



## FROM VACCINE HESITANCY TO CONFIDENCE:

### Case study on Enhancing Effective Risk Communication and Community Engagement for vaccine uptake from Tanzania Red Cross Society.



Authors: S. Warioba<sup>1</sup>, Robinson Nnaji<sup>2</sup>, Tumaini Haonga<sup>3</sup>, H. Ngude<sup>1</sup>, F. Tinuga<sup>2</sup>, M. Hassan<sup>5</sup>.

1) Tanzania Red Cross Society. 2) Africa Center for Disease Control. 3) Tanzania Ministry of Health HPS Unit. 4) Tanzania Ministry of health IVD unity. 5) Tanzania President's Office and Regional Administration and Local Governments (PO-RALG).

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## Abstract

The emergence of the COVID-19 pandemic in Tanzania in April 2020 brought panic among the communities. Globally, there was a public health emergency! Fear, uncertainty, rumours, and misconceptions were the order of the day as the virus decimated populations across nations. Tanzania, in East Africa, was no exception. Vaccines were manufactured and approved for emergency use, but health care personnel faced a lot of hesitancy from the communities. The World Health Organisation (WHO) defines vaccine hesitancy as the delay in acceptance or refusal of safe vaccines despite availability of vaccination services, (WHO, 2015). The Africa Centers for Disease Control and Prevention (Africa CDC) in partnership with the Mastercard Foundation set up the Saving Lives and Livelihoods initiative to address COVID-19 vaccine uptake in 55 African Union Member States and vaccine hesitancy in communities. The Red Cross and Red Crescent Movement was assigned the role of supporting the Risk Communication and Community Engagement (RCCE) pillar. Tanzania Red Cross Society (TRCS) used face-to-face interactions, household visits, radio sessions, community meetings and public address systems amongst other methods of communication to reach their target communities. Through the various communication channels TRCS managed to mobilise 7,951,248 (148%) eligible people for vaccination, way above the target of 5,379,513, between July 2022 and July 2023.





## Introduction

The first case of COVID-19 was registered in Tanzania in April 2020. Globally, there was a public health emergency! Fear, uncertainty, rumours, and misconceptions were the order of the day as the virus decimated populations across nations. Since the report of the first case in Tanzania till July 2021, wearing a mask in public places, washing your hands or sanitizing hands with a 60% alcohol-based sanitizer, and social distancing were preventive measures being practiced stopping the spread of the disease. Vaccines for emergency use were manufactured and being approved by the World Health Organisation (WHO). The Pfizer, Gamaleya, Janssen & Janssen, Sinopharm and Sinovac vaccines were introduced targeting all aged 18 years and above. From July 2021, the COVID-19 vaccination has been available, in Tanzania and communities have been encouraged to get vaccinated. When the Africa CDC Saving Lives and Livelihoods initiative began in July 2022, only 25% had received the COVID-19 vaccine against a target of at least 70% of the eligible population by December 2022. Vaccination of at least 70% of the population is important to achieve herd immunity.

