



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

Community Engagement in the Development of Tailored COVID-19 Messaging and Demand Creation in Cameroon, Kenya, and Zimbabwe: The Catalyzing COVID-19 Action Project

Background

With support from UNITAID and FIND, The Elizabeth Glaser Pediatric AIDS Foundation implements the Catalyzing COVID-19 Action (CCA) project in Cameroon, Kenya, and Zimbabwe with the aim of accelerating end to end access to novel solutions responding to COVID-19. A critical pillar across the project is the meaningful and ongoing engagement of the community in each country EGPAF operates to ensure tailored activities, messaging, and sustainable buy in.

Community engagement in the Catalyzing COVID-19 Action Project

Meaningful engagement of communities in COVID-19 and other health activities is critical to ensure that elements are acceptable, feasible, and responsive to affected and targeted communities. The WHO further elicits the importance of utilizing innovative strategies to engage communities in the COVID-19 response and vaccine roll out in reducing fear and stigma and enabling uptake of critical services for ongoing prevention and management of the pandemic.

Formative assessments were conducted early in the project in each CCA country to ensure context-specific and tailored messaging would be developed from the discussions with the communities and civil society organizations (CSOs). The assessments sought to look into the perceptions and attitudes of the community towards COVID-19 testing and vaccination among the communities where the CCA project is being implemented.

Formative assessments

Formative assessments are one approach to establishing and documenting community perceptions towards their health needs. A global WHO formative assessment tool was used as a basis to adapt to each CCA country context. A formative assessment was conducted in each of the three CCA countries to inform work moving forwards to identify the perceptions and attitudes toward COVID-19 testing and vaccination in communities served by the CCA project.

Among the results collected are barriers to seeking health services; attitudes towards COVID-19 testing and vaccinations; reasons for wanting or not wanting a COVID-19 test; COVID-19 vaccine uptake willingness of individuals and of parents with children; contributors to risk of infections from COVID-19; and status of socioeconomic and educational activities during COVID-19.

The formative assessments gathered community perceptions on:

- ✓ unmet needs for essential health services
- ✓ perceived barriers to use of essential health services, considering supply and demand factors
- ✓ attitudes towards COVID-19 vaccination
- ✓ community assets and vulnerabilities
- ✓ barriers to the provision of community-based services

Figures 1 and 2 illustrate the results disaggregated by country for two factors assessed. Figure one depicts factors noted by country that were cited as reasons for declining the COVID-19 vaccine including general mistrust, discomfort in taking it, being fearful of a positive result and being afraid of getting COVID-19 from the facility. For all three countries, discomfort with the vaccine was the predominant factor, with secondary and tertiary factors varying by country. Figure 2 shows the reported likelihood of taking a COVID-19 rapid test if made available; outcomes differ by country but overall show that few people would be willing to take tests if made available, highlighting persisting hesitancies.

