The Vaccination Action Network

A **Retrospective** Report

Peer learning for action on COVID-19 vaccination uptake

MAY 2023

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Executive Summary

The Vaccination Action Network (VAN) supports member countries (Kenya, Tanzania, Uganda, Malawi, Zambia and Zimbabwe) to identify COVID-19 vaccine demand challenges and co-create action projects that address them.

VAN launched in 2022, with support from the Sabin Vaccine Institute, Amref, Dalberg, and The Rockefeller Foundation. Central to VAN is its *member-centric* approach, which is defined as a focus on its members' priorities. This approach is flexible enough that it allows members to adapt the approach and/or content depending on what members see as key priorities at any given time. This approach guides VAN's objectives (what it does) and its operations (how it works). The network's core activities bring members together for convenings focused on promoting peer-learning at two geographic levels:

- **Across-country sessions** (where representatives from multiple countries convene for discussion)
- **Within-country sessions** (where sub-national representatives and healthcare workers (HCWs) in specific counties/districts convene to identify COVID-19 and other health system challenges and solutions within a particular country).

The peer-learning sessions bring members together to 1) facilitate the exchange of experiences and perspectives and 2) jointly come up with solutions driven by local knowledge and expertise. In addition to the sessions, the network also initiates interventions by bringing together members to co-create solutions that may be embedded in existing health programmes or set up as independent action projects.

This report is designed to engage the following audiences:
- VAN's participant countries and its members
- Health network conveners
- COVID-19 and other immunisation networks
- Health related entities working with health emergency and response
- African governments
- Donors and funders

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Learnings and Takeaways

The following emerged as key learnings from taking a network-led approach to pandemic response and health systems strengthening.

Operational and process learnings:

1) **Strong network coordination is necessary** to ensure steady expansion of the network and alignment to the network's principles

2) **Curating safe and open spaces for members** to learn and share results leads to more meaningful and sustainable network building

3) **Even with a peer-led approach, clear role definition is necessary** for effective stakeholder collaboration

Intervention and action project learnings:

4) **Engaging hyperlocal stakeholders** when designing action project establishes a solid foundation to implement interventions

5) **Embedding intervention projects into community-based systems** strengthens health service delivery and data collection

6) **Leveraging local influencers is key to curating communication** that is relevant and targeted to improve vaccine uptake and minimise false messaging

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What do we, as a network, hope to achieve by sharing this work?

We hope that these lessons can be adopted by other immunisation improvement efforts, as well as pandemic and other health response efforts. We also hope that sharing these learnings can catalyse meaningful conversation, thought leadership and action towards taking bottom-up, country-led approaches to immunisation and health response efforts. We welcome dialogue with health and policy stakeholders to continue to drive the generation and sharing of knowledge on these subjects.

What did we learn?
Key takeaways: Process learnings

NETWORK COORDINATION
An involved secretariat and an impartial advisory council would ensure that the network steadily expands while maintaining a member-centric approach
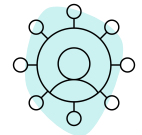
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A strong and involved secretariat is necessary to ensure VAN's sustainability. The next secretariat should be/have a leader that can convene stakeholders and countries, and can translate ideas into action through resource mobilisation.

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Member-centricity was a key point of consideration from the beginning of the design of the VAN peer-learning methodology and continues to be emphasised as a priority for members. Member-centricity ensures that VAN members determine the scope of focus area and geographic coverage, and can also determine how peers interact in the network. This can be facilitated by the creation of a member-represented advisory council from the beginning to allow members to guide programming and decisions.

MEANINGFUL RELATIONSHIP BUILDING
In-person gatherings with neutral facilitators create safe spaces for members to develop the meaningful, trust-based relationships required for open sharing and learning

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Facilitator neutrality, experience, and local knowledge are important to ensure that sessions feel neutral and safe for members to share their experiences openly. Transparency and flexibility to guide and shift peer-learning programmes is key to ensuring that members' priorities are always highlighted and that they have the space to own and direct the process. In-person sessions give space for members to effectively build meaningful and trust-based relationships, which can be maintained through virtual sessions and engagement. Giving members the time and tools to maintain and strengthen these relationships also allows for organic network building over time.

STAKEHOLDER COLLABORATION
While collaboration is key, defining member roles up front supports more seamless coordination and a smoother peer-learning process

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It is important to ensure collaboration between senior national leadership, sub-national stakeholders and implementation partners (IPs). While the former (*senior national leadership*) focuses on the big picture outcomes, and on building right mechanisms and partnerships for action projects, the latter (*sub-national stakeholders and implementation partners*) focus on on-ground management and execution of process based on community input and insights. This clear definition of roles helps draw distinctions and allows for better coordination of the project design and implementation.

What did we learn?
Key takeaways: Interventions and action projects

HYPERLOCAL ENGAGEMENT
Involving district-level implementation stakeholders early, and as co-creators throughout the network formation process, facilitates more streamlined action project activities
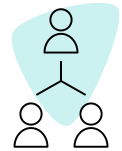
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Involving implementing partners (IPs) in the early phases of a country's onboarding in *across-country* network sessions to jointly define member roles and input during the grant facilitation processes can ensure streamlined communication and cohesion between partners for more inclusive and participatory network sessions.

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Involving IPs and community-facing partners not just as implementers but as collaborators and co-creators of the action projects can offer network members the inputs to ensure action projects are designed and rolled out more efficiently, and with the flexibility to keep up with complex health system dynamics.

COMMUNITY BASED SYSTEMS
Leaning on community-based systems not only for on-ground implementation of action projects, but to support mainstream health service-delivery and M&E can facilitate real-time adaptations of interventions

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Continued increase in vaccination uptake requires alignment between vaccine demand, supply and accessibility. Given that national health systems are resource constrained, community-based systems can enable cost-effective service delivery, allowing optimal use of limited resources.

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Social mobilisation is critical to sustaining demand for COVID-19 vaccination by engaging community groups and leaders at the centre of health promotion interventions. An equity-centred approach that engages community partners as collaborators across all stages of intervention design, and not just implementation, is key to ensuring that rapid adaptations can be made, especially in the context of a pandemic, where both disease and response efforts are constantly shifting.

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Community health volunteers (such as CHWs, local influencers) play a key role in addressing vaccine misconceptions and increasing vaccine demand and uptake, as they enjoy vast amounts of local knowledge and built-in trust with the community. This unique position allows them to gather authentic feedback about vaccine efforts from their communities. Knowledge management and monitoring and evaluation efforts rooted in – and led by – community health volunteers, will enable real-time adaptation and effective replication of programs at scale.

What did we learn?
Key takeaways: Interventions and action projects

LOCALISED INFLUENCE
Religious leaders are key influencers in communities, and involving them in the co-creation of localised vaccination messaging can not only improve uptake, but also track and minimise false messaging

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Religious leaders are key influencers and can sway social perceptions. This was evident during the pandemic when VAN members with long-standing relationships with religious leaders were able to leverage their influence in the communities to shift COVID-19 perceptions and increase vaccine demand and uptake.

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The need for consistent and updated messaging was key to ensuring that vaccine importance was salient in communities. Storytelling was also especially key to developing messaging that was relevant, easy to understand, and curated to address the different barriers that different communities and population segments faced.

01

The Intervention
The Vaccination
Action Network
(VAN)

1. The intervention
1.1 What is the Vaccination Action Network?

The Vaccination Action Network (VAN) is a platform created for countries to address challenges surrounding the demand and uptake of COVID-19 vaccination. The network connects public health officials and vaccination leaders to address immunisation challenges and improve vaccination rates.

VAN's objective is to help decision-makers understand the drivers behind vaccination demand and support initiatives to increase COVID-19 vaccination uptake, while strengthening routine immunisation so that health systems are better equipped to respond to pandemics. VAN aims to increase COVID-19 vaccine uptake through peer-learning sessions that inspire, influence, and/or inform contextualised projects and other interventions in Africa. VAN facilitates *within-country* and *across-country* peer-learning sessions where members identify demand-related challenges and share promising opportunities and practices to fast-track solutions and allow countries to improve their national health programs, approaches, and policies.

Since its inception, VAN has built networks and partnerships across six African countries.

23 *Across-Country & Within-Country* Sessions Conducted

86 Vaccination Leaders Engaged

10 Interventions Implemented

The challenges and solutions that have been identified so far have helped set up action projects such as the training of healthcare workers at all levels, outreach through engagement of political, religious and traditional leaders, and service delivery through door-to-door vaccination services.

In 2023, the network continues to deepen its integration VAN into broader health systems to accelerate learning and enable countries to mainstream peer-learning approaches and prepare and respond to future epidemics and pandemics. The visual below illustrates the core principles underlying VAN's operation.

Country-led
Offers strategic ability to address operational challenges of COVID-19 immunisations at country, regional, and delivery levels

Challenge identification
Helps countries identify the most critical challenges related to vaccine uptake

VAN'S Guiding Principles

Community-learning
Builds a platform to identify challenges, co-develop solutions, enable advocacy, and share learning

Effective Disbursement
Develops speedy funding mechanisms to support rapid implementation and reduce COVID-19 response times

Rapid response
Builds a solution to accelerate COVID-19 response and improve vaccine uptake

1. The intervention
1.2 The VAN framework and its key components

VAN is a partnership between four organisations: The Rockefeller Foundation, Dalberg, the Sabin Vaccine Institute, and Amref Health Africa.

Dalberg and the Sabin Vaccine Institute ("Sabin") served as the secretariat, while Amref Health Africa ("Amref") was the main disbursement and technical assistance partner. Dalberg and Sabin were responsible for the overall network management, including the design, planning, and execution of the peer-learning sessions. Dalberg and Amref used member-identified solutions to inform the design of action projects co-implemented by Amref and implementing partners.

Sabin was responsible for running the *across-country* sessions where all VAN member countries convened to discuss best practices to solve COVID-19 vaccination challenges. Amref's role primarily entailed sub-granting to local organisations across VAN member countries to implement agreed-upon activities. This included, but was not limited to, providing general implementation oversight to implementation partners (IPs) through Amref country offices, funds disbursement, monitoring activity implementation and reporting, and capacity strengthening of local sub-grantees.

African countries faced immense pressure to quickly organise external partners and resources to respond to the pandemic and to understand which approaches were working (or not working) to improve access and coverage of vaccination rates. VAN has provided support to these countries through its learning platform and action projects, leaning on four key components of operation.

> "The network isn't only for learning, but also acts as a motivator. It helps motivate health care workers from (other member countries) so they can see what they have achieved."

\- MoH OFFICIAL, KENYA

VAN'S Key Components

Network creation
All activities that contribute to the setup of the VAN network, from introductory meetings with Ministry of Health (MoH) officials to the onboarding of implementing partners.

Knowledge generation
This consists of the development of knowledge (i.e. communication tools, case studies on countries' solutions implemented on the ground) as a result of the peer-learning sessions and in partnership with MoH officials from member countries.