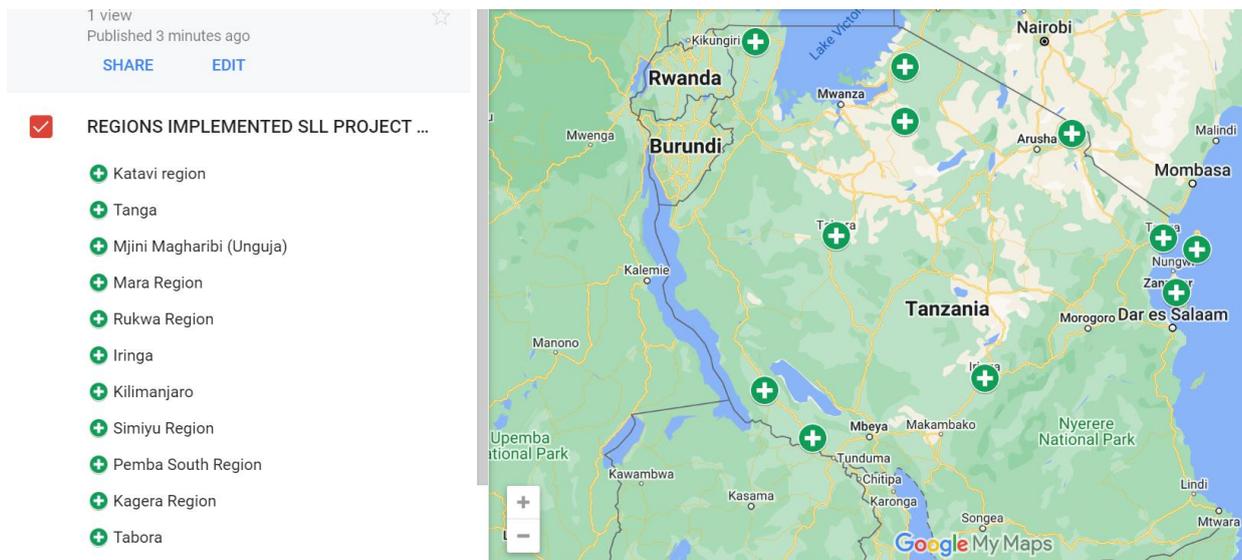




The Africa Centers for Disease Control and Prevention (Africa CDC) in partnership with the Mastercard Foundation set up the Saving Lives and Livelihoods initiative to address the gaps in COVID-19 vaccine uptake in African Union Member States and vaccine hesitancy in communities. The Red Cross and Red Crescent movement was assigned the role of supporting the Risk Communication and Community Engagement pillar. The aims of the RCCE pillar are to:

1. Understand the drivers and scale of vaccine hesitancy and develop a strategy to combat it
2. Implement RCCE strategies across selected Member States
3. Set up systems and tools for effective communication

Under the guidance of Kenya Red Cross Society, as the lead of the Eastern Consortium, Tanzania Red Cross Society started implementation in October 2022. The Saving Lives and Livelihoods initiative was rolled out across the 11 regions in the mainland and Zanzibar namely, Kagera, Mara, Tabora, Simiyu, Katavi, Rukwa, Iringa, Tanga, Kilimanjaro, Mjini Magharibi and Kusini Pemba.





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## Steps Towards Enhancing Effective Risk Communication and Community Engagement for vaccine uptake in Tanzania.

When the Africa CDC Saving Lives and Livelihoods initiative began in July 2022, only 25% had received the COVID-19 vaccine against a target of at least 70% of the eligible population by December 2022. The World Health Organisation (WHO) defines vaccine hesitancy as the delay in acceptance or refusal of safe vaccines despite availability of vaccination services. There was a gap in information on what caused the vaccine hesitancy among communities and the most effective communication channels to reach the audiences. Effective communication is key to dispelling fears, addressing concerns, and promoting acceptance of vaccination, (WHO, 2015).

### Situational analysis using DHIS2.

In collaboration with the government TRCS identified areas that had low vaccine uptake making use of the DHIS2. DHIS2 is a tool for collection, validation, analysis, and presentation of aggregate and patient-based statistical data, tailored (but not limited) to integrated health information management activities, (DHIS2, 2024). From the data extracted from DHIS2 Tanga, Kilimanjaro, Iringa, Rukwa, Katavi, Katavi, Tabora, Simiyu, Mara and Zanzibar had low vaccine uptake.

### Baseline Perception Survey

TRCS conducted a perception survey in the two regions of Dodoma and Singida; representing six district councils. Trained TRCS volunteers collected knowledge, attitudes, beliefs, and perceptions concerning COVID-19 and the approved vaccines. The perception study was carried out over a period of three days. Questions from the study sought to understand vaccine hesitancy and the preferred channels of communication by the community. Some of the questions asked on vaccine hesitancy included:





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1. Do you have enough information to help you make an informed decision about whether to get vaccinated against COVID-19?
2. If a COVID-19 vaccine were available and recommended to you, would you get it?
3. Where would you prefer to get a COVID-19 vaccine?

