Piloting the Community Score Card to lift up and leverage community capacities for a more equitable COVID-19 vaccine roll-out in Malawi

Accountability & Trust in COVID-19

The significant amount of misinformation surrounding COVID-19 has deteriorated trust in governments and health systems, leading the World Health Organization to claim it as an "infodemic." As the massive vaccine roll-out efforts launch, systematic trust-building and social accountability approaches are vital to ensure that civil society can hold governments accountable for equitable and people-centered vaccine roll-out that reaches the last mile. CARE knows that epidemics, like COVID-19 and Ebola, start and end with communities, which is why we are working to build meaningful citizen engagement into national vaccine roll-out frameworks to increase trust, accountability, and information dissemination.

CARE's Community Score Card

The Community Score Card (CSC) was developed by CARE Malawi in 2002 and has been effectively used in a wide range of settings and sectors to ensure that public services are accountable to the people and communities they serve. CSC has demonstrated impact on power-shifting and improving service quality and trust building within and between communities and government actors. When COVID-19 arrived in Malawi during March 2020, CARE adapted CSC for remote use. The remote CSC includes an SMS platform and WhatsApp groups through which groups of men, women, youth, community and religious leaders, and service providers could voice their concerns and hesitancies about the vaccine and other health services. The CSC helped to identify major concerns around the vaccine and aided stakeholders in creating locally-driven solutions to combat vaccine hesitancy and misinformation.

Building on these early experiences, from May to June 2021, CARE further implemented a pilot project designed to support efficient and equitable COVID-19 vaccine roll-out in three locations in Malawi: Kandeu and Chigodi health facility catchment populations in Ntcheu district and the New Hope Clinic health facility catchment population in Ngolowindo in Salima district. In all three locations, key stakeholders included groups of women, men, youth, community leaders (chiefs and religious), district health management teams, and health personnel (including health surveillance staff, health facility staff in-charge, and the health center management committee). CARE Malawi's CSC team led the implementation of the pilot with support from CARE USA and digital support from Kwantu.

Key Findings[1]

- Disparities in perceptions of COVID-19 information access:
    - *Service providers and service users:* In Ntcheu and Salima, 95% and 100% of health providers respectively believe that COVID-19 information was accessible through government supported messages on the radio and on posters in hospitals. In comparison, only 40% and 50% of service users in Ntcheu and Salima respectively expressed that COVID-19 information was accessible. This finding reflects disparities in the perceptions of health providers and community members.
    - *Rural and urban areas:* Urban women perceive have greater access to information as compared to rural women; 100% of women in Salima (peri-urban) while 30% of women in Ntcheu (rural) reported access.

- Vaccine hesitancy: In Ntcheu, only 25% of providers and 30% of service users accept and trust the

[1] Note, CSC data presents satisfaction levels of groups based on perspective-based indicators identified by communities themselves as priorities. The satisfaction level presented from groups involved is a proxy of the level of satisfaction for the catchment population.

vaccine. In Salima, only 10% of both service providers and users accept the vaccine.

The government is requiring a different vaccine card for COVID-19, while all other vaccinations (malaria, TB, HPV) are on the same card. While the government may have done this as a quick, cost-efficient option, many service users have interpreted this as the COVID-19 vaccine being treat differently and therefore, suspicious or linked to government withholding some information on the vaccine, which has further contributed to lack of trust and fear. The failure to provide digestible information necessary to understanding the vaccine has consequently resulted in lack of trust, further fueling the rumor that the vaccine is a population control mechanism meant to track individuals (chip insertion), sterilize women, or further marginalize certain groups (political, religious, etc.).

- Vaccination and other COVID-19 perceptions among women and youth:
    - *Women:* In Salima, women are 4x less likely to trust the vaccine (10%) than men (40%) due to fears regarding infertility and population control. Moreover, 40% of women in Ntcheu and 50% of women in Salima suggest that health facilities are inadequately managed given lack of equipment, medications, beds, latrines, and more. Therefore, many women choose not to seek care at a facility.
    - *Youth:* Data from Ntcheu indicates that young people's perceptions differ greatly from other groups and generally have the lowest scores, especially in availability of information on COVID-19, management of suspected and confirmed cases, availability of COVID-19 vaccine, and availability of resources at the facility. However, despite qualitative data indicating concerns of side effects and infertility, young people had the highest scoring percentage of 70% on acceptance of vaccine, which is at least 30 percentage points greater than the other groups.

Effects on contraceptive access:
Some women fear that instead of receiving their planned injectable contraceptive shot, they would unknowingly be receiving the COVID-19 vaccine

Key Reflections:

- **CSC increases trust, at a time when it is needed most:** CSC does not just aggregate scores across groups. It brings people together in inclusive, safe spaces to listen to each other's perspectives and generate dialogue, which supports relationship and trust-building.
- **Real-time data sharing and accountability results in action**: CSC has already facilitated some immediate action. For example, in real-time community leaders liaised with authorities to support contract-tracing and isolation of new visitors from South Africa who had not been following COVID-19 protocols. Systematic sharing of data through the clusters and to influence the national COVID-19 response efforts are also ongoing.

Recommendations:

- **Budget for accountability and adaptation—including Community Score Card as a cornerstone of the National Deployment and Vaccination Plan.** Real-time feedback and insights into client perceptions of COVID-19 vaccines immediately led to action and decisions that helped the District Medical Offers make decisions and more effectively achieve their goals.

"As a ministry, we are doing so much around COVID-19 from prevention to curative but not much has been done to generate or gather feedback from our clients (general public) this tool has helped us to get this feedback which is important for decision making and advocacy." – District Medical Officer, Ntcheu District Hospital

- **Create information and deliver strategies that reach ALL people—especially at the last mile.** This includes investing in mobile outreach clinics and health extension workers. It also means supporting youth leaders and women's rights organizations to ensure that information and services reach all people in the community, not just men in positions of power.

Residents in Ntcheu are unable to consistently receive information from health providers as well as access vaccines. Some people travel to access the vaccines, and upon arrival, often find no vaccine available. This has an extremely detrimental effect to further utilization by those individuals (unlikely to return) and by others in their community (whom those individuals talk to). Others choose not to travel due to the long distance and time spent away from work amidst the existing economic crisis.

- **Diversify communications channels and create space for feedback in local vaccination plans.** Posters and sharing information through formal structures has not been enough, especially for women and youth. Budgets and action plans must include lines for diverse communication, such as toll-free helplines, key contact people to answer questions, community health workers, and other opportunities for women and girls to get more information and ask questions.

"Understanding the importance of getting the vaccine by community members was different among members, some communities chased health workers (stoning their vehicles) while others demanded for cash ($5) in exchange for the jab." DHMT, Ntcheu DHO

- **Leverage positive deviants among health providers, religious leaders, women's and youth leaders to serve as COVID-19 vaccine champions.** Due to the lack of trust in government and health systems, it is vital that people in positions of power and leadership serve as role models and publicly take the vaccine to promote its effectiveness and safety.

- **Monitor, prioritize and invest in Sexual and Reproductive Health and Rights (SRHR) as part of COVID-19 efforts to avoid reversal in gains**: Combat localized misinformation on fertility and vaccines, resource supplies and quality of SRHR service provision and double-down on efforts for male engagement and addressing gender and social norms around family planning now exacerbated by COVID-19.

For additional information, please contact CARE Malawi:

Patience Mgoli Mwale
Learning and Advocacy Advisor
patience.mgolimwale@care.org

Thumbiko Wa-Chizuma Msiska
Technical Director, CSC Consulting
Thumbiko.msiska@care.org