Peer learning and problem-solving
Preparing and conducting *across-country* and *within-country* sessions to understand countries' challenges and identify potential solutions to improve COVID-19 vaccine uptake, in addition to launching and implementing projects to support vaccine demand.

Grant facilitation
Supporting MoH officials to submit grant proposals from internal and external funder networks. Once the grants are received, this also entails initiating the implementation of projects and interventions that will address in-country COVID-19 vaccine uptake challenges.

1. The intervention
1.3 Participating country profiles

Uganda

02
WITHIN-COUNTRY
SESSIONS HELD

03
INTERVENTIONS
IMPLEMENTED

$716k+
INTERVENTION
FUNDING GENERATED

Districts engaged: **Wakiso, Kampala (KMA)**
Implementation Partners: **Infectious Disease Institute, Makerere University School of Public Health**

Intervention areas:

- Targeted training for various cadres of leadership (Political/religious leaders, District Health Management Teams (DHMT), Community Health Workers (CHWs), and Village Health Teams (VHTs) as vaccination champions
- Community dialogue and mobilisation activities
- Vaccination outreach in targeted health facilities
- Community mobilisation using trained VHTs

Rapid Response:

- Ebola Virus Disease (EVD) response: Infection Prevention and Control (IPC), contact tracing & surveillance

Kenya

01
WITHIN-COUNTRY
SESSIONS HELD

02
INTERVENTIONS
IMPLEMENTED

$549k+
INTERVENTION
FUNDING GENERATED

Districts engaged: **Makueni, Turkana and Nakuru**
Implementation Partners: **PanAfricare, PS Kenya**

Intervention areas:

- Capacity building for healthcare workers (HCWs)
- Production/dissemination of COVID-19 Information Education, and Communication (IEC) materials via local radio and social media engagement; Risk Communication Community Engagement (RCCE) through targeted community outreaches
- Development, contextualisation and dissemination of SBCC materials.
- Demand creation through mobile outreaches, youth tournaments and mobile phone SMS services.

Malawi

01
WITHIN-COUNTRY
SESSIONS HELD

02
INTERVENTIONS
IMPLEMENTED

$713k+
INTERVENTION
FUNDING GENERATED

Districts engaged: **Dedza, Mulanje, Phalombe, Chiradzulu**
Implementation Partners: **Christian Health Association of Malawi (CHAM), United Purpose, Centre for Development Communications**

Intervention areas:

- Support existing community vaccination clinics
- Demand generation through community level RCCE activities, including door-to-door campaigns, dissemination of IEC materials and targeted advocacy
- Designing a COVID-19 prevention guide
- Engaging religious leaders at local level
- Community engagement

Tanzania

02
WITHIN-COUNTRY
SESSIONS HELD

02
INTERVENTIONS
IMPLEMENTED

$700+
INTERVENTION
FUNDING GENERATED

Districts engaged: **Njombe, Luweda, Makete, Zanzibar**
Implementation Partners: **Community Concern of Orphans and Development Association (COCODA), Zanzibar Maisha Bora Foundation**

Intervention areas:

- HCWs' training and capacity building for HCWs and community health volunteers (CHVs); community mobilisation; service delivery
- Advocacy with political/religious leaders; sensitising institutional leaders and influencers
- Door-to-door outreach support district level review meetings
- Mass media campaigns

02

The VAN approach: How was VAN designed to serve its members?

Building individual **relationships with members** supports community building and ensures planning is based on member needs.

Ongoing, close relationships are necessary - both with active members to maintain engagement and less active members to encourage more participation. In-person convenings also foster community building quicker than virtual meetings.
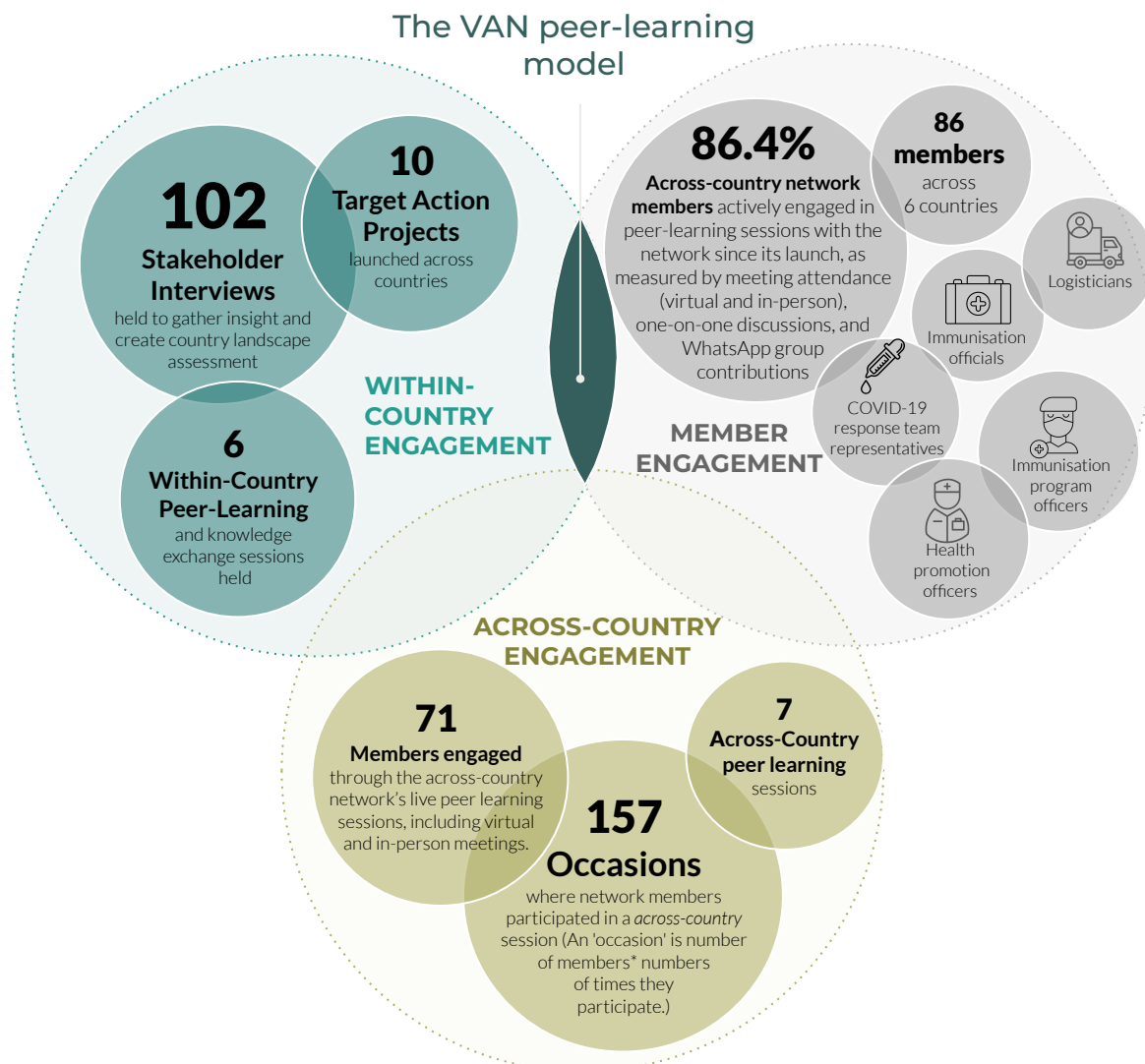
2. How was VAN designed to serve its members? Peer-learning and problem solving

VAN has achieved its objectives through two key activities: Organising and hosting *across-country* and *within-country* peer-learning sessions to; identify demand-related challenges and opportunities, and to share best practices that allow countries to improve their national programs, approaches, and policies.

The peer-learning sessions are organised with the goal of elevating African voices as the centrepiece of the program. These sessions aim to adopt a bottom-up approach where local and contextual knowledge from country ministries serves as the baseline of knowledge generation and sharing, rather than taking an approach where learning is anchored in new external information and training. So far, VAN has held seven across-country sessions between May 2022 and January 2023.

Six of these sessions were held virtually and one was conducted in person in Nairobi, Kenya in October 2022. Sabin planned and designed each meeting to provide opportunities for members to connect on topics they were most challenged by. 48.2% of members have displayed continued engagement in sessions, attending two or more meetings.

VAN peer–learning sessions are not designed to be one–way communication channels where member countries listen to the opinions and experiences of others, but rather as spaces where members can drive the discussion and level of engagement in accordance with their real–time needs. This was central to VAN's process.

The VAN peer-learning model

102 Stakeholder Interviews held to gather insight and create country landscape assessment

10 Target Action Projects launched across countries

6 Within-Country Peer-Learning and knowledge exchange sessions held

WITHIN-COUNTRY ENGAGEMENT

86.4% Across-country network members actively engaged in peer-learning sessions with the network since its launch, as measured by meeting attendance (virtual and in-person), one-on-one discussions, and WhatsApp group contributions

86 members across 6 countries

Logisticians

Immunisation officials

COVID-19 response team representatives

Immunisation program officers

Health promotion officers

MEMBER ENGAGEMENT

ACROSS-COUNTRY ENGAGEMENT

71 Members engaged through the across-country network's live peer learning sessions, including virtual and in-person meetings.

7 Across-Country peer learning sessions

157 Occasions where network members participated in a *across-country* session (An 'occasion' is number of members* numbers of times they participate.)

2. How was VAN designed to serve its members? Knowledge generation

Though VAN's primary aim is to increase COVID-19 vaccine uptake through peer-learning sessions that inspire, influence, and/or inform contextualised projects/interventions in Africa, learnings that are generated can also contribute to the global community.

By capturing these learnings, developing knowledge products that showcase successful interventions, and understanding how the learnings contribute to programmatic improvements, there is greater visibility surrounding the network's impact and contribution to global learnings.

Confidentiality has emerged as a core tenet of effective network creation. Members recognise that recordings can adversely affect the dynamic of open, authentic discussions. Though broader knowledge generation is important, it must be done in a way to uplift learnings while maintaining confidentiality. When developing other knowledge products, participants have asked for time for supervisors to review and approve products before they are shared, highlighting the need for a safe space for members to share and express their insights and opinions.

APPLICATION OF LEARNINGS

Though the timeline has been short and action projects were sometimes delayed, participants found practical value in the learnings shared through VAN meetings and incorporated these learnings into their work. Through the VAN Impact Survey conducted in November 2022, VAN members were asked if they have applied learnings from VAN in their day-to-day work, and about the impact that it has had. *83.9% reported having applied lessons, tools, or approaches learned from VAN in their work*; the remainder of members all noted that they intend to apply the learnings. Most of the members who had not yet applied learnings attributed this to delays in the start of the action projects.

"Strengthening collaboration and using religious leaders as advocates. Using human interest stories of vaccines to snowball peers for vaccination."

SOME PARTICIPANT QUOTES ON PLANS TO IMPLEMENT / IMPLEMENTATION OF LEARNINGS FROM VAN:

"Plan to engage the district and facility staff to work with local leadership as well as the local community mobilisers in vaccination activities."

