

Tackling Vaccine Hesitancy and Expanding Vaccine Access in Tanzania with Community Health Workers in the Lead

OVERVIEW Since September 2021, CARE Tanzania has worked as a partner to the Government of Tanzania to improve vaccine access across the country. CARE's logistical support has helped the government to cover large, underserved geographical areas. To increase vaccine uptake, CARE staff also engaged local Community Health Workers (CHWs) to address vaccination misconceptions and developed improved health communication and data management tools. An initial training took place in November 2021 that trained 217 CHWs in the Tabora region. With these new resources, these health workers on the front lines have put in place two new strategies. First, COVID-19 vaccination is now integrated with other basic health services at local facilities. CARE supported COVID-19 vaccine distribution in 268 health facilities in Tabora Region. These facilities distributed 20,287 COVID vaccines in areas supported by CARE. Second, the CHWs are now conducting targeted outreach informed by local concerns to address vaccine hesitancy in women and children. Now, not only are vaccinations being provided, but CHWs have also confirmed that **women have increased their acceptance of vaccination shots**.

217

CHWs (48% female) trained on community mobilization and outreach for COVID-19 vaccination

Over 17,000 people (36% female) were reached by community sensitization sessions.

CARE supported **268 health facilities** where **20,287 COVID vaccines doses** were administered in rural areas. Prior to community sensitization sessions, the region had only 6,230 people vaccinated.

Best Practices in CHW Training

ADDRESS MYTHS AND RUMORS SURROUNDING VACCINATION – CHWs AS OPINION LEADERS

Beliefs and customs are drivers behind lagging COVID-19 vaccination in communities, even among CHWs. A primary issue was confusion on the eligibility of lactating mothers and pregnant women, which contributed to low vaccination rates for women. The training sessions emphasized women's eligibility, including for current and expecting mothers, and reassured CHWs that the vaccine was safe for pregnant and lactating women. Additionally, there was a misconception in communities that COVID-19 vaccines were mandatory and administered during regular clinic visits for routine vaccinations. Women and children in the communities began avoiding routine visits out of concern they would be unknowingly or unwillingly vaccinated against COVID-19. The training informed CHWs on various efforts to maintain routine vaccination while promoting COVID-19 vaccines. CHW training emphasized the importance of communicating that COVID-19 vaccines are voluntary and not mandatory. Facilitators encouraged questions from CHWs to resolve their hesitancy and some CHWs received their vaccine dose immediately after training. Others went to get vaccinated in their localities as part of building trust among community members. Once hesitancy was addressed amongst CHWs themselves, they were able to go out into the communities as trusted leaders and insider vaccine champions. They hold dialogue-based awareness-raising sessions to answer questions about these myths and rumors. These sessions increase accurate knowledge of the COVID-19 vaccine and trust in health providers.

INTEGRATE VACCINATION INTO ROUTINE MATERNAL AND CHILD HEALTHCARE VISITS

Community awareness campaigns increased knowledge of both the availability and eligibility of COVID-19 vaccines so that, when community members visited clinics for routine visits, they were already informed of the option to also receive COVID-19 vaccination as a part of routine services. COVID-19 vaccines were widely available at all health centers. CARE staff was available in the right place at the right time by providing transport to ensure vaccines got to health centers as well as stocking mobile vaccination services in communities. This meant that community members could choose to get vaccinated at the time and place convenient to them. This vaccine delivery strategy was especially effective in reaching women because they typically

take children in the household for their routine health care needs. Because they had more contact with healthcare settings and educational events, women typically received more accurate information on vaccination from both community awareness campaigns and directly from clinics during routine visits for maternal and child healthcare. On the other hand, men were often only receiving this information when they were able to attend community campaign meetings. This difference in exposure may explain the greater uptake of vaccines among women.

DEVELOP UPDATED TRAINING MATERIALS AND TOOLS FOR CHWs TO USE IN COMMUNITIES

The CHWs also learned how to use data collection tools designed to document what vaccine related information was circulating in populations. This training content aimed to familiarize CHWs with the data collection process and give them the chance to practice working with data collection tools and health education materials so that they could use them confidently where needed during outreach sessions and mobile vaccination sessions. Prior to this training, the region did not have materials prepared for CHW training. CARE used this opportunity to work with the Regional and District Coordinators to develop a foundational training package for sessions with CHWs for the future.

ENGAGE CHWs IN TRACKING VACCINATION ADHERENCE

Another component of the training emphasized the importance of returning for all recommended COVID-19 vaccine doses. Dispelling misconceptions to make sure communities feel confident in getting vaccinated is the first hurdle. The second challenge is to make sure that community members know how important it is to return for their second dose, and potentially for boosters in the future. The trained CHWs were asked to monitor whether those who had received a first dose were returning for a second. With new tools given to them from the training, CHWs were urged to track the community members in their neighborhood who still needed second doses. This was combined with routine follow-up tracking that CHWs performed for other health services such as basic non-COVID immunizations and antenatal care. Once those who needed an additional dose have been identified, CHWs can perform outreach to remind and support people to complete second dose of vaccine.



COVID-19 Mobile Vaccination



CHW Training on COVID-19 Sensitization

Authors

This brief was written by Beja Turner, Flavian Lihwa, and Shefa Sikder. The information in this brief is up to date as of April 25th, 2022. Further updates will be made as more data becomes available.