzania was also involved in the process of providing COVID-19 vaccines to people. Public and private stakeholders worked together to ensure that all people in all districts of Shinyanga were reached. However, despite the massive support from NGOs and CSOs, some councils did not perform well in terms of reaching the target population include Kishapu DC.

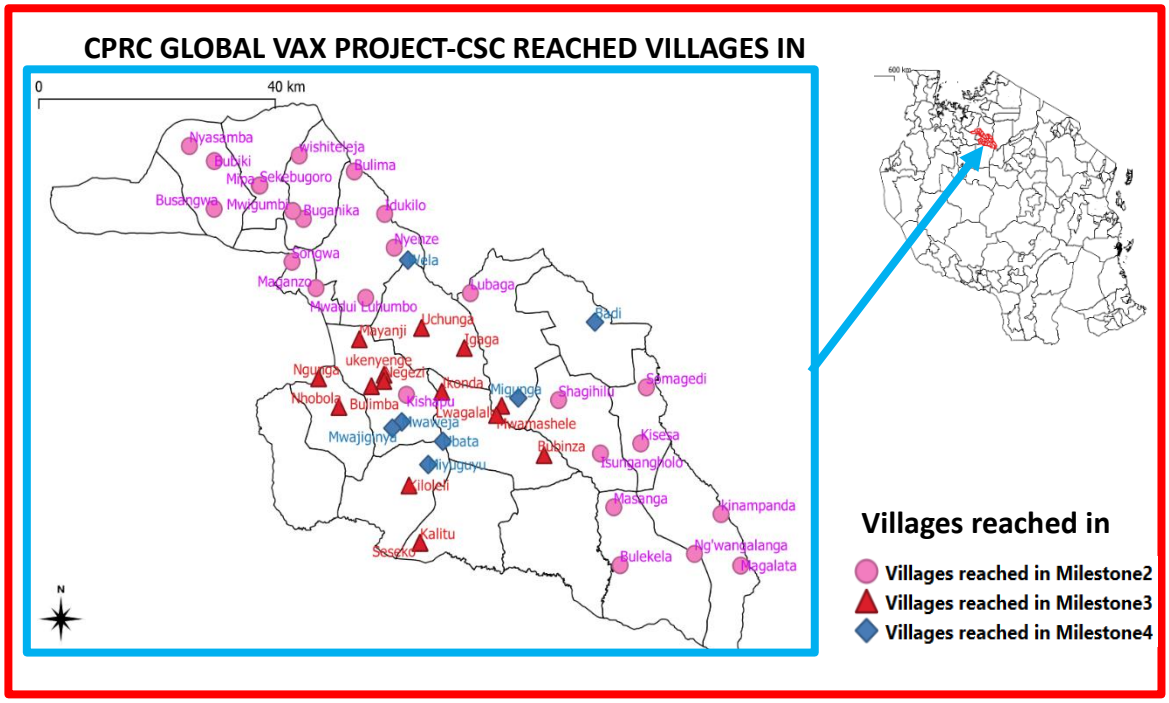
In 2022/2023, Afya *Plus* through the USAID funded CPRC project was sub-granted by Americares to implement community-based demand alignment activity to accelerate COVID 19 vaccination. Community Score Card approach was put into practice to diagnose the hindering blocks towards reaching the COVID-19 vaccination targeted population. Fifty meetings were conducted in 50 villages of Kishapu DC, and about 1445 people attended, with 631 being female and 814 being male. It was finally realized that misconceptions, myths, misinformation, tradition, and customs were hindering the vaccine campaign. Afya *Plus* then came up with different strategies to counteract vaccine hesitancy in Kishapu DC, resulting in great achievements in a short period of time as compared to earlier efforts.

General objective: was to implement 50 Community Score Card (CSC) meetings for men, women, youth, community leaders, religious leaders, and service providers. Our aim was to identify major concerns related to the COVID-19 vaccine, create locally driven solutions to combat vaccine hesitancy and misinformation, and generate vaccine demand.

Specific objective: was to encourage a sense of ownership in the community regarding healthcare services and to create solutions to challenges and gaps that hinder COVID-19 vaccination activities.

