

# It is not vaccine hesitancy; it is lack of access: increasing access accelerates COVID-19 vaccination in a Zambian district



**Authors:** L. Kawanga,<sup>1</sup> M. Njelesani,<sup>1</sup> M. Chikuba-McLeod,<sup>1</sup> N. Chibesakunda,<sup>1</sup> T.imba,<sup>1</sup> M. Chikaka,<sup>1</sup> D. Tindi,<sup>1</sup> D. Mumba,<sup>1</sup> K. Mwanda,<sup>1</sup> M. Musonda<sup>2</sup>

<sup>1</sup>JSI Research & Training Institute, Inc. (JSI), Lusaka, Zambia

<sup>2</sup>United States Agency for International Development (USAID)/Zambia Mission, Lusaka, Zambia

**Poster number:** A-AIDS-2022-08432

## Problem

Vaccine hesitancy was a reasonable assumption for low COVID-19 vaccination rates in Zambia, especially given the high prevalence of misinformation and myths. Another important factor was a lack of access to vaccination services.

## Results

Kalulushi District achieved 116% of its December vaccination target compared to the 21% average district achievement, out-performing all the other 115 districts. Overall from the beginning of vaccination (April 2021), the December Drive contributed 55% of the people ever vaccinated in Kalulushi in one month.

## Response

In December 2021, the USAID DISCOVER-Health Project, implemented by JSI, supported the Ministry of Health (MOH) to increase demand for and uptake of COVID-19 vaccination through a national campaign. The government planned to vaccinate 2 million people by the end of the year and each district was assigned a target according to its population.

The project's support included:

- Full cascade support, from micro-planning to service delivery, to 22 districts, including Kalulushi District, Copperbelt Province.

- Pairing community sensitisation with service delivery, missing no opportunity to vaccinate.
- Taking vaccines directly into communities: door-to-door, markets, schools, and churches.
- Implementing a full in-facility coverage model from highest to lowest-level facilities, and integrated into existing service delivery.
- Hiring out-of-work health care workers to supervise vaccination outreach.

## Lessons Learned

- Supporting the full-service delivery cascade ensures optimum effectiveness with no missed vaccination opportunities.
- District ownership, from leading planning meetings to coordinating rollout, is key to success.
- Orienting leaders (traditional, civic, and religious) ensured buy-in and consistent messaging and vaccine uptake as constituents saw them get vaccinated.
- Hiring out-of-work health workers allowed provision of other health services, such as the HIV program, and ensured high-quality provision of all health services.

## Conclusions

Hesitancy does not fully account for the low COVID-19 vaccination rates in Zambia. When the full vaccination cascade is supported and outreach is facilitated, this project observed that people did get vaccinated to protect themselves and their loved ones. Success in Kalulushi was achieved through MOH, project staff, and others working together at every stage, building on their collective strengths. Zambia will look to replicate this model in all other districts.



December Campaign launch