"Including messages to routinise COVID-19 vaccination in social media vaccination campaign."

"Contracting volunteers during COVID-19 vaccination."

"Strengthening community engagement by defining various communities – learning and religious institutions – work and social places."

2.1 | Key VAN activities

VAN takes a feedback loop approach between peer-learning sessions and intervention and action projects

Enable design and deployment of contextualised solutions to increase vaccine demand

Peer-learning sessions
Objective: Across-country and within-country sessions to surface challenges and solutions that can be deployed to increase vaccine demand and uptake

Interventions and action projects
Objective: To implement effective solutions to increase vaccine uptake

Provides relevant lessons and insights that shape peer-learning discussions

2.1 Key VAN Activities
2.1.1 Country membership and onboarding

Bureaucratic processes vary across countries and can affect membership and onboarding timelines. Countries could benefit from simplified, partially-templatised membership processes with guidance on the best practices to apply when engaging with relevant legal and regulatory bodies. This would enable them to anticipate prerequisites, and allow for more seamless country membership and onboarding processes.

Country selection: At the start of VAN, the target was to have 10 countries onboarded[1] (that effectively become VAN members) by the end of November 2022. Countries' selection was weighted along the following parameters; Country buy-in, Political Engagement, Technical Capacity and alignment with (ACDC/COVAX/USAID). While a country's inclusion in our "existing networks" was not a prerequisite for inclusion, it made it easier to have candid conversations about the benefits they may receive by being a part of the community.

VAN's value proposition: Members report to have joined VAN to learn about vaccination efforts employed by other countries. Through engagement with VAN, they are able to build their networks of peers within and across countries. Some of this network building also extends outside of the VAN network, and members have built non-VAN connections across countries.

> "I heard about VAN through a colleague in Tanzania...I was introduced to the concepts and the sessions and I got interested and I started participating in the virtual meetings to see what our country was doing in different districts and regions, as well as what other countries were doing."
>
> - VAN MEMBER, TANZANIA

Country Onboarding: Country onboarding processes take about two months on average from the outreach to the launch of the action projects. However, different governments require different engagement practices that may result in longer onboarding processes. In the cases of Zambia and Zimbabwe, the onboarding processes took much longer, starting when they were launched in July 2022. This is almost three times the average timeline that other countries' onboarding processes took. VAN could use these experiences to templatise some onboarding tools and processes such as Memorandums of Understanding (MoU). It could also apply best practices to offer mutually beneficial checks and balances, which may shorten the onboarding process for new member countries.

Country onboarding challenges:

In Zambia, MoH officials required an MoU) with VAN before proceeding with discussions. At the time of this report (five months post-initiation), the MoU review is still ongoing mainly because there are several ministries involved (i.e. MoH, Ministry of Justice). Zambia government officials engaged with VAN since October and their engagement was ratified by signing the MoU in January 2023.

In Zimbabwe, the onboarding process consists of eight key steps,[2] and engagement policies vary depending on the collaborating country's political context. It is difficult to create new partnerships with the government without a long-standing relationship, and this led us to bring on the Higher Life Foundation to support government engagement and identification of priority districts. In addition, we identified and are working with key champions at technical officer/department lead levels, including the public health department, to help navigate conversations with senior leadership and advocate for the proposed engagements.

1. We use the term "onboarded" throughout the report to define countries that accept to participate in VAN and become member countries of the network
2. Country onboarding consists of eight key steps: (1) Outreach, 2) Response, 3) Introductions, 4) District Selection & P2P planning, 5) IP Identification, 6) Launch P2P sessions, 7) Concept Development & Due Diligence, 8) Launch Action project and conduct MEL)

2.1 Key VAN Activities
2.1.2 Network creation

VAN's value is recognised by both member and non-member countries. Peer-learning sessions that have been attended by non-members have proven valuable in sharing knowledge about key learnings on COVID-19 vaccination challenges and solutions. So far, non-members that have participated in sessions have done so as they undergo onboarding. VAN could consider more non-member participation regardless of onboarding status as a means of expanding its secondary network, and gain from the participation and knowledge-sharing.

The level of engagement of the team with government leadership "behind the scenes" - including calls, virtual and in-person meetings, country visits, and personal relationships - led to the traction we are seeing today. Thus, we need to ensure a close and continuous relationship with member countries through trusted and known partners. There is room to facilitate some level of secondary network building with non-member or prospective member countries that are keen to engage and share but are undergoing delayed membership processes. While the full benefits of VAN can only be experienced through membership, offering some level of participation and engagement can ensure that benefits and knowledge are shared, especially in cases which require rapid health-system response..

"(Zambia) reached out to us (Tanzania) after the Nairobi convening to follow up on strategies we have used, i.e. integration of COVID-19 in health services. They wanted to understand how we managed to get our target population vaccinated given that we started late. They incorporated those strategies, which assisted the country in reaching/going beyond the 70% goal of a fully vaccinated population."

- MoH OFFICIAL, TANZANIA

2.1 Key VAN Activities
2.1.3 Peer-learning meeting snapshots

VAN held seven *across-country* sessions between May 2022 and January 2023 – six held virtually and one in-person meeting in Nairobi, Kenya in October 2022. Each meeting was planned and designed by Sabin to provide opportunities for members to connect on areas they faced challenges in.

With consistently increasing engagement in monthly sessions, feedback from participants on each session remained strong. A post-session poll was conducted after each meeting using standard questions. Across all meetings, 100% of the participants agreed that they learned something helpful from fellow network participants and that they planned to use what they learned to inform their work. The following snapshots summarise key themes discussed in each across-country meeting.

MEETING 1

Establishing a peer-learning foundation for across-country collaboration

📅 24 MAY 2022   👤 10 ATTENDEES   🌍 4 COUNTRIES

MEETING 2

Leveraging trusted community based health actors to increase COVID-19 vaccination demand

📅 13 JUL 2022   👤 16 ATTENDEES   🌍 4 COUNTRIES

MEETING 3

Mobilising religious leaders to promote COVID-19 vaccination efforts

📅 17 AUG 2022   👤 17 ATTENDEES   🌍 4 COUNTRIES

MEETING 4

Exploring strategies to address low risk perception for COVID-19

📅 21 SEP 2022   👤 16 ATTENDEES   🌍 5 COUNTRIES

MEETING 5

In-person meeting in Nairobi to strengthen across-country network and explore solutions

📅 26-27 OCT 2022   👤 49 ATTENDEES   🌍 6 COUNTRIES

MEETING 6

Developing effective advocacy and messaging to address backsliding in routine immunisation

📅 7 DEC 2022   👤 22 ATTENDEES   🌍 5 COUNTRIES

MEETING 7

VAN's evolution and measuring success of immunisation interventions

📅 18 JAN 2023   👤 28 ATTENDEES   🌍 6 COUNTRIES

"The Vaccination Action Network's community-based approach brings together our counterparts from across the region and country. This **collaboration is the key** to finding and implementing the right vaccination approach."

MoH, UGANDA

03

Detailed
Learnings

"It was easy to see the value of being a part of the network since our neighbouring countries had similar challenges. **We wanted to know what other countries were doing.**"

FOUNDATION MEMBER, ZIMBABWE

"It was **interesting to hear from the national government in Kenya**. They constantly analysed data and used the data to make informed decisions. For example, from the data analysis, they established the most effective channels to use in engaging specific cohorts in the community to persuade them to go for COVID-19 vaccinations."

VAN MEMBER

3.1

Network coordination: An involved secretariat and an impartial advisory council would ensure that the network expands steadily while maintaining a member-centric approach

3.1 Network coordination
3.1.1 Setting up a network secretariat to lead and convene network growth

A strong and involved secretariat is necessary to ensure VAN sustainability. The next secretariat should be/have a leader that can convene stakeholders and countries. It needs to be able to translate ideas into action through resource mobilisation.

The secretariat's role involves nominating foundational secretarial members who will participate in the peer-learning sessions. Foundational members are responsible for identifying other MoH members to participate in the sessions (both within-country and across-country). The secretariat also plays a key part in 1) Following up with in-country stakeholders to move forward with VAN onboarding, 2) Kicking-off country engagement 3) Aligning on challenges to address in specific districts identified by the MoH and 4) Facilitating dates for the within-country and across-country sessions.

Members provide ongoing constructive feedback about the design of the network and what would improve their experience. WIth their inputs, the sessions have evolved with time. Though some feedback is yet to be addressed, it remains a priority for the evolution of VAN.

Moving forward, members suggest:
- Expanding VAN to additional districts/regions and countries
- Expanding the scope beyond COVID-19
- Creating more time for discussion in sessions
- Offering regular in-person sessions to improve involvement

3.1.2 Putting members at the centre of the network and its activities

Member-centricity has been a key point of discussion from the beginning of the design of the VAN peer-learning methodology, and it continues to be re-emphasised as a priority for members. Member-centricity would not only ensure that VAN members determine the scope of the focus area and geographic coverage, but would also determine how peers interact in the network. This can be done by creating an advisory council at the beginning to allow members to guide programming and decisions.

Members must be given the opportunity to not only provide input to the network but be decision-makers. Members shared that their preference was to have one hour sessions with most of the time allocated for discussion. Members emphasized the importance of timely disbursement of funding to maintain the incentive for network participation.

Setting up a network advisory council

Preliminary discussions were held with senior representatives of USAID, WHO and UNICEF – both at regional and central (HQ) leadership teams – with whom The Rockefeller Foundation interacted both prior to commencing VAN and in the hopes of creating an Advisory Council to solicit important inputs and insights throughout the VAN journey. This Council, which was to have representation from network members as well as external bodies, was never activated due to time and resource constraints. However, there was interest to engage such a Council to ensure alignment across donors in the learning space. The idea of such a Council was also highly valued by MoHs who expressed the challenge of managing vertical donor programs with similar technical and structural focus areas – i.e. building communities of practice or learning.

3.2

Meaningful relationship building:

In-person gatherings with neutral facilitation create safe spaces for members to develop meaningful, trust-based relationships that form the foundation for open sharing and learning

3.2 Meaningful network building
3.2.1 Creating safe spaces for relationship building

Facilitator neutrality, experience, and local knowledge are important to ensure that sessions feel neutral and safe for members to share their experiences openly. Transparency and flexibility to guide and shift the peer-learning programmes are key to ensuring that members' priorities are always highlighted and that they have the space to own and direct the process. In-person sessions give space for members to effectively build meaningful and trust-based relationships, which can be maintained through virtual sessions and engagement. Giving members the time and tools to maintain and strengthen these relationships also allows for organic network building over time.

It is important for peer-learning networks to be member-owned. Members should have the opportunities to guide programming and shift programming focus based on members' priorities. It is also important for this ownership and direction to be transparent to members. The use of facilitators with both significant experience with immunisation programs in VAN countries and organisational neutrality has been critical to supporting a ground-up approach to planning, facilitation, and discussion.