Male and female respondents' vaccine hesitancy had to do with misconceptions on infertility, abnormal births, fever, and loss of life. For the interview tool used go to:

<https://ee.humanitarianresponse.info/x/iWOBP9w9>

### Sources of communication

The preferred sources of communication were visual communication where the political leaders, community leaders and influential people were vaccinated in front of people. They acted as ambassadors to the community having vaccine hesitancy. Various communication channels were used where community health workers, community leaders and influential people were communicating the RCCE message to the people through household visits, community gathering meetings, radio talk shows and local public announcement using megaphone.

### Community engagement and accountability

Community engagement and accountability is a way of working that recognizes and values of all community members as equal partners, whose diverse needs, priorities, and preferences guide everything that the Red Cross Red Crescent Movement does, (International Federation of Red Cross and Red Crescent Societies and the International Committee of the Red Cross, 2021). TRCS worked with the local government authorities, community leaders and influential people to address vaccine hesitancy within communities. Red Cross volunteers made daily follow-ups on feedback received on the COVID-19 vaccine and addressed them immediately to facilitate vaccine uptake.

### Findings

TRCS collaborated with the United Republic of Tanzania government to ensure that communities living in high-risk areas are reached with COVID-19 messages through effective communication channels. The communication effort focused on communicating the risks of infection and reaching special populations with messages on the benefits of vaccination. As the lead for the Risk Communication and Community Engagement (RCCE) pillar, TRCS coordinated the National Task Force meetings. Under this pillar, TRCS



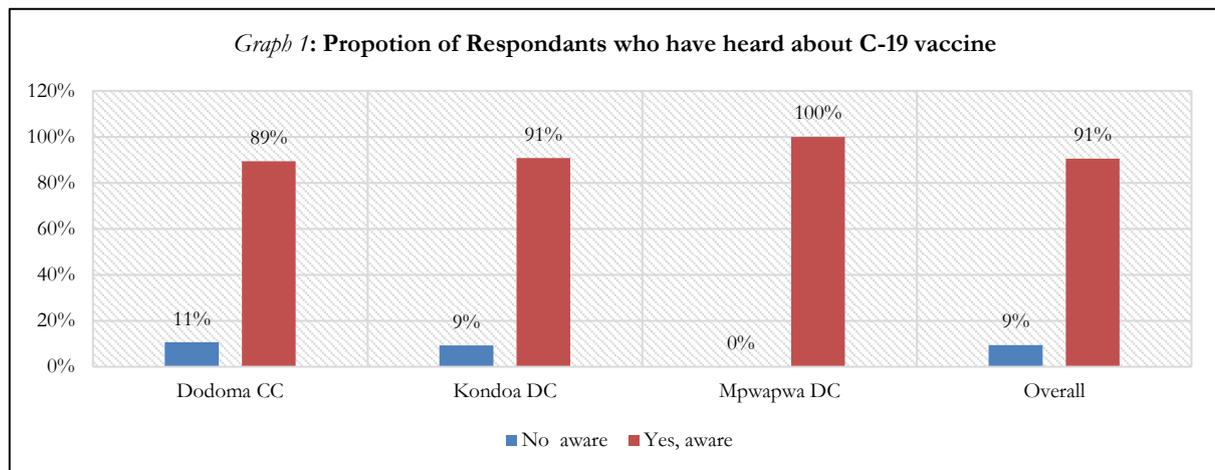


led community mobilisation initiatives in all 31 regions of Tanzania’s mainland as well as Zanzibar.

### a) What contributed to vaccine hesitancy among communities?

#### Information related to the COVID-19 vaccine.

Basing on the survey findings 91% of the interviewed people are aware of the C-19 vaccine but having negative believes about the vaccine and the mostly likely question and altitude of the people were the ramous herd, that vaccine is not safe for the human health while only 9% of the interviewed people are not aware. This finding implies that the C-19 vaccine awareness is promising to all surveyed areas, whereby Mpwapwa DC is 100%, Kondoa DC 91% and Dodoma CC is 89%. Graph 1 illustrate findings in each district.



