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# Solutions for Last Mile Vaccination in Zambia

While Zambia aims to deliver COVID-19 vaccines to 70% of its people by June 30, 2022, the road to getting there is uncertain. The Zambian Ministry of Health reports that, as of March 7, 2022, 26% of people had received two doses. CARE's experience in the Muchinga province shows many promising practices that have accelerated vaccine uptake at the last mile. **Coordinating with the Ministry of Health, working with Frontline Health Workers, and using data to adapt quickly have been some of the keys to success.** Other key factors include **expanding mobile vaccinations, working with local leaders, and integrating services wherever possible.**

In Zambia, CARE's Fast & Fair vaccine initiative supports COVID-19 vaccine delivery for 3 districts (Lavushimanda, Kanchibiya, and Shiwang'andu) in Muchinga province. These districts have a vaccine target of 170,076 people across 48 health facilities which includes mini hospitals, rural health centres, and health posts. They have reached 35,492 people, 21% of the total goal. With additional support and resources, the practices listed above can dramatically accelerate Zambia's COVID-19 vaccination rates.



## 5 x people

*The three districts where CARE supports the government of Zambia have vaccinated 5 times more people by applying the strategies in this brief*

## Coordinating with the Ministry of Health

**Build on trust.** The first critical step was working with the Zambian Ministry of Health to target the areas of greatest need, understand the biggest gaps where CARE's support could make a difference, and help extend the government's vaccination efforts. Building on a long history of partnership across many health issues, CARE coordinated with the Ministry from the national level, where the team identified Muchinga province with one of the lowest vaccination rates, only 4% coverage as of November 30<sup>th</sup>, 2021. Once Muchinga became the target province, the provincial and district health authorities worked with CARE to identify gaps in the vaccine micro-plan where there were not enough resources to carry out all of the activities. Having strong relationships with national, provincial, and district health authorities made it much easier to plan quickly and build on existing

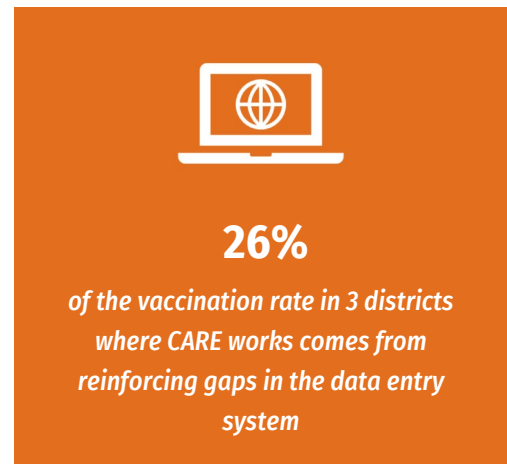
trust.

**Adapt quickly and often.** Working with local experts, CARE quickly identified ways to change existing plans. For example, the project initially called for radio announcements about vaccines. While that might have been relevant in other districts, Muchinga has very low radio coverage in the areas CARE focused on. By comparing the local context to the original plan, we were able to use funding for higher-impact activities. In this case, that meant investing in community health volunteers doing in-person visits and awareness raising activities.

Another rapid adaptation was switching from having community mobilization and awareness raising visits on a separate day from the actual vaccine campaign. For many people, two separate sets of events was confusing, and it increased the travel and personnel costs for health center staff. Instead, health center staff rely on community health volunteers and local leaders now do mobilization ahead of time, and then health center staff do vaccination on the same trip.

**Monitor data together.** The CARE Fast & Fair team worked to support data collection and entry so there is high-quality data available about the vaccine situation in the three relevant districts. In the areas CARE covers, 28 out of the 48 health facilities have neither power nor internet. Investing in data systems accounted for more than a quarter - 26% - of the recorded vaccinations in 21 health facilities that were not previously being tracked. Those investments include hiring additional data clerks and paying a lunch allowance for them to enter data in the system by going to facilities that have electricity and internet.

In addition to vaccination records and electronic systems, the teams are also checking in with key local leaders, local health officers, and community volunteers. They share information about what days people come to the health centers, where there are high-population areas that aren't getting services, and where there are opportunities for mobile vaccines. That real-time information allows health workers to target services—especially mobile vaccination units—for places, days, and times when they are likely to reach the most people.