First-hand knowledge of the members, their programs, and their challenges is necessary to ensure dynamic conversations targeted to member needs, and global participants should not be active participants in these discussions.

Having an impartial entity that facilitates peer-learning sessions creates a safe space and high level of trust during the discussions. Sabin and the Vaccines for Africa Initiative (VACFA) were a good combination, giving participants the confidence to openly share and discuss challenges relating to COVID-19 vaccine uptake. Participants did not feel like the facilitators were their seniors, and felt free to express themselves. Additionally, having Africa-based facilitators with local experience ensured that the focus remained on ground-up learnings. Building trusted, impactful peer-learning networks takes time. Each community is different, and the design and facilitation of sessions must be flexible and responsive. Reflections following each session enabled continuous improvement in session design, particularly around increasing time devoted to small group discussions.

3.3

Stakeholder collaboration: While collaboration is key, defining member roles up front supports more seamless coordination and a smoother peer-learning process

3.3 Stakeholder collaboration
3.3.1 Role definition for better implementation coordination

It is important to ensure collaboration between senior leadership, sub-national governments, and IPs. With the former focusing on the big picture outcomes, building the right mechanisms and partnerships for action projects, and the latter focusing on on-ground management and execution of process based on community input and insights. This clear definition of roles helps draw distinctions and improves coordination for better project implementation.

For VAN to be sustainable, there needs to be a lot of heavy-level coordination. Numerous touchpoints with senior leadership and sub-national governments would create the right mechanism of coordination for action projects and make sure that there are lessons to be learned beyond COVID-19.

"The good thing is that these stakeholders have prior experience in vaccine delivery so we engage in the same pathways and protocols that we use for other health services.."

- MOH, TANZANIA
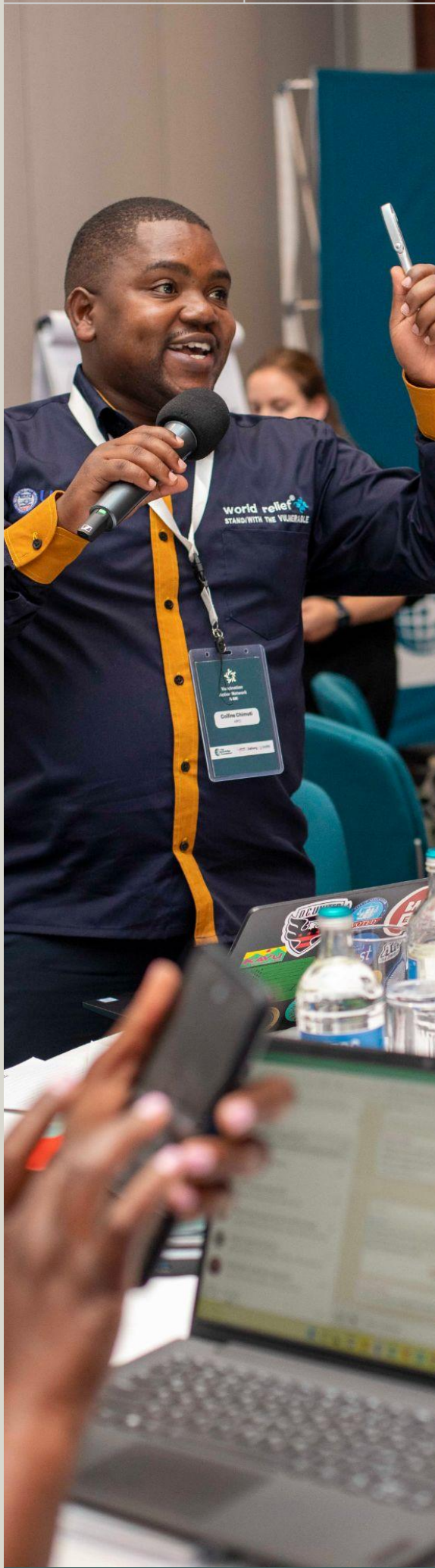
3.4

Hyperlocal engagement:

Involving district-level implementation stakeholders early, and as co-creators throughout the network formation process, facilitates the streamlining of action project activities

3.4 Hyperlocal engagement
3.4.1 Involving implementation partners early in the across-country network formation

Implementing partners have typically been engaged and onboarded to the network after national-level network members. This staggered approach can result in partner miscommunication, low session attendance due to delayed buy-in, and delays in action project implementation. Involving implementing partners in the early phases of a country's onboarding in across-country network sessions to jointly define member roles and input during the grant facilitation processes can ensure streamlined communication and cohesion between partners for more inclusive and participatory network sessions.

Concurrent onboarding of implementing partners (including co-creation of collaborative approaches and expectations) is important in streamlining operations for timely activity kick-offs. The staggered onboarding of implementing partners was intentional and necessary as action projects and associated resources were yet to be defined and identified . However, this, combined with additional operational task delays, made it difficult to create synergy between partners, resulting in inefficiencies on project design and rollout. For example, the contracting and action project kick-off in Kenya was delayed by two months because internal concurrence within MoH departments took longer than anticipated. Early engagement with country-level focal persons is key; more responsive to contextual realities as opposed to a prescriptive top-down approach, they are better placed to manage routine operational inputs.

There must be clear processes for onboarding new implementing partners into the across-country network. There was no groundwork done with these partners to integrate them into the network before the in-person meeting in Nairobi for example, nor has specific onboarding occurred afterwards. This lack of cohesion resulted in inconsistent meeting attendance.

On the financial side, stringent financial regulatory requirements in Malawi derailed funds disbursement to CDC, with clearance required from Malawi Revenue Authority, which took time to be finalised. Additionally, managing staff and resource deficits make it difficult for implementing organisations to be proactive about addressing institutional bottlenecks that impede implementation. For example, the Zanzibar Maisha Bora Foundation's (ZMBF) financial and program management processes were nascent, as they had not disbursed money via mobile transfer before VAN, the team took proactive measures to had to build their capacities and in doing so delayed the launch of the project but ensured smooth operations and successful project outcomes.

> ### Across-country session takeaway
>
> Early conversations with implementing partners are necessary to begin engaging them through the across-country network, helping them to understand how the network operates and their role in it. Though implementing partners were invited to the Nairobi meeting and follow-on virtual sessions, Amref's operations were separated from the management of the network. This ineffective design made it difficult to identify learnings when relevant and fit them into the across-country network meetings. Ideally, the manager of the across-country network should be a part of the oversight of the action projects, or at least be included in meetings to ensure transparency regarding progress.

3.4 Hyperlocal engagement
3.4.2 Involving implementation and community partners as intervention co-creators

Implementing partners can be effective intermediaries of feedback between national and community level stakeholders. They have unique historical insights on the challenges, drivers, and nuances that affect the delivery of successful health programmes. Involving them not only as implementers but as collaborators and co-creators of action projects can offer network members the insights to ensure action projects are designed and rolled out more efficiently, with enough flexibility to keep up with complex health system dynamics.

Addressing emerging complex health issues in the rapidly evolving health landscape requires some degree of flexibility - both in terms of implementation approaches and also resource management - to maximise on multiple impacts from an investment such as VAN.

Implementing partners have a wealth of historical insight on the availability of resources and the health system dynamics that affect the delivery of programmes. They can share inputs on opportunities for the integration of VAN action projects based on their experiences in health project delivery and knowledge on active, ongoing projects.

Right from VAN's inception, there was an expectation of tactical results – that peer-learning engagements would eventually lead to action projects. Bringing in Amref later in the process (due to intentional staggering) made it difficult for some Implementing partners to get up to speed. Additionally, the intended feedback loop between action projects and the peer-learning network could not be set up until January 2023. As of March 2023, feedback loops are taking form, now that all stakeholders are engaged and familiar with the workings of the network.

> "There are different capacities of community health volunteers [that could be utilised differently] across countries."

- VAN MEMBER, ZAMBIA

> "Integration with other services allowed us to recognise who was missing from vaccination services and how to best approach those individuals."

- VAN MEMBER, ZAMBIA

3.5

Community based systems:

Leaning on community-based systems for on-ground implementation and to support health service delivery and M&E can facilitate real-time adaptations of interventions

3.5 Community based systems
3.5.1 Embedding vaccination efforts into service delivery systems

Health supply chain failures can result in communities losing trust, negatively affecting health-seeking behaviours. The integration of COVID-19 vaccination efforts into existing routine service deliveries through community-based resources (such as routine immunisation by CHWs) has been successful in different contexts. For a continued rise in vaccination uptake rates, it is vital that there be alignment between vaccine demand and resource availability and access. Given that national health systems are strapped for resources, community-based systems could function as a supplementary resource to enhance service delivery at a sub-national level.

"Demand for routine immunisation in some districts went down because focus was given to COVID–19 vaccination and there were inadequate resources."

- VAN MEMBER, ZAMBIA

Integrating COVID-19 vaccination into routine programming and delivery is necessary to enable the recovery and expansion of routine immunisation services. While all countries continue to progress on COVID-19 vaccination targets, immunisation priorities are immense and constantly shifting. Pandemic vaccination programs must be resilient to endemic and emerging needs and flexible enough to operate in resource-strapped health systems. The resources also need to be flexible (e.g., health systems strengthening) and not earmarked to a specific health challenge (e.g., COVID-19) as a health challenge today may not be a challenge tomorrow, or a focus for VAN may not be the biggest challenge for a member country. For example, Malawi was also dealing with a cholera outbreak , and VAN made the funding flexible enough to cover COVID-19 and cholera efforts. As VAN continues to expand its scope around immunisation, it should also respond to countries' priorities.

Health promotion and demand generation must be aligned with vaccine availability and access. Failures in the supply chain diminish trust in the health system to deliver, and reduce health-seeking behaviours. Door-to-door vaccination, community-based programs, and integration into mainstream service delivery have all been successful interventions, helping deliver health services to communities and promoting equitable vaccine access.

5.5.2 Human capital and social mobilisation

Social mobilisation is critical to sustaining demand for COVID-19 vaccination by engaging community groups and leaders at the centre of health promotion interventions. An equity-centred approach that engages community partners as collaborators across all stages of intervention design as well as implementation is key to ensuring that rapid adaptations can be made, especially in the context of a pandemic where both disease and response efforts are constantly shifting.

Successful demand generation interventions require an "all-in" approach, leveraging development partners for support, involving community members, and addressing access in alignment with health promotion. Though there are numerous effective approaches to social mobilisation, participants discussed two in depth: working with the right vaccine ambassadors and conducting door-to-door

campaigns. However, participants also noted that the use of multiple social mobilisation approaches and health promotion interventions in tandem has the greatest impact These include community sensitisation, social media, radio and television broadcasting, and drama and music performances.

