

Pathways to Vaccination

A case study of Tanga region in Tanzania

Case study on the barriers and enablers of COVID-19 vaccination in Tanga, Tanzania

The TRCS, in collaboration with the IFRC, conducted a case study to explore the social and behavioral factors that influenced COVID-19 vaccine uptake among individuals who had not yet been vaccinated or had recently received the vaccine. The study involved interviews with a total of 9 participants, including 1 TRCS staff member, 2 TRCS volunteers, 2 Community Health Workers, and 2 district health staff.

The case study employed a semi-structured qualitative interview method, facilitated by the IFRC Community Engagement and Accountability (CEA) delegate. The interviews were conducted in a conversational style, allowing participants to express their thoughts, opinions, and experiences related to COVID-19 vaccination. The interviews were administered in the local language and translated by either the CEA coordinator or TRCS to ensure effective communication between the interviewer and the participants.

The insights gathered from these interviews can provide valuable information for TRCS and the IFRC in designing targeted strategies and interventions to address vaccine hesitancy, promote vaccine acceptance, and increase vaccine coverage within the community. Understanding the specific social and behavioral factors influencing vaccine uptake can help tailor communication and engagement approaches to effectively address concerns, dispel misinformation, and foster a supportive environment for vaccination efforts.

Background to the COVID-19 vaccination project run by the Tanzanian Red Cross

Since the beginning of the pandemic, the Tanzania Red Cross Society (TRCS) has collaborated with the Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC), UN agencies, Red Cross movement partners, and other stakeholders to prepare for and respond to the COVID-19 outbreak. TRCS has actively participated in coordination meetings of the National Task Force, taking the lead in the Risk Communication and Community Engagement (RCCE) pillar. Through this pillar, TRCS has spearheaded community mobilization interventions across all 31 regions in both mainland Tanzania and Zanzibar.

Initially, TRCS focused on promoting preventive measures such as handwashing, social distancing, and the use of masks at the community level. This continued until July 2021 when the first batch of COVID-19 vaccines arrived in Tanzania. Subsequently, additional activities were implemented to mobilize communities and encourage vaccine uptake. However, various challenges persist in ensuring equitable access to the COVID-19 vaccine and implementing effective preparedness and response interventions at the community level. To address these challenges, TRCS

collaborated closely with the District Health Medical Officer, the Vaccination Officer, and the Hygiene Promotion Officer of the Tanzanian health authorities.

The joint efforts of the district health teams and TRCS focused on utilizing three main communication and outreach channels. Firstly, door-to-door visits were conducted to engage with community members directly in their homes. This approach allowed for personalized communication and provided an opportunity to address any concerns or misconceptions regarding the vaccination.

Secondly, mobile vans equipped with speakers were deployed to frequently populated areas such as markets and fisheries. These vans amplified key messages about the importance of receiving the COVID-19 vaccine, reaching a larger audience and increasing awareness. Lastly, influential leaders within the communities played a vital role in conveying the significance of vaccination. Their support and advocacy helped to build trust and encourage community members to take part in the vaccination campaign. Through these collaborative efforts and strategic communication approaches, TRCS aimed to improve vaccination acceptance and coverage among the population in Tanzania.



What were the main barriers to COVID-19 vaccination for the population in Tanga, Tanzania

During the initial stages of the pandemic, religious leaders posed a barrier to vaccination efforts due to their belief that only divine intervention could protect people from COVID-19. TRCS and health authorities undertook a concerted effort to engage with religious leaders by sharing transparent information, facts, and figures about COVID-19. Regular interactions were held to convince them of the effectiveness and importance of vaccination in protecting individuals from the virus.

As COVID-19 cases increased and people experienced personal losses, it became easier for individuals to recognize the reality of the virus and understand that it could not be solely addressed through faith alone. Consequently, religious leaders also changed their opinions and began supporting TRCS and health

authorities in promoting and facilitating vaccinations.

In certain areas of Tanga, practical obstacles hindered vaccination efforts. Initially, there was a shortage of vaccines, particularly the Johnson & Johnson vaccine, which required only one dose and was therefore preferred by many. Additionally, reaching people in remote and inaccessible locations posed challenges. TRCS volunteers and relevant health staff resorted to using boda bodas (motorcycle taxis) to reach those residing in far-flung and difficult-to-access areas. Even in easily reachable areas, some community members, especially fishermen, expressed that without bringing the vaccine directly to them, they would unlikely have received vaccination to date.