Approach and design: Afya *Plus* and the district health promotion coordinators (DHPCO) collaborated to identify villages with low vaccination rates and high hesitancy towards vaccination. During the actual implementation of CSC, we used two approaches to meet the CSC standards firstly, Group CSC meetings where the different groups in the community scorecards were separated and assigned one trained staff member to lead the process. Each group would participate in the process of scoring the tool and provide answers based on their views and the reality of indicators implementation. The score card tool had five indicators being assessed which were: - 1. Provision of health education and knowledge about COVID 19 vaccination services. 2. Customer care and services to COVID 19 clients at facility. 3. Modes of provision of COVID 19 vaccination services. 4. Community support towards COVID 19 vaccine delivery. 5. Existence of barriers towards COVID 19 vaccination services. The mood-meter scale was used to score each indicator, along with reasons for the score given. Secondly Interphase meetings were held where all the groups came together to present their scores against each indicator, then asked to generate common scores and create action plans for those indicators that scored below the targeted score. The team analyzed both qualitative and quantitative data which were collected during CSC prior to that the data were verified and cleaned. The analysis was done using the version 25 of SPSS.

Geographical coverage: Kishapu district has 29 wards with a total of 125 villages from which Afya *Plus* in collaboration with district health promotion coordinators marked 50 villages equivalent to forty percent of them for community score card. The Kishapu DC map below shows a distribution of the fifty villages as per the three milestones of CSC implementation.



Findings:

During the CPRC Global Vax Community Scorecard, 50 villages were visited, and a total of 1,445 people (631 females and 814 males) were interviewed to assess five indicators using the national community scorecard tool. This discussion has focused on the five indicators that were being tracked through the community score card meetings. It's important to note that before the CPRC Global Vax project engaged Afya *Plus*, Kishapu DC had only managed to achieve a vaccination coverage of 66% for the eligible population of 179,797 despite deploying various strategies. Therefore, Afya *Plus* was given a target of 61,131 for the ten-month project period using community-based demand alignment approaches including Community Score Card.

- The Community Score Card conducted in all fifty villages of Kishapu DC revealed that the community's access to health education and knowledge on COVID-19 vaccines and vaccination activities was not a hindrance in achieving the vaccination target. About 38 villages, equivalent to 76%, scored GOOD and VERY GOOD in the final score for indicators. The community had access to SBC materials such as flyers, brochures, and banners for knowledge gain. Preexisting Community healthcare workers also did an excellent job of visiting households for providing health education. Media coverage was good but could not raise the vaccination rate beyond 66%.

- The second indicator assessed three aspects, including the availability of COVID-19 vaccines at health facilities in each village, accessibility of vaccines to community members, and the presence of customer service desks/staff responsible for health education regarding COVID-19 vaccines. The community Score Card found that 96% of all requirements, including materials such as vaccines, syringes, cold chain management systems, customer service desks, and human resources, were available at health facilities. However, this was not enough to increase the vaccination rate to 100% of the eligible population and achieve herd immunity.

- In addition, indicators three and four were used to evaluate the delivery models of vaccination services and the relationship between the community, leaders, and vaccination teams, in 43 villages, which accounted for 86% of all reported types of vaccination service delivery models. These models included vaccinations provided at health facilities, through community outreach programs, particularly during the integration with under five vaccination services, vaccinations at community gatherings such as meetings or local markets, frequent provision of COVID-19 facility performance reports to the community, and the level of community satisfaction with the existing cooperation between leaders, community vaccinators, and the COVID-19 vaccination services. Despite not reaching the intended vaccination target, the level of community satisfaction was high. This prompted the Afya *Plus* team to brainstorm further to identify the underlying factors for poor progress in community vaccination to reach 100% target, as indicated by the Ministry of Health through the Community scorecards.

- An analysis was further conducted to indicator five to determine the impact of different most perceived myth, misconception, and traditional factors on the vaccination process, where the findings were as follows:

    1. A fear of possibility of causing infertility in both men and women was reported by 18% of those surveyed.

    2. 8% of respondents reported fear of paralysis or weakness in the upper limb where the shot was administered.

    3. 6% of respondents claimed that the vaccine had lethal or suicidal intentions to elders.

    4. A small percentage, 2%, believed that the vaccine could turn humans into zombies.

    5. 32% of respondents cited a combination of factors 1, 2, and 3 as concerns.

    6. A majority, 34%, expressed concern over all four factors. Meaning the remaining sixty-six percent of all the villages had a combination of either three or all four hindering factors.
    Consider the table below.

Table 1: Showing the most tradition/customs/perception that hindered the vaccine acceptance in the community.