CASE STUDY

Mobilising key community stakeholders for vaccination efforts
NJOMBE, TANZANIA | 2022

Read the full story: Leveraging Local Insights to Drive COVID-19 Vaccine Uptake in Njombe

3.5 Community-based systems
3.5.3 Leveraging community health volunteers for contextualised knowledge management

Community health volunteers (such as CHWs) play a key role in addressing vaccine misconceptions and increasing vaccine demand and uptake, as they enjoy vast amounts of local knowledge and built-in trust with the community. This unique position allows them to gather authentic feedback about vaccine efforts from their communities. Knowledge management and monitoring and evaluation efforts rooted in–and led by–community health volunteers will, therefore, enable real-time adaptation and effective replication of program at scale.

Understanding local communities is critical for increasing vaccine uptake. Engaging with local influencers such as religious leaders, youth leaders, and elders to employ social listening to recognise and incentivise "volunteers" enables a multi-sectoral approach to accelerating vaccination based on local context and demand. Messaging is more effective when frequent and tailored to specific population profiles, and local influencers can aid in the contextualisation of messaging.

"Social listening is very important to understand the needs of communities and addressing infodemics and rumors."

- VAN MEMBER, TANZANIA

Stronger knowledge management platforms and resources are needed starting at the community level. This should include monitoring and evaluation of risk communication, community engagement interventions, and strengthening of vaccination data records. A continuous feedback loop for real-time adaptation will enable programs to be replicated effectively and scale what's working.

Strengthening health systems is dependent on the capacity of CHWs and the health workforce, and yet investment in human resources for health does not match current needs. While CHWs are central to the integration of COVID-19 vaccination and ensuring sustainability, different systems of support impact capacity and motivation.

"Disease Control and Surveillance Assistants embedded within communities, who conduct monitoring efforts and vaccinate for routine immunisation, are also used as COVID–19 vaccinators."

- VAN MEMBER, MALAWI

Community health volunteers' local knowledge, the community's trust in them, and a sense of ownership in vaccination efforts are important aspects to be leveraged to effectively involve them in knowledge management as well as Monitoring & Evaluation (MEL) efforts.

TRUST

CHWs, vaccinators, and other volunteers who are from catchment areas or nominated for the role are more successful at communicating with community members because there is built-in trust. Fear and concerns are best addressed by people who are already trusted by the community. Working through and training these "community gatekeepers" can be critical to advancing vaccination efforts. CHWs and volunteers must also have a good relationship with local leaders to co-create solutions on vaccine uptake.

Building from routine immunisation programs for COVID-19 vaccination helps to drive trust in vaccinators. Providing the individuals in these programs with the correct information about COVID-19 vaccination and addressing expected concerns can be an effective approach.

"Frontline health workers received their vaccination first, and in public, leveraging the trust the communities have in them to build trust in the vaccine."

- VAN MEMBER, MALAWI

OWNERSHIP AND INCENTIVE

CHWs must stay motivated to continue their work. Participants report effective motivational tools to be appreciation and recognition, stipends (given by partners and MoHs) and certificates.

"CHWs' contributions can be acknowledged by inviting them to speak at universities, national conferences, events, and to travel internationally as representatives."

- VAN MEMBER, UGANDA

LOCAL KNOWLEDGE

CHWs should be included in the design and development of interventions. This builds trust, draws from their unique perspectives, and allows them to take full ownership of health promotion goals and strategies. It is important to be honest and open when engaging with CHWs about problems and finding solutions.

3.5 Community based systems
3.5.4 Community spheres of influence

"We thought that when trying to advocate for something, it would be at the higher levels, so we had only sensitised religious leaders at national levels and not at regional levels. We found that **national leaders didn't always have as much influence at the district and community levels, as those leaders have their own strong spheres of influence at those levels.** So the message wasn't always passed down into communities."

- VAN MEMBER, TANZANIA

Religious leaders

National religious leaders hold great influence and share inputs at a national level but did not always have as much influence at the district and community levels as those leaders have zonal influence at their own levels.

Sensitising religious leaders at local district and community levels is key as they have direct touch points with community members and can effectively help dispel any misinformation and misconceptions about vaccinations. When involved in the design and development of interventions, they help in the delivery of vaccinations, increasing uptake.

Most likely to directly influence: Community members frequently attending religious gatherings

Peer networks and influencers

Direct touchpoints through social gatherings such as women's savings groups are a source of information for community members. For the youth, this is further amplified by digital social media platforms.

Most likely to directly influence: Women, Men, elderly groups; and Youth (18-24)
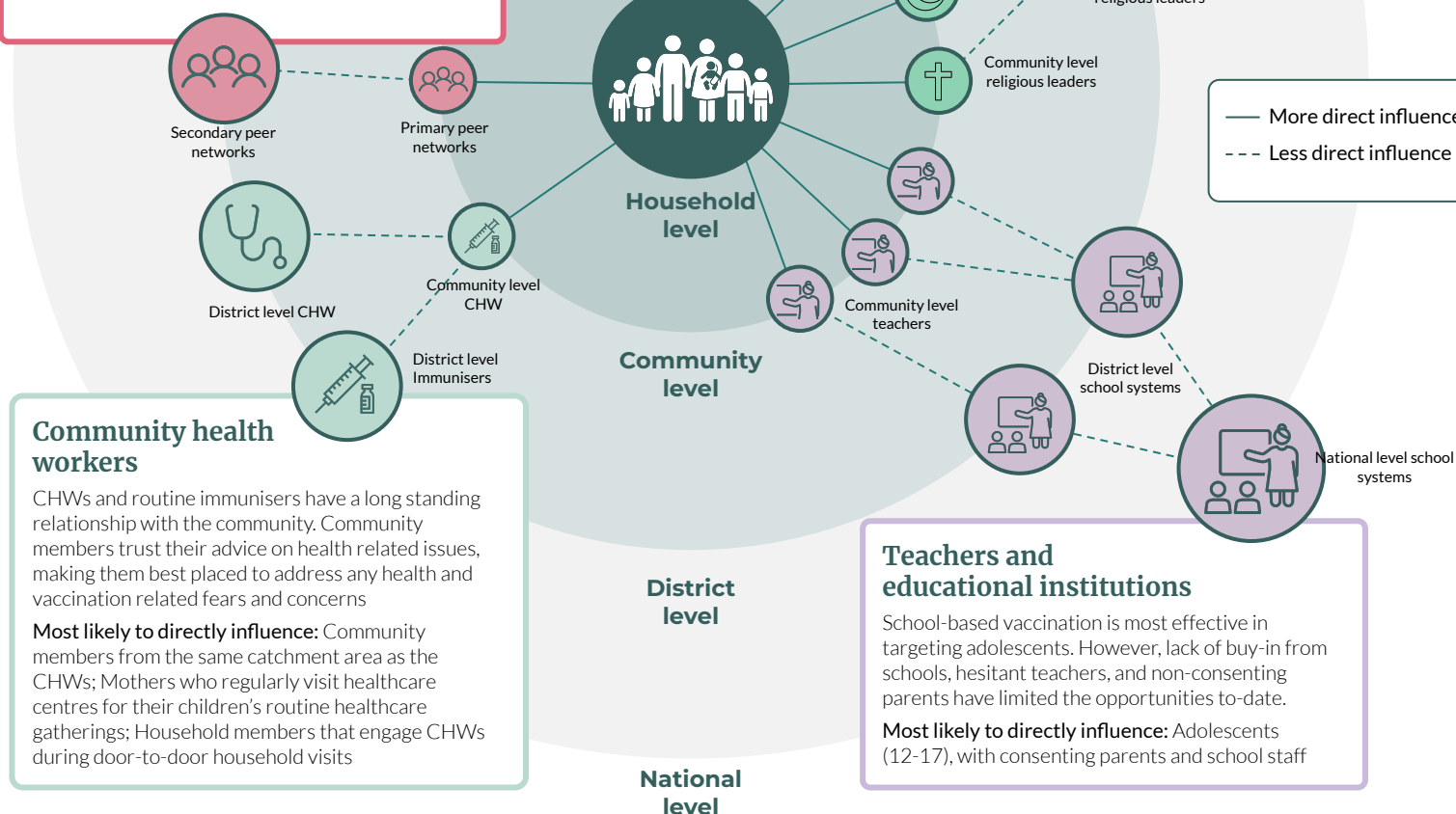
Community health workers

CHWs and routine immunisers have a long standing relationship with the community. Community members trust their advice on health related issues, making them best placed to address any health and vaccination related fears and concerns

Most likely to directly influence: Community members from the same catchment area as the CHWs; Mothers who regularly visit healthcare centres for their children's routine healthcare gatherings; Household members that engage CHWs during door-to-door household visits

Teachers and educational institutions

School-based vaccination is most effective in targeting adolescents. However, lack of buy-in from schools, hesitant teachers, and non-consenting parents have limited the opportunities to-date.

Most likely to directly influence: Adolescents (12-17), with consenting parents and school staff

Diagram labels:
- National level religious leaders
- District level religious leaders
- Community level religious leaders
- Household level
- Secondary peer networks
- Primary peer networks
- District level CHW
- Community level CHW
- District level Immunisers
- Community level teachers
- District level school systems
- National level school systems
- Community level
- District level
- National level

Legend:
— More direct influence
--- Less direct influence

3.6

Localised influence:
Religious leaders are key influencers in communities. Involving them in the co-creation of localised vaccination messaging can improve uptake, and also help track and minimise false messaging

3.6 Localised influence
3.6.1 Leveraging religious leaders as key influencers

Religion brings people together in terms of faith and belief systems, but also brings communities together in physical spaces. Religious leaders are key influencers and can sway social perceptions. This was evident during the pandemic when VAN members with long-standing relationships with religious leaders were able to leverage their influence in the communities to shift COVID-19 perceptions and increase vaccine demand and uptake.

VAN network members had pre-existing relationships with religious leaders. These relationships began before COVID-19 and only strengthened during this time, which made collaboration more effective. A long history with religious leaders and vaccination efforts has proven to be an asset to the COVID-19 vaccination efforts.

Religious leaders should be included in the design and development of interventions. This builds trust with religious leaders, draws from their unique perspectives, and allows religious leaders to take ownership of health promotion goals and strategies. It is important to be honest and open when engaging with religious leaders about problems and finding solutions.

Engagement with national religious leaders and advocacy groups helps drive consistent messaging from trusted sources. Mapping religious institutions and their leaders leads to an understanding of the religious landscape and the best opportunities for engagement. Top-down messaging within hierarchical religious structures can simplify outreach.

Taking advantage of routine religious gatherings and district-level meetings helps to maintain relationship with religious leaders. Organising advocacy and demand creation meetings with religious leaders spreads messaging about the benefits of vaccinating while also debunking myths and rumors.

> "We have had a strong relationship with religious leaders since before COVID–19. It was easy to call upon them and use churches to vaccinate. We still have people going to get vaccinated at religious centres."
>
> - VAN MEMBER, ZAMBIA

CASE STUDY

The Power of Religious Leaders to Drive COVID-19 Vaccine Demand

ZANZIBAR, TANZANIA | 2022

Throughout the COVID-19 pandemic, religious leaders have proven to be critical voices in overcoming vaccine hesitancy and building vaccine confidence. When health officials in Zanzibar encountered challenges in COVID-19 vaccination efforts due to rumors and misinformation, they called on religious leaders to combat misinformation and share messages about the benefits of vaccination with their communities.