Despite the high levels of awareness, communities were hesitant to get vaccinated. Communities had questions fueled by rumours from social media, and peers. Questions and statements said were on:

- i. *“Does COVID- 19 vaccine cause infertility?”*
- ii. *“If the vaccine is effective, why are European people are passing every day?”*
- iii. *“What are the side effects of COVID-19 vaccine?”*
- iv. *“It’s said that when you get COVID-19 vaccine you’ll slowly change your genetic make -up into a zombie.”*





### Community trust in the COVID-19 vaccine

Trust of the community on the COVID-19 vaccine indicates that, 29% have little trust, 25% have moderate trust while 18% had trust in the COVID-19 vaccine. On the other hand, 25% of the eligible population did not trust the vaccine while 3% of the interviewed people did not prefer to respond to that question. Having 25% of people who do not trust COVID-19 vaccine, implies that more community sensitisation sessions on the COVID-19 vaccine are needed in the community. *Table 1* below indicates findings per districts:

Table 1

Table 4: Community Trust Perception on C-19 Vaccine				
level of trust	Dodoma CC	Kondoa DC	Mpwapwa DC	Overall
A little	29%	31%	26%	29%
Moderately	27%	22%	18%	25%
Not at all	24%	22%	41%	25%
Prefer not to answer	2%	5%	5%	3%
Very much	18%	20%	10%	18%

### COVID-19 vaccine uptake

Findings indicates that, 79% of the interviewed people had not yet been vaccinated while 21% of the interviewed people were vaccinated. Basing on the findings per district, Kondoa Dc 81%, Mpwapwa Dc 79%, and Dodoma CC, 79% of the people interviewed are not yet vaccinated as the *Graph 2* illustrates in detail. This finding implies there is still a need of activating vaccination campaigns to ensure 70% of the eligible population are vaccinated for herd immunity.

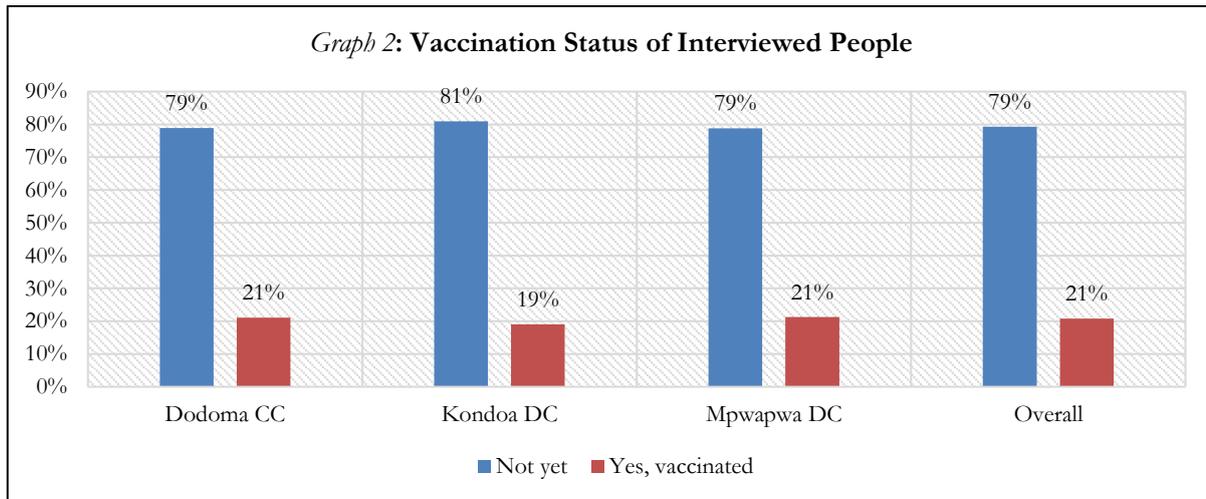




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Based on the finding for people who are not yet vaccinated 49% fear getting the vaccine, 22% are not aware of the vaccine while 8% are not aware of vaccination points. *Graph 2* above illustrates findings per district.

**b) What Risk Communication and Community Engagement (RCCE) activities contributed to the increase in vaccine uptake?**

TRCS developed, designed, and implemented a RCCE strategy in collaboration with the Ministry of Health (MoH) and stakeholders.

