

Increasing COVID-19 vaccine uptake in Botswana through community outreach and door-to-door vaccination

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To address low vaccine uptake among youth and the general population, EpiC rolled out intensive community mobilization. The project collaborated closely with District Health Management Teams (DHMTs), local community structures, and district-level leadership to rapidly increase vaccination uptake.

In its effort to fight the COVID-19 pandemic, Botswana started administering COVID-19 vaccines in March 2021 using a risk-based approach based on age, presence of comorbidities, and health care worker status. The national COVID-19 vaccination target was 1,694,336 people aged 12 years and above. By May 2022, the national vaccination coverage was 79.3%, but booster dose performance was still low at 28.7%.

The USAID-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project supported the Government of Botswana with technical assistance and human resources for health to increase vaccine uptake. This included, among other activities, risk communication and community engagement, demand creation, community mobilization, and vaccine administration.

When COVID-19 vaccines were rolled out to the general population, it became apparent that vaccine uptake among young people aged 18 to 35 was comparatively low, as well as uptake of booster doses among adults over age 18. To understand and best address this gap in coverage, EpiC Botswana decided to explore reasons for this low vaccine uptake among the general population using social media.

Intervention

Understanding vaccine hesitancy

Youth generally have a heavy presence on social media, using platforms like Facebook, Instagram, and WhatsApp to communicate and receive information. In addition, social media has proven to be an important tool for sharing information and knowledge about COVID-19 globally. EpiC Botswana developed a quick survey and shared it on the social media (Facebook) pages of implementing partners, including Botswana Gender-Based Violence Prevention and Support Centre (BGBVC), Tebelopele Wellness Clinics (TWC), and Letloa Trust. The survey was targeted at youth and other people who use social media.

Of the 631 respondents (429 females, 186 males, and 15 nonconforming), most were between age 19 and 35 (49.9%) followed by age group 36 to 45 (29%). The least number of respondents was from adults aged 66 and above (1.7%). From the survey results, the most common reasons for delays or hesitancy in receiving a vaccine were:

- Notable reactions/adverse side effects on other people (200 responses)
- Deaths associated with vaccines (157 responses)
- Influence of conspiracy theories from media and digital platforms (113 responses)

The survey also asked respondents what support they would need to overcome barriers to receive COVID-19 vaccines. Recommendations included:

- More information on the vaccines and booster shots (296 responses)
- Psychosocial support (counselling) before and after vaccination (192 responses)
- More community outreach activities to take vaccines to the people (180 responses)

Re-strategizing to overcome knowledge and access barriers to vaccination

The findings and recommendations from the survey were used by the Ministry of Health (MOH) Risk Communication and Community Engagement (RCCE) task team and EpiC Botswana to re-strategize and establish more innovative ways to create demand for vaccines and increase uptake among the general population, particularly youth, and those in hard-to-reach areas.

Community mobilization and door-to-door vaccination services

To address low uptake among youth and the general population, intensive community mobilization—including a door-to-door strategy—was implemented even when community members were spread over vast distances.

EpiC collaborated closely with District Health Management Teams (DHMTs), local community structures, and district-level leadership in the supported districts.

To roll out the door-to-door campaign, community health workers (CHWs) were trained on communicating about vaccines to communities, addressing myths, and providing vaccine-related information to individuals before and after vaccinations.

CHWs used the community public announcement systems to announce the door-to-door campaigns a few days in advance to minimize resistance. EpiC Botswana deployed vaccination teams comprised of a nurse, CHW, and a data clerk to bring services directly to the people. These teams went from house to house, offering COVID-19 education and vaccines. CHWs provided screening and pre- and post-vaccination counseling, while data clerks assisted with client registration, and nurses administered vaccines.



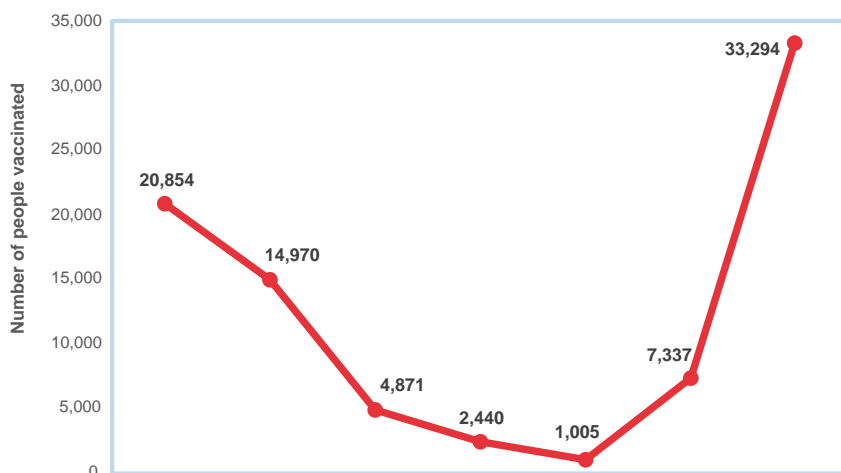
A nurse administers a COVID-19 vaccine during the door-to-door campaign.

Photo credit: Mpho Tapela

Results and Impact

In March 2022, a total of 20,854 vaccine doses were administered in EpiC-supported districts across all eligible ages. However, vaccination uptake started declining through July 2022 as COVID-19 restrictions were relaxed. After EpiC Botswana initiated the door-to-door campaign, vaccination increased to 7,337 doses in August, compared to just 1,005 in July. In September, 33,294 doses were administered with EpiC support (See Figure 1).

Figure 1. COVID-19 vaccinations administered by EpiC Botswana staff in 2022



Reflections and Lessons Learned

Using the survey findings to inform changes to programming helped to re-evaluate strategies and reach previously underserved populations. This implementation effort highlights the value of agility, resourcefulness, and data-driven solutions when in a race against the clock to offer life-saving vaccines that can protect against a viral threat. By taking the time to understand the barriers to a less vulnerable but substantial portion of the unvaccinated population, EpiC was able to rapidly tailor its strategy.

The Setswana proverb *motho ke motho ka batho* teaches that “we are people because of other people.” By using data to shift the strategy to reach unvaccinated people in Botswana, EpiC supported a comprehensive, whole-society approach that served to not only continue reaching the clinically vulnerable with vaccines but also protect them by immunizing the general population as well. Community mobilization and a door-to-door vaccination strategy were essential for reaching previously unvaccinated groups in supported districts. Collaborating with DHMTs and CSOs to implement the campaign made it possible to reach many individuals who otherwise would have been unserved.



Vaccination teams bring vaccination services directly to communities.

Photo credit: Mpho Tapela

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