Read the full story: Leveraging Local Insights to Drive COVID-19 Vaccine Uptake in Njombe

3.6 Localised influence
3.6.2 The use of messaging and storytelling

As the pandemic evolved, myths, misconceptions, and misinformation caused fears and concerns about vaccine safety. Combined with factors that impeded access to vaccines, this made vaccination less salient, and over time, may have driven the perception that COVID-19 was no longer a problem. The need for consistent and updated messaging was therefore key to ensuring that the belief in the necessity and safety of vaccines was widespread in communities. Storytelling was also especially key to developing messaging that was relevant, easy to understand, and curated to address the different barriers that different communities and population segments faced.

Storytelling and interpersonal communication is key. Whether leveraging peer relationships or working with influencers, sharing the personal impact of COVID-19 was most influential. Messaging must be based on an in-depth understanding of the audience and who they trust. Designing messages based on audience segmentation and behavioural economics – including the reasons behind their beliefs and actions – is key to ensuring that messages are inclusive and targeted appropriately.

> "We had a difficult time to convince youth of the risks of COVID–19 and not vaccinating. We have used learning institutions to use their radio stations and TV stations to share out information."

- VAN MEMBER, KENYA

Creating strategies that tackle disinformation and myths have proven to be impactful in improving low risk perception. Social media, traditional media, and innovative communication methods have all played significant roles in the spread of misinformation around both the severity of COVID-19 and the safety and necessity of the vaccine.

Clear, simple messages through multimedia approaches: Using a multimedia approach – from traditional communications and mass media to social media and other digital approaches – helps to reach different sections of the population. Regardless of tool used, messages should be clear and simple in local languages, and testimonies from affected individuals can be particularly effective.

Frequent communication from trusted sources: Identifying trusted sources within a community and having them share regular updates ensures that up-to-date and critical information is provided in a timely manner. Daily communication by the MoH may be helpful to drive influence. Incorporating other political figures at the national, provincial, district, and community levels (e.g., Ministers, permanent secretaries, district officers, village chiefs) can also be effective, developing a multi-sectoral approach that builds trust.

CASE STUDY
Combating low risk perception via Short-format video messaging
MAKUENI COUNTY, KENYA

Conveying the continued risks of COVID-19 and the benefits of vaccination has been an ongoing challenge in Makueni County. An understanding of local needs contributed to the development of a video series campaign aimed at sharing accurate information about COVID-19 and increasing vaccination rates.

Read the full story: Moonlight Community Cinema to Combat Low Risk Perception of COVID-19

Population Segmentation:

An important tool used to develop more effective messaging, it is used to separate communities into smaller groups based on their characteristics or behaviours. Two age-based groups were specifically discussed by participants throughout VAN sessions:

Adolescents and Youth

Countries have expanded eligibility of COVID-19 vaccination to adolescents (ages 12-17) and youth (ages 18-24) with the following approaches:

- integrating COVID-19 messages into youth programs;
- engaging the education system to offer COVID-19 vaccine in schools;
- leveraging celebrities and social media;
- and, developing targeted messaging.

Elderly and Vulnerable Adults

While initial phased approaches to COVID-19 vaccine rollout in most countries prioritised these at-risk populations, continued efforts need to be made to target these groups to sustain demand.

- Community dialogues and traditional mass media such as radio talks are effective approaches
- Access to vaccines is a key concern and addressing the lack of transportation to vaccination sites is necessary to drive uptake.

3.7

Member feedback:
What members say about VAN
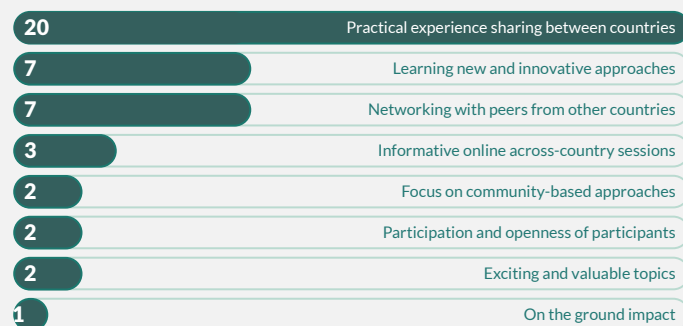
3.7 Member feedback
What members say about VAN

Participants value VAN's interactive peer-learning sessions and small group discussions as a space for sharing experiences, best practices, and knowledge with peers from other countries, with a focus on practical and innovative approaches to COVID 19 response.

With consistently increasing engagement in monthly sessions, as described further in the previous section, feedback from participants on each session remained strong. Network member feedback was gathered through several approaches: individual conversations, facilitated group discussions, post-session surveys, and the VAN Impact Survey. The VAN Impact Survey was designed to gather feedback from members on their direct experiences in VAN across-country network meetings, what they had learned, and how the learnings impacted their work.

Intended to be a quarterly survey, the first was conducted in November 2022 due to the timing of the in-person meeting in Nairobi. The survey was sent to all *across-country* network participants, including all those who attended the Nairobi meeting.

Learning oriented approach: At an *across-country* level, learning from other countries' experiences gave stakeholders tangible applications to test out when tackling various disease outbreaks, e.g., integration of services, particularly of COVID-19 vaccination, into routine immunisation services.

Session design: Supplementing virtual sessions with in-person meetings helped strengthen and establish long-running relationships in and out of the network. In addition, the short one-hour sessions were noted as being convenient for participants during busy months, while some members felt the need for occasional longer, two-hour sessions that allocated time for questions and discussion.

Participants reported primarily joining VAN's *across-country* network meetings for sharing of experience, best practices, and knowledge with peers from other countries, with a focus on both practical and innovative approaches.

Participants also valued the interactive learning sessions and small group discussions, noting comfort in sharing their experiences with other members during the session.
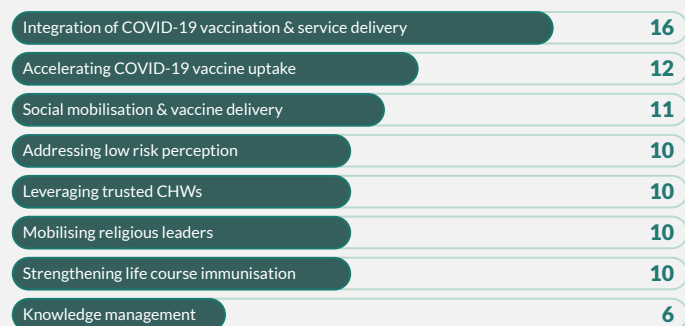
Participants also noted high satisfaction with the topics discussed and content shared during VAN's session, rating it an average of 4.4 out of 5. In the VAN Impact Survey, participants were asked to choose up to three topics they found most impactful during virtual or in-person meetings. While the integration of COVID-19 vaccination and service delivery was an especially impactful topic, the results indicates that all topics address participants' priorities.

20	Practical experience sharing between countries
7	Learning new and innovative approaches
7	Networking with peers from other countries
3	Informative online across-country sessions
2	Focus on community-based approaches
2	Participation and openness of participants
2	Exciting and valuable topics
1	On the ground impact

Reasons for attending across-country network meetings

Integration of COVID-19 vaccination & service delivery	16
Accelerating COVID-19 vaccine uptake	12
Social mobilisation & vaccine delivery	11
Addressing low risk perception	10
Leveraging trusted CHWs	10
Mobilising religious leaders	10
Strengthening life course immunisation	10
Knowledge management	6

Most impactful topics discussed during VAN sessions

"The sharing from other countries assisted me in noting similar successes, challenges and lessons learned during the COVID–19 pandemic, as well as other approaches that my country has adopted."

- VAN MEMBER, ZAMBIA

3.7 Member feedback
What members say about VAN

"The authenticity of the participants and the openness in sharing the best practices is phenomenal."

- VAN MEMBER, ZIMBABWE

"VAN promotes diving deep into community-based approaches which are very key in enhancing vaccination uptake."

- VAN MEMBER, MALAWI

"The practical experience sharing on how peers have gone about addressing challenges around demand creation for COVID-19 vaccinations is really eye opening."

- VAN MEMBER, ZIMBABWE

"The use of school-going children to trace unvaccinated peers and family members as a strategy for micro-targeting in Kenya.VAN promotes diving deep into community based approaches which are very key in enhancing vaccination uptake."

- VAN MEMBER, MALAWI

04

What is the way forward for VAN?

What is the way forward for VAN?

Conclusion

As VAN grows and evolves, we will continue to keep members at the core of the network and its activities. This has been a key tenet of the network from the onset, and has strengthened the peer-learning methodology. Additional to member-centricity, maintaining a home-grown approach to knowledge generation and sharing is important for VAN's sustainability.

While VAN was created in response to COVID-19 vaccination needs, its value across health systems is evident. We hope to apply the learnings and best practices from VAN in the strengthening of mainstream health-systems at different national levels, beyond crisis/pandemic response. Sharing lessons periodically is also key to ensuring that the lessons learned are applied to–and integrated into–health emergencies beyond COVID-19.

We hope that the learnings from this experience can appeal to different audiences in the health sector to use this information to:

- **Engage and contribute** through membership and other network activities to expand and scale across-country sessions
- **Use and replicate** *within-country* sessions at sub-national levels to track and monitor health challenges and progress of interventions
- **Adopt and build** on VAN's best practices to grow knowledge around the benefits of network-based approaches to other health systems strengthening initiatives
- **Embed and connect** VAN into ongoing initiatives that take a needs-based approach driven by similar communities of practice

"Within the network we need members with different types of technical expertise so that we have a strong offering. It has to be different enough to offer different kinds of expertise across countries within the network in order to make it innovative and sustainable."

- VAN MEMBER, MALAWI

Annex

Annex 1: Case Study | Human capital and social mobilisation

Mobilising key community Stakeholders for vaccination efforts

COVID-19 vaccine demand and uptake remained low in Njombe despite advances in supply and access. VAN members (immunisation stakeholders and public health professionals) unpacked key challenges to vaccine uptake and generated community-based solutions to boost vaccination rates.

Prioritising challenges and solutions to increase vaccine demand:

Based on a detailed understanding of the communities, the following key challenges were considered to be the most pressing with respect to vaccine uptake:

- The lack of community understanding of COVID-19 and the vaccine.
- Dissuasion of COVID-19 vaccination by influential religious, political, and traditional leaders.

Three key solutions to address the challenges were developed to drive vaccine confidence and demand in communities:

- **Going hyper-local:** engaging political, traditional, and religious leaders at the village/ward level and empowering them to effectively reach their audiences with accurate and up-to-date information.
- **Minimising access barriers:** pairing community outreach with service delivery to minimise the effort needed to get vaccinated in coordination with the district councils and ward councilors.
- **Training healthcare workers:** conducting sensitisation and communication training for healthcare workers at multiple levels to ensure they were well-prepared to address vaccine concerns and communicate vaccine effectiveness and urgency.

