Pre-screening at the Community level

![Global Communities logo]

TECHNICAL BRIEF

Mobilizing Community Action And Health Data Systems To Combat Covid-19 In Botswana

Introduction

In January 2020, the World Health Organization (WHO) declared the coronavirus outbreak a Public Health Emergency of International Concern and a pandemic. Botswana experienced local transmission of the disease, prompting the Government of Botswana, through the Ministry of Health, to develop a national deployment and vaccination plan for COVID-19. Recognizing the low vaccine uptake and the need for comprehensive community awareness, behavior change and increased demand for COVID-19 services, USAID in Botswana requested that Global Communities—which has been providing community led, comprehensive, integrated and layered HIV/AIDS prevention, treatment and care services for vulnerable children, adolescents and young women in Botswana since 2016—collaborate with local organizations and the Botswana Ministry of Health to mobilize community action against COVID-19.

USAID, GC, PHIKWE DHMT and SK Participants and Selebi Phikwe consulta-tive meeting at the vaccination site

The Problem

The COVID-19 pandemic in Botswana caused fear, panic and the spread of rumors, myths and misconceptions.

Vaccine acceptance levels and risk perceptions were low among the general population. Some subgroups faced supply-side barriers due to geographical challenges such as distance or terrain, transient or nomadic movement, insecurity and home-bound mobility limitations. Other subgroups were easy to reach but difficult to vaccinate due to demand-side barriers such as distrust, religious beliefs, lack of awareness, poverty, time constraints, or gender-based discrimination. Additionally, the health information system struggled to cope with the demand for real-time data entries, resulting in data backlog and hampering decision-making.

Community-led organizing approaches would be crucial to dispelling myths and misconceptions, bolstering public confidence and promoting widespread awareness and acceptance of vaccinations, as well as other behavioral interventions like social distancing, masking, home isolation and avoiding physical contact. Additionally, it was imperative to enhance health facility data management to facilitate informed daily decision-making as knowledge about the pandemic continued to grow.

Door to Door community mobilization

The Solution

A Focus on Community-led Risk Communication and Health Data Systems Strengthening

Global Communities placed a high priority on COVID-19 risk communication, public health education and demand creation at the household and community levels. These efforts were tailored to address vaccine hesitancy and targeted diverse eligible sub-populations, including women, men and youth. By collaborating with and leveraging the capacities of other local actors, such as civil society organizations, faith-based communities, local vernacular media stations, local authorities and influential community leaders, Global Communities took the lead in engaging these stakeholders to promote vaccination uptake in seven districts: Southern, Kweneng East, Kgatleng, Greater Gaborone, Mahalapye, Serowe/Palapye and Greater Selebi-Phikwe.

Our approach to addressing COVID-19 vaccine hesitancy in Botswana revolved around the belief that communities, when adequately informed, engaged and empowered, can take center stage in their own prevention and treatment. Specifically, Global Communities' approach included:

a) Community Engagement

Global Communities prioritized meaningful engagement with community stakeholders by leveraging existing relationships, networks and platforms established through ongoing HIV/AIDS programs. We comprehensively mapped all stakeholders at the community level to ensure inclusivity. This approach facilitated a better understanding of socio-cultural contexts, enabled joint decision-making, mapped networks and influencers, and fostered safe dialogues with hard-to-reach and hard-to-vaccinate sub-groups.

To establish trust, Global Communities employed a "whole of community" approach. Through community meetings and social listening groups, we activated existing coordination mechanisms and feedback loops at the community level in collaboration with influencers and stakeholders, allowing them to listen to community concerns, advocate for their needs, educate about the vaccine, address rumors and misinformation, enhance vaccine and health literacy and promote ongoing accountability in a sustainable manner. Door-to-door sessions were particularly effective in facilitating private discussions on the pandemic and protective practices, as well as aiding in contact tracing. Additionally, community coalitions composed of individuals who practiced desired behaviors or had survived the pandemic were prioritized as positive role models, helping to reduce COVID-19-related fear and stigma.

Global Communities, working through local partners and actors, also organized community literacy fairs. These events served as platforms for disseminating information consistent with the Botswana Government's guidelines on the pandemic while addressing and dispelling misinformation.

b) Capacity Building

To enhance capacity and skills development beyond the scope of COVID-19, Global Communities placed significant emphasis on training the health workforce at both the community and facility levels. These trainings aimed to equip frontline workers, volunteers, community leaders and community/social mobilizers from civil society organizations, faith-based organizations, local women's groups and youth groups with enduring skills for sustainable impact beyond the pandemic. The training approach adopted a combination of virtual and in-person methods, enabling the transfer of knowledge and skills in various areas, including COVID-19, communication strategies, messaging and tools, community mobilization strategies and COVID-19 screening.

Additionally, Global Communities provided training and support to Community Health Assistants and nurses, who were assigned to District Health Management Teams (DHMTs) to deliver health education on COVID-19 prevention, health promotion, home care, isolation/quarantine and referrals at the community level. Their involvement aimed to bolster the national rollout of the home isolation and home quarantine strategy.

c) Health Data Systems Strengthening

In the context of the urgent and ever-evolving COVID-19 pandemic, the utilization of social and health facility data for real-time decision-making and course correction becomes crucial. Data provides valuable insights into knowledge gaps, perceptions and behaviors at both the community and health facility levels. Global Communities recognized the significance of understanding behavioral drivers and employed social listening and community feedback to gain insights into the dynamics of hard-to-vaccinate and hard-to-find sub-populations. This information guided the prioritization of mitigative measures and facilitated continuous learning. Through collaboration with the Ministry of Health and other stakeholders, Global Communities analyzed data on barriers to vaccine adoption and developed a strategy to support COVID-19 vaccine data management in 27 districts in Botswana.