The fact that the vaccine was provided free of charge played another crucial role in facilitating its acceptance. None of the community members interviewed indicated they would have obtained the vaccine if they had to pay for it.

At the onset of the pandemic, various beliefs circulated regarding the vaccination. In the Tanga region, two prevalent beliefs were that the vaccine could cause infertility, particularly in men, and that the virus was fabricated by white people as a means to reduce the African population by administering poisonous vaccines. Men exhibited more reluctance than women, potentially

due to the perception that vaccination campaigns primarily targeted women and children. Since previous vaccination efforts predominantly focused on children and women, women in these communities often assumed the responsibility of raising awareness about vaccination within their families.



Stories from community members on vaccine reluctance

Among the community members who have not yet received the vaccine, two individuals are not afraid of the vaccination itself. They understand its role as a preventive measure and are aware of the risks associated with COVID-19. However, their main reason for not getting vaccinated is their lack of availability during the campaign period, as they were not present in their village when the vaccination team visited. They prioritize their work commitments and have dedicated all their time to work, thus not finding the opportunity to receive the vaccine.

Another community member expresses fear of the vaccine's potential side effects and lacks awareness regarding its importance. This individual did not receive any awareness-raising activities because they were consistently occupied with their work as a boda boda driver. He tends to rely on traditional medicine before seeking hospital-based treatment. He also noted that many boda boda drivers are young men who may be better reached and influenced by peers from their own age group rather than individuals with whom they do not identify.

The fourth individual, an elderly woman, has received awareness and education about the vaccine. However, she remains unconvinced due to circulating beliefs, particularly the claim that people have died as a result of receiving the vaccine. Despite being informed, she still harbors doubts about the accuracy of such information, which prevents her from getting vaccinated.



What were the main enablers to COVID-19 vaccination for the population in Tanga, Tanzania

Two significant factors that facilitated vaccination uptake were the public visibility of influential figures, notably the national president of Tanzania, who received the vaccine publicly. This demonstration by influential individuals played a crucial role in encouraging others to follow suit. Additionally, having respected community leaders advocate for the vaccine directly within their communities proved effective. For instance, a TRCS volunteer shared an example where a family initially resisted vaccination awareness efforts but changed their perspective when influential community members joined in delivering the same message.

“Recognition of community leaders is very important.”

Both TRCS staff and health authorities emphasized the importance of community ownership in the vaccination campaign for it to have a meaningful impact. This began with creating awareness and providing education about the virus, ensuring that individuals understood the negative consequences of COVID-19 and the positive benefits of vaccination. Initially, the lowest level of village leaders was not involved in the planning and implementation of the campaign, which led to some reluctance. However, as the campaign progressed, TRCS and health authorities began involving leaders at all levels, fostering motivation and cooperation among all community leaders. This highlights the significance of community engagement at the outset of any vaccination campaign, as understanding the specific needs and preferences of each community is essential for effective outreach.

“The best experience I have gained is first we need to understand the community, before we can plan for community engagement. When you miss to understand, you will not know how to reach them most successfully.”

Another enabling factor was witnessing the detrimental effects of the virus, particularly the loss of loved ones. The observation that a significant number of hospital admissions in Tanga city were due to COVID-19 also contributed to a greater sense of urgency and the recognition of the virus’s impact.

Stories from community members on vaccine uptake

People who readily accepted the COVID-19 vaccine were often those who had not been exposed to or were not influenced by the disbeliefs surrounding the virus and the vaccine. They relied on their own judgment and trusted in their ability to make informed decisions, unaffected by rumors or misinformation. As expressed by a fisherman in the community, his self-awareness and confidence in his judgment prevented them from being swayed by unfounded claims.

The two key messages that resonated most effectively with the communities were the understanding that the vaccine served as a preventive measure, alleviating the anxieties individuals had about the virus, and the awareness of the negative consequences of contracting the virus. Hearing about the potential risks associated with COVID-19 reinforced the importance of vaccination. A community leader aptly summarized the sentiment by stating that receiving the preventative vaccination brings peace of mind.

“Awareness creation is a process, it takes time, you can compare it to seducing a woman.”

An example was provided of a woman who initially hesitated due to concerns about potential illness from the vaccine. However, she eventually decided to take the vaccine after receiving information from the health center. This information enabled her to comprehend the adverse effects of the virus and the benefits of vaccination, ultimately leading her to make an informed decision in favor of vaccination.