Involving community stakeholders in implementation efforts:

The Njombe Regional Health Management Team (RHMT), in collaboration with implementing partners, applied these learnings and implemented numerous strategies to drive COVID-19 vaccine demand with a focus on increasing pro-vaccine messages from trusted sources alongside improved access. New and updated practices included:

- Partnership between the RHMT and Community Health Management Teams to identify wards with low uptake and arrange **sensitisation meetings with influential community leaders, including local religious leaders.**
- **Community mobilisation by community leaders** with easy-to-access vaccination services in popular community settings, including places of worship and gathering, community sites, market areas, and bus stops.
- **House-to-house sensitisation conducted by community health workers and community leaders** included vaccinators to remove access barriers and encouraged community members to ask questions and seek answers from trusted community leaders.

Read the full story: Leveraging Local Insights to Drive COVID-19 Vaccine Uptake in Njombe

"It is not about what was told to community members [to encourage vaccination] but **how it was disclosed and who was delivering the message.**"

- NJOMBE HEALTH PROMOTION LEAD
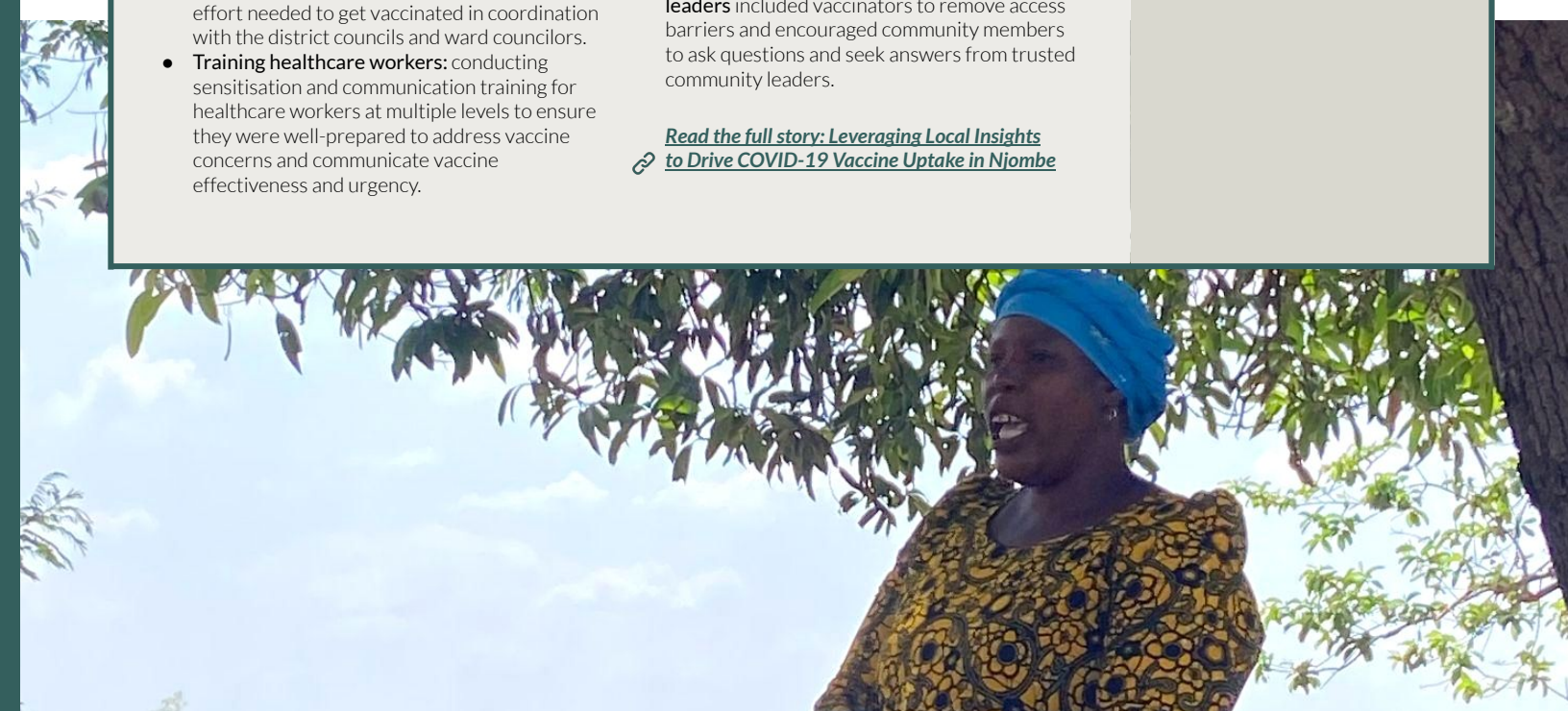
Annex 2: Case Study | Leveraging religious leaders as key influencers

The Power of Religious Leaders to Drive COVID-19 Vaccine Demand

CASE STUDY
ZANZIBAR, TANZANIA | 2022

Throughout the COVID-19 pandemic, religious leaders have proven to be critical voices in overcoming vaccine hesitancy and building vaccine confidence. When health officials in Zanzibar encountered challenges in COVID-19 vaccination efforts due to rumors and misinformation, they called on religious leaders to combat misinformation and share messages about the benefits of vaccination with their communities.

Co-creation with religious leaders to address community-specific needs

Communities normally believe what they hear from religious leaders. However, religious leaders themselves often lack COVID-19 knowledge. This created an opportunity to inform them about the disease and the vaccination, and work directly with them to develop accurate health messages and delivery models.

The MoH of Zanzibar, in partnership with FHI 360, brought together immunisation officers, health promotion officers, and senior-level religious leaders from different faiths in co-creation workshops. Five-day workshops were conducted separately for different faiths and included religious leaders such as Bishops, Pastors, Imams, Sheikhs, and other Islamic scholars to identify knowledge gaps relating to misinformation and misconceptions about the COVID-19 vaccine, determine how to frame messages, respond to misinformation, and answer questions.

Faith-Based Messaging from Trusted Leaders

The toolkits developed and tested with religious leaders consisted of a six-week program that started with a basic introduction and built on learnings from week to week to address increasingly complex challenges and concerns related to COVID-19, including answers to FAQs. These were incorporated into traditional workshop days and weekly services, and religious verses were also incorporated into health promotion materials, such as posters and radio spots echoing the messages heard from the religious leaders.

Having the most influential and most respected religious leaders and scholars involved gave legitimacy to the toolkits and provided tangible answers to faith-based questions.

From Implementation to Impact

From the initial implementation of this program in March 2022, vaccine demand in Zanzibar continued to increase, and fully immunised coverage increased from 26% of the population in March 2022 to over 50% in August 2022.

Moving forward, the religious toolkits will continue to be a key strategy and tools will be reshaped to communicate the continued risk of COVID-19 even as cases steadily drop.

Read the full story: The Power of Religious Leaders to Drive COVID-19 Vaccine Demand

"Questions about the vaccine have always been 'Is this vaccine safe?' and 'Does our religion support this?' As scientists, we can't answer this [second question], but the religious leaders and scholars can."

- MINISTER OF HEALTH, ZANZIBAR
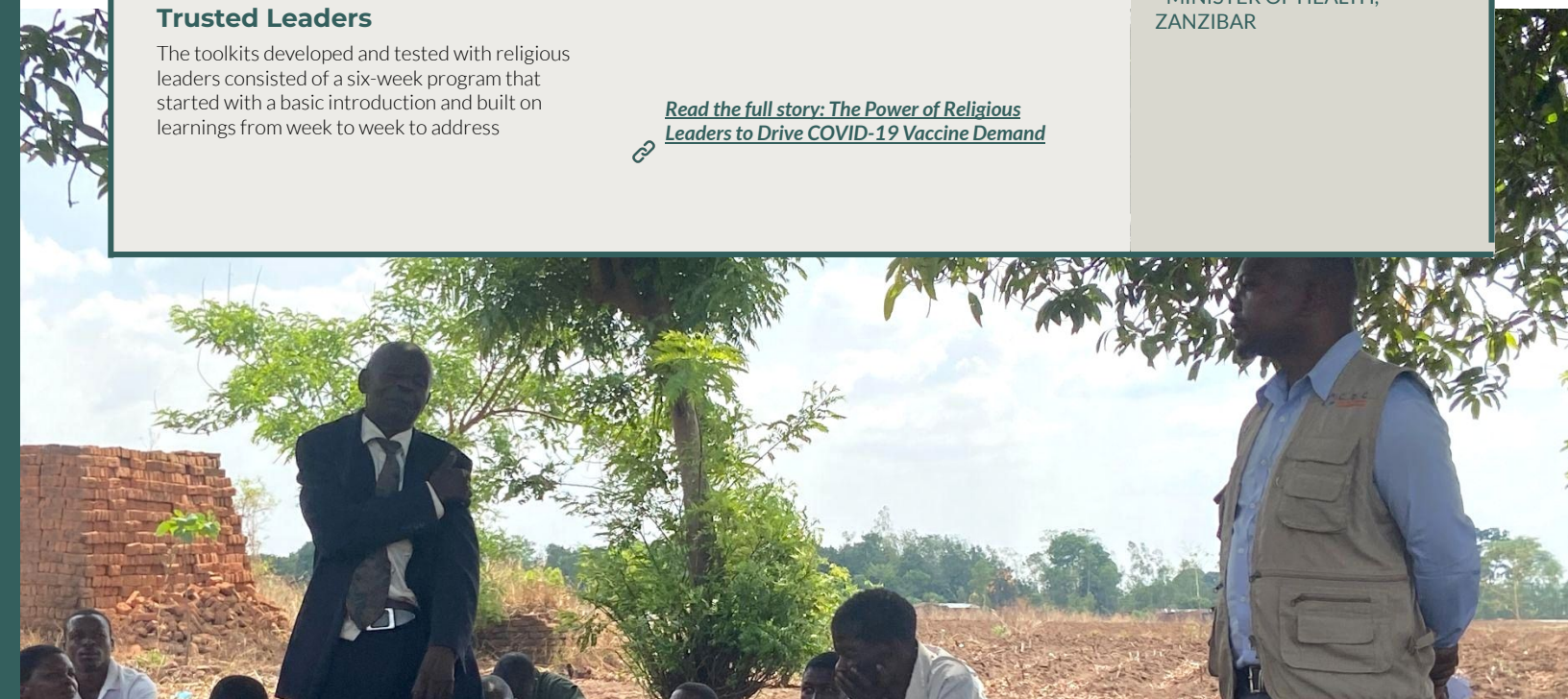
Annex 3: Case Study 3 | The use of messaging and storytelling

Combating low risk perception via short-format video messaging

As the COVID-19 pandemic stretched into its third year, an ongoing challenge was conveying the continued risk of the disease and the benefits of vaccination, as the number of newly vaccinated adults declined by 94%. An understanding of local needs contributed to the development of a one-week short video series campaign aimed at sharing accurate information about COVID-19 and increasing vaccination rates.