The term "infodemics" refers to the excessive abundance of information, whether accurate or misleading, which makes it challenging for individuals to make informed decisions regarding their health. Acknowledging that the COVID-19 infodemic can be as harmful as the pandemic itself, Global Communities placed a high priority on ensuring access to trusted information and effectively managing misinformation and rumors. Leveraging existing rumor tracking tools developed by the Ministry of Health, we facilitated dissemination and reporting at all levels.

To address the challenge of data backlog, Global Communities procured computers and Wi-Fi routers and placed them in targeted health facilities. Additionally, we provided training and assigned data clerks and health informatics officers to DHMTs to support the reduction of COVID-19 vaccine data backlog and strengthen data management and utilization. Temporary staff were also trained on data collection tools and entry by DHMTs in collaboration with the Ministry of Health headquarters, while local partner staff received training on the COVID-19 database. Furthermore, Global Communities collaborated with the Ministry of Health to develop home isolation data collection tools and indicators for the national home isolation monitoring and evaluation (M&E) system.

GC Media Briefing with Ministry of Health

Vaccination at site

Measuring Success

The success of the Project relies on its ability to demonstrate improvement in the following four main objectives:

1. **Increase access to and delivery of vaccines (vaccine roll-out).**

2. **Facilitate COVID-19 prevention, detection and response (infection prevention and control).**

3. **Increase the implementation of the home isolation and quarantine strategy.**

4. **Strengthen health facility and community systems.**

Specific Results through December 2022:

Vaccine roll-out.

- Screened a total of **101,062** clients (**45,026** men and **56,036** women).

- Administered COVID-19 vaccines to **91,453** people (**50,504** women and **40,949** men) across all Global Communities implementing districts.

- Established two vaccination sites in Gaborone and Selebi-Phikwe through local implementing partners.

- Supported the national vaccination deployment plan by seconding **67** nurses to the District Health Management Teams (DHMTs) to assist in vaccine administration.

Prevention messaging

- Reached a total of **94,614** individuals (**55,061** women and **39,553** men) with COVID-19 prevention and vaccination messages in all Global Communities implementing districts.

- Tracked and resolved **24** vaccine-related rumors and myths.

Health facility and community health systems strengthening

- Facilitated home isolation by identifying, training, compensating, and transferring **58** Community Health Assistants (CHAs) and **23** nurses to the DHMTs. They were deployed and placed in various health facilities or community health structures, where they provided health education on COVID-19 prevention and health promotion to individuals receiving home care and practicing home isolation, as well as to their household members.

- Identified, trained, and remunerated a total of **105** data clerks and **40** health informatics officers to the DHMTs, effectively addressing the backlog of COVID-19 vaccine data and improving overall data management across all **27** health districts.

- Procured and deployed **250** Wi-Fi routers to health districts, improving internet connectivity and reducing interruptions during data entry in the District Health Information System 2 (DHIS2).

- Trained **145** temporary staff on data collection tools and entry in collaboration with the MOH (Ministry of Health) headquarters.

- Provided **373** laptop computers and **90** desktop computers to address data backlog challenges.

- Collaborated with MOH to develop home isolation collection tools and indicators for the national home isolation monitoring and evaluation (M&E) system.

- Trained **21** staff members from local partners on the COVID-19 Database.

The term **"infodemics"** refers to the excessive abundance of information, whether accurate or misleading, which makes it challenging for individuals to make informed decisions regarding their health.

BOFWA Vaccination Site

Lessons Learned

- Establishing meaningful community engagement that prioritizes active listening, compassion, competence, honesty and accountability is essential for fostering trust in COVID-19 messages, related services and service providers.

- Collaboration and engagement of all relevant partners and stake-holders play a crucial role in promoting the convergence of unique strengths, inputs, outcomes and shared learning, thereby building resilience in both community and health systems during and beyond the pandemic.

- Empowering local actors, including civil society organizations, to respond to emerging COVID-19 needs has resulted in sustainable capacity and resilience to face future shocks.

- Given the ever-changing landscape and shifting priorities observed during the COVID-19 pandemic, project flexibility, adaptability and continuous engagement with relevant government departments at all levels are vital for maintaining relevance and responsiveness to emerging needs.

- The adoption of integrated approaches, such as mobile services, house-to-house campaigns and roadshows, for delivering COVID-19 vaccinations within communities is critical for improving vaccine accessibility, particularly for hard-to-reach communities and young adults.

Empowering local actors, including civil society organizations, to respond to emerging COVID-19 needs has resulted in sustainable capacity and resilience to face future shocks.

Recommendations

To effectively recover from the impacts of COVID-19 and enhance preparedness for future pandemics, healthcare service delivery systems should consider the following measures:

- Prioritize community actors, such as community health workers/assistants and integrate them into a supportive health system that includes comprehensive training, necessary equipment, digital empowerment, regular supervision and appropriate compensation.

- Invest in service integration, capacity building for frontline workers, surveillance systems and the provision of sufficient medical equipment and supplies.

- Generate high-quality and real-time data within the health information systems to support informed decision-making processes.

Drive-through vaccination site

Conclusion

Despite a significant portion of the global population now being fully immunized and the easing of travel and social restrictions in many countries, the COVID-19 pandemic has underscored the importance of sustainable enhancements to healthcare systems at both the community and facility levels. It is crucial to educate the population continuously and intentionally about pandemics and effectively address the challenges posed by infodemics, particularly when it comes to reaching and vaccinating vulnerable sub-groups. The availability of real-time, high-quality data and its utilization in decision-making processes is essential. Moreover, the involvement of community-level actors, frontline workers and civil society is critical and their meaningful engagement should be ensured throughout the entire process.

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