## Working with Frontline Health Workers and Local Leaders

Frontline Health Workers (FLHWs) have been irreplaceable actors in the COVID-19 vaccination efforts. As people who live and work in the communities they serve, they have high levels of trust with community members, understand the local context and needs, and can make critical connections to local leaders. They also require less in terms of allowances because they are working in their own catchment areas.

| Mobile Health Vaccine Teams   | Community Health Volunteers   |
|---|---|
|  1 Vaccinator      |   |
|  1 Data Clerk      |   |
|  1 Safety official |  1 Registrar |
|  1 Driver          |  1 Mobilizer |
|  1 Car             |   |

CARE works through District coordinators who are already working on existing CARE Scaling Up Nutrition projects in the three districts. The district coordinators work in collaboration with health workers at district health level and FLHWs in the communities. This has built trust and a knowledge of what works in their own communities to promote health behaviors—like uptake of COVID-19 vaccines.

These health workers help make up a mobile vaccination team from a health center and make it possible to reach more people in a short time. For example, FLHWs can help mobilize community members, fill out paper vaccination records, set up the vaccination site, and keep crowds organized.

Local leaders—both official and traditional—have been key promoters of COVID-19 vaccines. When we train and support local leaders on the importance of the COVID-19 vaccine, they encourage their communities to get vaccinations. This has been universally successful in the places where we have engaged local leaders and provided information on risks and the need for COVID-19 vaccines.

## Adapting Health Services

**Moving to mobile vaccination campaigns**, rather than only health center-based vaccine delivery, has dramatically increased access and COVID-19 vaccination rates. Mobile vaccination campaigns reduce the last mile distribution challenges for COVID-19 vaccines. People in the community appreciate the efforts made by the health team to deliver the vaccines to them. In addition, people feel motivated when they see others getting vaccinated and volunteer to do so themselves.

**Integrating vaccines with other services** has allowed both an increase in vaccine uptake and an improvement in the number of women who are getting COVID-19 vaccines. Initially, myths that COVID-19 vaccines cause infertility and miscarriage drove women away from getting vaccinated. Incorporating COVID-19 vaccination into other health services such as growth monitoring, Antenatal Care (ANC), and family planning services helped increase the number of women accessing COVID-19 vaccines. To make this possible, CARE and the district health facilities took 3 key actions:

- 1) **Pay additional staff** on the days centers are offering ANC, growth monitoring, under-five outreach services, and family planning services. Those additional staff members—community health volunteers, a driver, and a project coordinator—ran the COVID-19 awareness raising and vaccination services so they did not disrupt other essential health services. CARE supports the team by covering costs for additional staff and contributing to costs of vehicles and fuel.
- 2) **Promote vaccines for women and girls.** The team built messaging around COVID-19 vaccines to explicitly address concerns women had about fertility. They rolled out messages for women in spaces they knew women congregate—like health clinics. The new messages targeted women and focused on answering questions and dispelling rumors. The team also created **messages to engage men in equality**—putting key messages in places like markets where they knew men would show up. Those key messages talked about how men could encourage and support women to get COVID-19 vaccines.
- 3) **Expand health worker comfort with vaccine information.** The team provided training to increase community health workers' and frontline health workers' ability to answer questions and address concerns about COVID-19 vaccine safety for women. This also included increasing outreach efforts.

In the early stages of this integration, there was low turnout for specific activities. Because of the team's persistence in raising awareness and addressing community concerns, there has now been an increase on vaccine uptake among women.

### Authors

This brief was written by Dr. Allan Zulu, Emily Janoch, and Allison Prather. The information in this brief is up to date as of March 18<sup>th</sup>, 2022. Further updates will be made as more data becomes available.

### Closing the gender gap:

While 10.6% of men have gotten a COVID-19 vaccine, only 8.6% of women have gotten their first dose so far.

In places where teams have integrated COVID-19 vaccines into antenatal care or childhood vaccine services, women are more likely than men to get their vaccines.