Key challenges faced by hard-to-reach community members

Through conversations, the local Health Promotion Office learned that men (under 35) and youth were not getting vaccinated due to:

- the perception that COVID-19 was no longer a problem;
- lack of access to vaccines due to their long workdays; and
- concern about vaccine safety.

The team knew it was important for people to see stories of how COVID-19 has affected real people, while simultaneously creating opportunities for vaccination that aligned with their schedules.

Developing community centred messaging strategy via the use of short video format

A week-long series of events at the **Moonlight Community Cinema** was developed by the health promotion team and held in public centres during evening hours. The event prioritised communicating the dangers of COVID-19, the benefits of vaccination, and the safety of vaccines through short videos (projected on large screens), which included messaging in local languages.

The hope was for community members to realise the need to take action against COVID-19.

The core message - that there was a higher risk of not taking the vaccine - proved to be impactful when shared through video.

From community cinema events to on-site community vaccination

The Moonlight Community Cinema events included on-site vaccinators, providing the opportunity to get vaccinated late into the evenings. Due to the strategic location and timing of the Moonlight Community Cinema events, 7,000 people viewed the videos, receiving accurate information about COVID-19 and the vaccine. In addition, the strategy succeeded at vaccinating 500 people during the one-week campaign, with attendees spreading the message within their households. Community members came later to be vaccinated in the clinics after hearing from others about the benefits of getting vaccinated.

🔗 *Read the full story: Moonlight Community Cinema to Combat Low Risk Perception of COVID-19*

> "Consistency is key with messaging, and recognising who your audience is when creating messaging is critical."
>
> - HEALTH PROMOTION OFFICER, MAKUENI COUNTY, KENYA

Annex 4: VAN's background
VAN's Theory of Change

VAN'S INTENDED IMPACT

Increase in COVID-19 vaccine demand and uptake in VAN focus countries

OUTCOMES

Strengthen HC system capacity to address vaccine demand challenges and influence systems to change	Increased trust in the vaccines	Increased awareness of the COVID disease and vaccine confidence	Improved vaccine access and its equitable distribution	Better utilisation of available capital to unlock vaccine demand bottlenecks

OUTPUTS

Identification of key stakeholders per country and onboarding of key member countries ⋯ Identification and onboarding of advisory group partners ⋯ Identification and onboarding of anchor implementation partners	Build country landscape assessment and conduct stakeholder interviews to prepare for peer-learning sessions	Within countries: Organise peer-learning sessions ⋯ Across countries: Organise peer-learning sessions	Identification of action projects to support vaccine demand	Development of demand generation tools (on communication, training, delivery, etc.) to increase vaccine awareness, acceptance and uptake	Support within-country MoH teams to submit grant proposals to The Rockefeller Foundation ⋯ Run grant selection and release grants to address within country challenges

ACTIVITIES

Network creation Set up Vaccination Action Network	**Peer learning and problem solving** Prepare for peer-learning sessions	**Peer learning and problem solving** Conduct peer-learning sessions and share best practices	**Peer learning and problem solving** Implement action projects	**Knowledge generation** Develop knowledge products	**Grant facilitation** Disburse grants

INPUTS

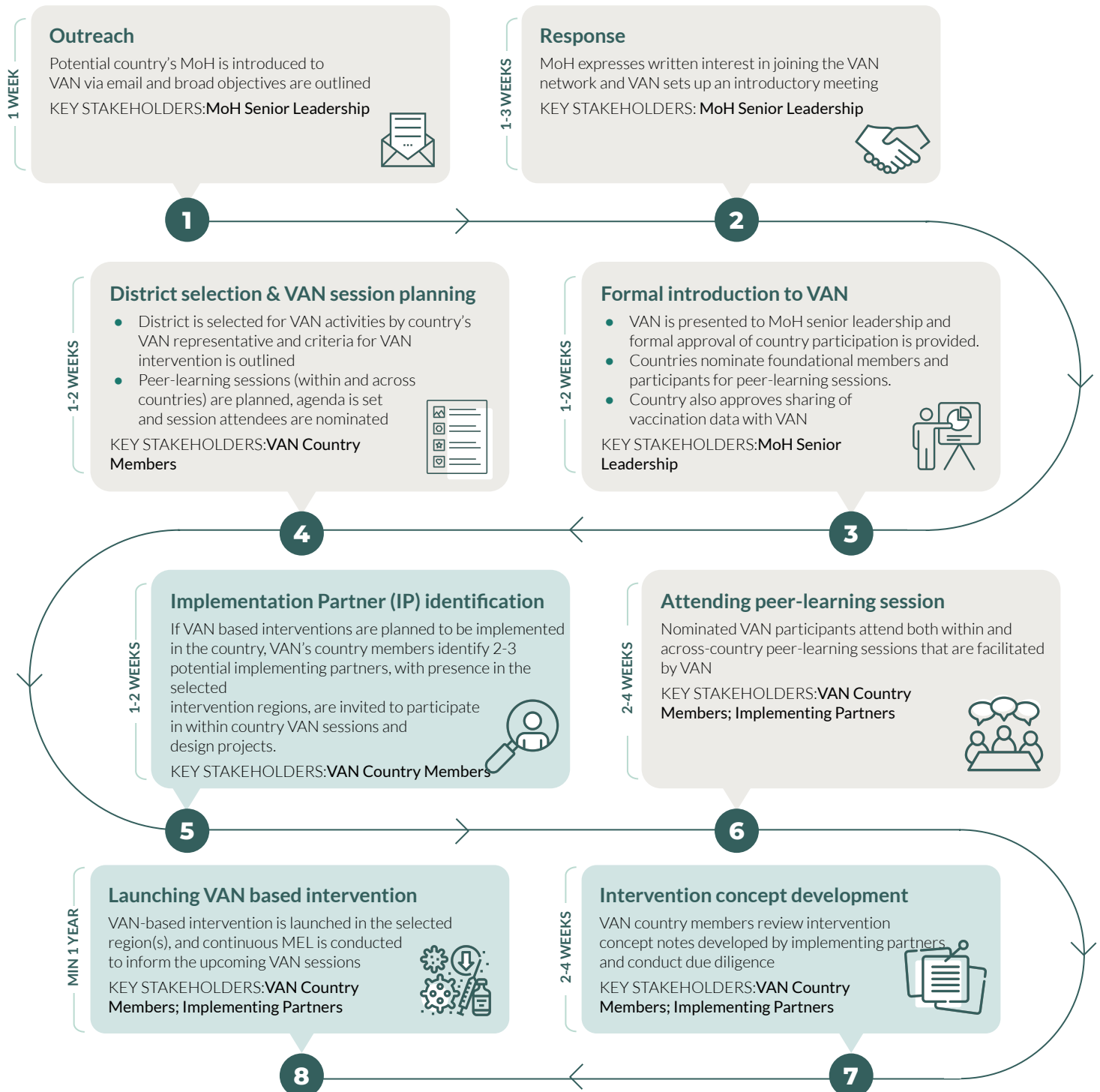|		
Existing COVID-19 vaccine demand related country assessment from MoH, WHO, CDC, COVAX, UNICEF and others	Dalberg's deep execution experience and network in focus countries	Learnings from the Boost Network to determine COVID-19 vaccine demand related issues and challenges

Annex 5: VAN's background
Onboarding and country membership

The process of selecting and onboarding a new country to participate in the VAN platform was broken down into five steps.

The process began with an outreach to the MoH, co-creating VAN activities with the ministry to launch peer-to-peer (P2P) sessions. Below is the summary of the steps the current Secretariat followed in selecting and onboarding a country to participate in VAN.

1 WEEK

Outreach
Potential country's MoH is introduced to VAN via email and broad objectives are outlined

KEY STAKEHOLDERS:MoH Senior Leadership

1-3 WEEKS

Response
MoH expresses written interest in joining the VAN network and VAN sets up an introductory meeting

KEY STAKEHOLDERS: MoH Senior Leadership

(1) ⟶ **(2)**

1-2 WEEKS

District selection & VAN session planning
- District is selected for VAN activities by country's VAN representative and criteria for VAN intervention is outlined
- Peer-learning sessions (within and across countries) are planned, agenda is set and session attendees are nominated

KEY STAKEHOLDERS:VAN Country Members

1-2 WEEKS

Formal introduction to VAN
- VAN is presented to MoH senior leadership and formal approval of country participation is provided.
- Countries nominate foundational members and participants for peer-learning sessions.
- Country also approves sharing of vaccination data with VAN

KEY STAKEHOLDERS:MoH Senior Leadership

(4) ⟵ **(3)**

1-2 WEEKS

Implementation Partner (IP) identification
If VAN based interventions are planned to be implemented in the country, VAN's country members identify 2-3 potential implementing partners, with presence in the selected intervention regions, are invited to participate in within country VAN sessions and design projects.

KEY STAKEHOLDERS:VAN Country Members

2-4 WEEKS

Attending peer-learning session
Nominated VAN participants attend both within and across-country peer-learning sessions that are facilitated by VAN

KEY STAKEHOLDERS:VAN Country Members; Implementing Partners

(5) ⟶ **(6)**

MIN 1 YEAR

Launching VAN based intervention
VAN-based intervention is launched in the selected region(s), and continuous MEL is conducted to inform the upcoming VAN sessions

KEY STAKEHOLDERS:VAN Country Members; Implementing Partners

2-4 WEEKS

Intervention concept development
VAN country members review intervention concept notes developed by implementing partners and conduct due diligence

KEY STAKEHOLDERS:VAN Country Members; Implementing Partners

(8) ⟵ **(7)**

JOURNEY APPLICABLE TO ALL COUNTRIES   JOURNEY APPLICABLE TO COUNTRIES PLANNING VAN BASED INTERVENTIONS

Annex 6: Glossary of terms

ACDC	Africa Centres for Disease Control and Prevention
Across-Country Sessions	VAN peer-learning sessions, held monthly, with participants across multiple countries attending
CDC	Centres for Disease Control and Prevention
CHW	Community Health Worker
CHV	Community Health Volunteer
COVAX	COVID-19 Vaccines Global Access
DHMT	District Health Management Teams
EPI	Expanded Programme on Immunisation
HCW	Health Care Workers
HPO	Health Promotion Officers
IEC	Information Education Communication
IP	Implementing Partner
IPC	Infection Prevention Control
MEL	Monitoring and Evaluation
MoH	Ministry of Health
P2P	Peer-to-Peer
PS	Permanent Secretary
RCCE	Risk Communication Community Engagement
UNICEF	United Nations Children's Fund
VAN	Vaccination Action Network
VHT	Village health Teams
Within-Country Sessions	VAN peer-learning sessions, held periodically, with participants from within one respective country attending
WHO	World Health Organisation
VACFA	Vaccines for Africa Initiative
ZMBF	Zanzibar Maisha Bora Foundation