Effective communication is key to dispelling fears, addressing concerns, and promoting acceptance of vaccination, (WHO, 2015). For effective communication of RCCE messages TRCS in partnership with MoH engaged the local government authorities from regional, district, council to ward levels. This engagement facilitated ownership of the activities at community level and the best action plans were implemented that ensured RCCE messages reached the underserved people while maximizing on the limited resources available.

Some of the activities that were carried out included:

- Door-to-door visits were conducted in three days per week by the **4280** Community Health Workers (CHW) and **1992** community leaders to send the RCCE messages on COVID-19 vaccine to the community whereby individuals target was to reach at least 20 households per day where the total of 7,951,248 were reached in RCCE in all regions implemented SLL program within ten months.
- Radio talk shows were for 60 mins and run on seven (07) radio stations for one period per week. A team comprising of a professional doctor and RCCE personnel provided health education to the





community through the radio sessions and reached about 10,472,325 all over the country. The radio programmes were hosted in the local language, and listeners also had an opportunity to ask questions and get real time feedback.

- The initiative also capitalized on community meetings and used influential people in the local area to mobilise for vaccination.
- Local Public Address and Mobile van Public Address system was used to convey the RCCE message in all the eleven regions implementing the Africa CDC Saving Lives and Livelihoods initiative. Through the Public Address system, large areas were covered and reached with messages on COVID-19 and vaccination.
- Feedback meetings were held in selected areas to get the community’s sentiments on the strengths and weaknesses of the initiative. They were also a platform for interaction with the community and for building trust.

All these activities were implemented from October 2022 to July 2023, and achieved great results as shown in the table below; *(number of people reached in RCCE interventions per community)*.

### **People reached through RCCE activities.**

About 7,951,248 (148%) eligible people were reached for mobilization of COVID-19 vaccine above the target of 5,379,513 Mobilisation for vaccination was through TRCS volunteers, CHWs, Traditional healers, Influential people, mobile vans with Public Address, Community events or meetings and Media.

***Graph 1.0: Showing distribution of number of people reached during the Saving Lives and Livelihoods initiative Vs targeted people per region.***

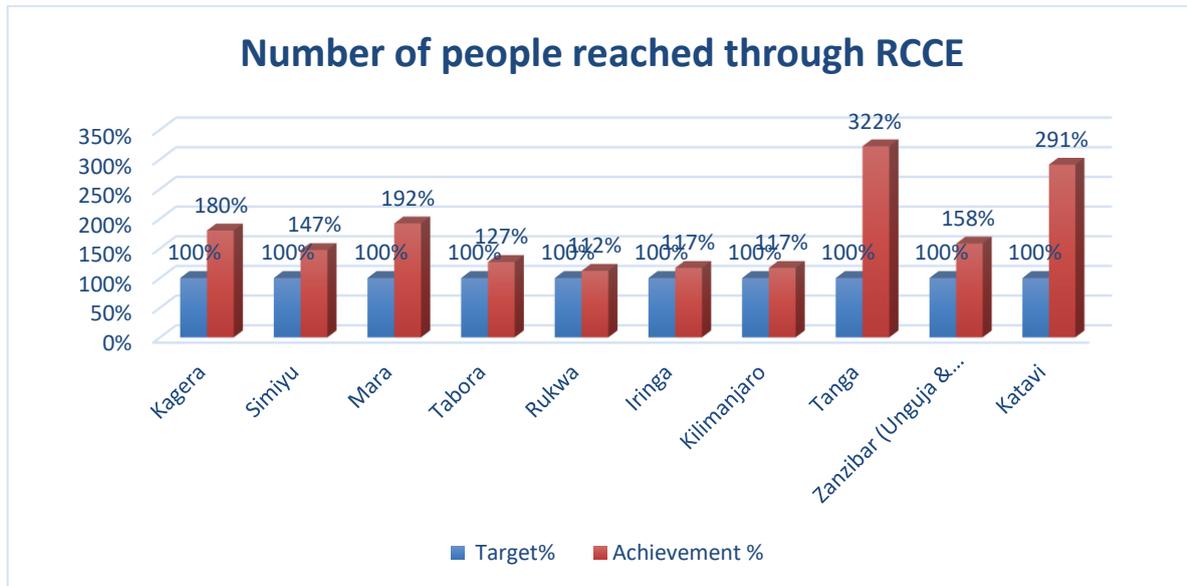




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### Number of people trained on RCCE approaches and the COVID-19 vaccine.