Tradition/customs/perception		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	infertility to both men and women of reproductive age	9	18.0	18.0	18.0
	Weakness/paralysis of the upper limb where the vaccine shot was administered	4	8.0	8.0	26.0
	lethal/suicidal intention to elders	3	6.0	6.0	32.0
	Turning human being species into zombies	1	2.0	2.0	34.0
	All the above	17	34.0	34.0	68.0
	1,2,3	16	32.0	32.0	100.0
	Total	50	100.0	100.0	

Takeaway lessons:

Leveraging Evidence based demand creation strategies: Afya *Plus*, after a thorough analysis and review of the CSC findings, developed various strategies to increase the demand for COVID-19 vaccinations while tackling community challenges including hesitancy and misinformation. These measures included supporting Kishapu CHMT in organizing community-based vaccination campaigns and outreach events. Over the course of a year, a total of 8 community-based vaccination outreaches were conducted and improved access to vaccination to the targeted population. Vaccination teams consisting of healthcare professional vaccinator, a data monitor to record vaccinated clients, and CHWs were prepared by Afya *Plus* and Kishapu CHMT to sensitize the community towards vaccination against COVID-19. Locations such as local auction markets (minada), religious institutions, and village meetings were prioritized given the potential for large numbers of people to be present.

Impact of Council-level advocacy meetings: Afya *Plus* organized two council-level advocacy meetings in Kishapu DC to address vaccine hesitancy. These meetings included religious leaders, political leaders, civil society members, community members, and influential leaders. The Afya *Plus* team used a participatory approach to discuss vaccination hesitancy from the council to the village level. Together with the involved stakeholders, they developed action plans to increase vaccination rates to 100% in Kishapu DC based on prevailing context. These plans were aimed at addressing the problem of hesitancy and were designed to be implemented both through a group of people and by individuals.

Role of Media Houses in Addressing Hesitancy: Afya *Plus* held meetings with media personnel to discuss ways of increasing COVID-19 vaccination uptake and reducing hesitancy in Kishapu DC. This was deemed important as mass media and media personnel played a crucial role in demand creation due to their wide coverage. Representatives from radio stations, online TV, TV stations, and magazine writers were involved in the campaign against vaccine hesitancy. At the end of the meeting, each media devised a media campaign plan to sensitize the public about COVID-19 vaccination. In addition, R/CHMT was supported in conducting radio talk shows on radio stations with a large coverage area in Kishapu DC that significantly addressed hesitancy, mistrust, misinformation, and myths surrounding the COVID-19 vaccine, and encouraged uptake. A total of 10 radio talk shows were conducted on Faraja FM, reaching over 300,000 people in Kishapu DC.

Effect of Advocacy meetings with special groups: Afya *Plus* conducted advocacy meetings with special groups, including Mabaraza ya Wazee Ngazi ya Mkoa, Wilaya, Kata, and Vijiji, to raise awareness and promote COVID-19 vaccinations. During these meetings, Afya *Plus* engaged with over 435 people, especially elders who are community gatekeepers and disabled individuals, from 53 villages to combat misconceptions, myths, traditions, and customs that hindered vaccination efforts. Attendees collaborated to develop solutions and action plans to accelerate vaccination efforts within their communities. As a result of these efforts, Afya *Plus*, in collaboration with R/CHMT, successfully increased the vaccination rate from 66% of the eligible population (179,797 individuals) in Kishapu DC to 238,144 people, equivalent to 132.5% of the target, in less than a year.

In conclusion: the community-based demand alignment activity implemented in Kishapu DC using community score card approach underscored that for community-based health services to be successful, a human-centered design approach should be employed where the targeted population is at the center of the design and implementation process, to solely focus on their needs and preferences. It is essential to ensure that the community feels fully engaged and involved in any measures taken in addressing challenges and gaps using locally led solutions, which leads to a sense of ownership. This was evident in the CPRC GLOBAL VAX project, where the introduction of the community scorecard resulted in increased participation and appreciation from the community and eventually led efforts on accelerating COVID-19 vaccine uptake in Kishapu DC.

Acknowledgement:
We want to express our gratitude to the Americares CPRC – Global Vax- USAID funded project for awarding Afya *Plus* the sub-task to support acceleration of COVID-19 vaccination in Shinyanga region. We extend our special appreciation to the Shinyanga RHMT and Kishapu CHMT, with whom we worked together on planning, implementation, and evaluation of COVID-19 vaccination efforts. We also appreciate ward and village/street government leaders, community health workers, and healthcare workers who worked tirelessly to ensure that vaccination reached the eligible groups in a large number to attain the herd immunity.