TRCS trained 35 members of staff on Risk communication and community engagement for COVID-19. Training also included building their capacity on community entry protocols (CEP) and with the support from Government. In addition, TRCS equipped 4280 trained CHWs and TRCS volunteers with COVID-19 modules and CEPs.

### Youth engagement in RCCE activities

Youth groups tend to receive misinformation through different channels including social media. They then spread the misinformation and rumors to the community.

Findings from the perception survey indicate that most of the youths are hesitant to get vaccinated as they fear reproductive health problems in the future. TRCS engaged the youth in the program via peer-to-peer mobilization to address the misinformation or vaccine hesitance through household visits and focus group discussions. The TRCS communications unit shared some publications and testimonials through social media which attracted more youths to join the COVID-19 free community.

### Number of community influencers engaged to inform about COVID-19 vaccination.

TRCS employed and engaged community influencers to address COVID-19 vaccine hesitancy within the community. Most community members trust the community influencers as they are part of their communities. More than 30,000 community influencers were engaged to build confidence in the uptake of COVID-19 vaccines among community members. In promotion of the vaccine, they got vaccinated in front of their





communities and were at the forefront in mobilizing people to get vaccinated by showing their COVID-19 vaccination cards.

## Discussion

About 85% of adults in Tanzania were reluctant and hesitant to get the COVID-19 vaccine. A study conducted by (Masele, 2024), on misinformation and COVID-19 vaccine uptake hesitancy among frontline workers in Tanzania informs policy makers on devising appropriate strategies to promote COVID-19 vaccination uptake among the different contextual demographic variables. During the implementation of this initiative factors that contributed to the vaccine hesitancy were being of female gender and doubting the safety and effectiveness of the vaccine.

TRCS found that healthcare providers, community leaders, influential people and TRCS volunteers are adolescents' most trusted individuals for information on COVID-19 vaccines and have sizable impact on the adolescents' willingness to vaccinate in Tanzania. Previous global surveys among the general population consistently show that health workers are the most trusted sources of guidance on COVID-19 vaccines and provide a positive impact of RCCE against COVID-19 vaccine hesitancy in Tanzania. Therefore, healthcare workers, influential people, community leaders, TRCS volunteer, and peers should be leveraged as advocates of COVID-19 vaccines. Efforts are needed to increase vaccine acceptance among healthcare workers and adult community members.

## Lessons Learnt

Community engagement puts the community at the center of the program hence facilitating the implementation of the program even in hard-to-reach communities. The involvement of community leaders, traditional healers and influential people and conducting targeted communications campaigns has addressed vaccine hesitancy, misinformation, resulting in a boost in trust and confidence in the COVID-19 vaccine. Strong collaboration with the government and other implementing partners enhanced coordination, leading to the timely achievement of planned targets.

Conducting joint planning, supportive supervision and data quality assessments with the national teams and Regional/ Community Health Teams increases ownership and buy-in of the initiative. In addition, weekly evaluation meetings at regional and district levels contributed to improving performance by proposing the best way forward regarding the challenges reported.

Flexibility in resource allocation swiftly addressed emerging health priorities and outbreaks.

Rome was not built in a day. Vaccine hesitancy needs a lot of engagement, sharing messages in small





frequent doses. Behaviour change is a process and not an event.

## Conclusion

Strong collaboration between the Tanzanian government, implementing partners, donors (MasterCard Foundation), Africa CDC, Kenya Red Cross Society, and significant engagement of the community in the intervention plan facilitated the RCCE messages to reach the community, decreased community vaccine hesitancy and raised the community vaccine uptake in Tanzania.

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