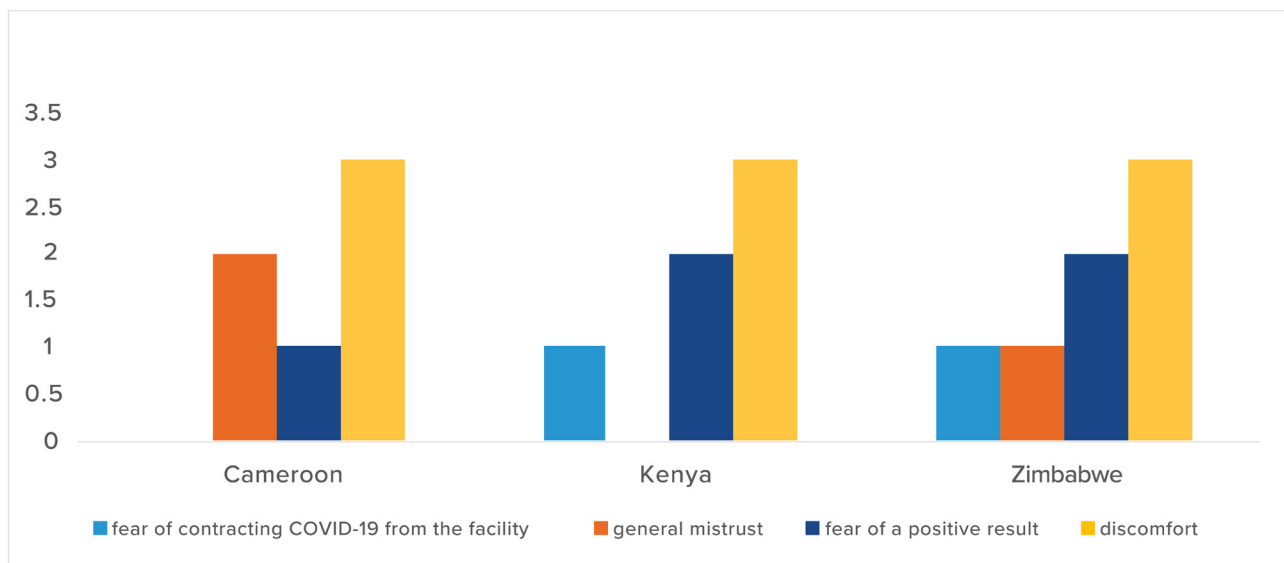


Fig. 1 Most Cited Reasons for Declining the Vaccine

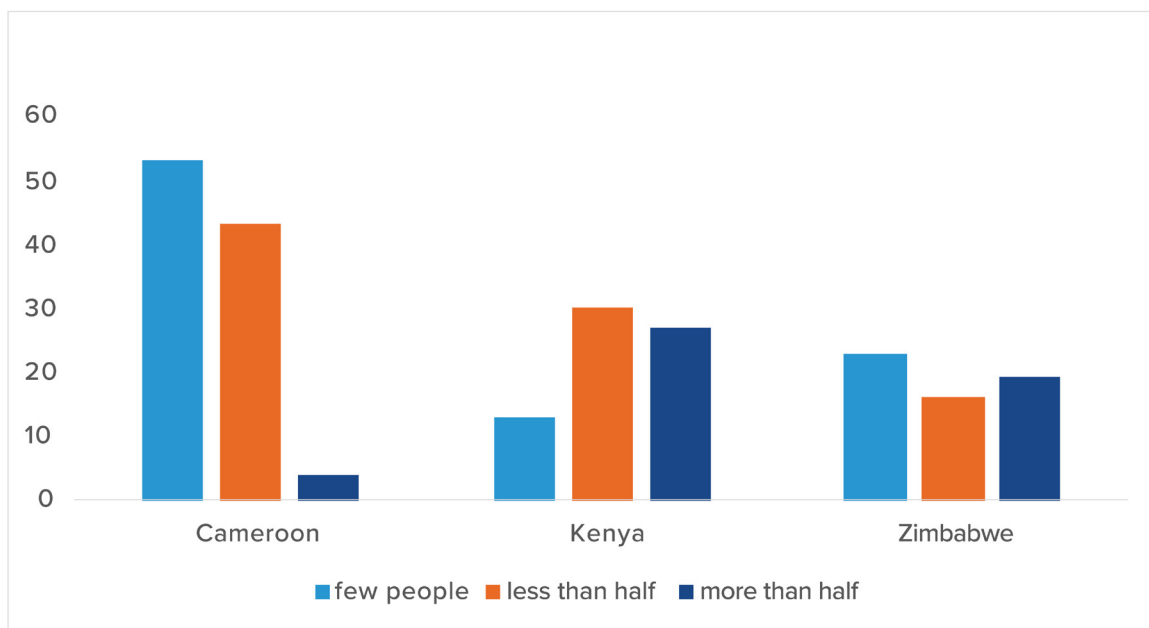


Fig. 2 Perceptions on taking the rapid test if made available

Based on identified factors from the formative assessments and community dialogues, messages, materials, and other plans are developed accordingly. Communities and CSO were and continue to be engaged in understanding community perceptions towards COVID-19 testing and demand creation for testing, treatment, and vaccinations. Messages are being developed in each country to generate demand for vaccine and testing linkage and uptake. EGPAF works alongside CSOs to support entities in the social sector such as schools and churches to develop and disseminate COVID-19 messaging to promote access and uptake to testing and dispel myths and build knowledge.

CCA Country Based Community Engagement Interventions

Community engagement activities across the three CCA countries – Kenya, Zimbabwe, and Cameroon – are outlined in the box below:

	Cameroon	Kenya	Zimbabwe
Sensitize the community strategy team(stakeholders) on COVID19 community engagement and mobilization	Completed	Completed	Completed
Conduct outreach and sensitizations in schools, churches, and with religious leaders	In planning or ongoing	In planning or ongoing	In planning or ongoing
Develop and adapt messages dispelling fears around COVID-19 testing and selecting appropriate channels of communication	Completed	Completed	Completed
Develop and adapt IEC materials and messages for demand creation for COVID-19 testing and vaccination	Completed	Completed	Completed
Disseminate COVID-19 messaging using appropriate channels and promote access to testing and anti-stigma messaging	In planning or ongoing	In planning or ongoing	In planning or ongoing
Train community-based cadres to support CCA activities	Completed	Completed	Completed
Conduct campaigns for COVID-19 testing & vaccinations	In planning or ongoing	Completed	Completed

Completed

In planning or ongoing

CCA activities in each country vary based on need, context, and community input:

Cameroon:

A community strategy model was designed following the formative assessment that uses trained, lay district cadres and a community referral system to engage individuals for TB, HIV, immunization and contact screening for COVID-19 with linkages to testing, treatment, and vaccination. The CCA project works alongside and with schools and religious leaders to promote COVID-19 messages with advocating for uptake of services (testing, vaccinations) and anti-stigma messaging. Radio based communication and IEC materials were developed and additionally are used for community sensitization on COVID-19 testing and vaccination.

Kenya:

Following the assessment and analysis of community perceptions towards COVID-19 testing vaccinations in five sub countries in December 2021, 13 different information, education and communication (IEC) materials were developed with five distinct messages adapted from the WHO and MOH. Furthermore, five community dialogues were conducted in four sub counties to address testing and vaccine hesitancy as well as initiate community literacy around COVID-19, testing and vaccination. Vaccination outreach efforts were initiated in schools for adolescents 15 years and older. Community health volunteers supported further dissemination of developed messaging on testing and vaccination at churches. Religious leaders were engaged and supported the implementation of community dialogues.

Zimbabwe:

With the completion of the formative assessment, community messages were developed and displayed on banners, t-shirts and caps for additional promotion. Facilitators were trained and conducted four community dialogues addressing concerns and knowledge gaps around COVID-19, testing, and vaccination. A local religious pastor was identified and brought on as a brand influencer for



COVID-19 messaging. School outreaches in the form of provision of information and vaccinations at schools with support from the Ministry of Education have been conducted for adolescents between 12-17 years of age. School engagement consisted of on-site school presentations and quizzes including group games and prizes at primary and secondary schools. Community health workers and volunteers support COVID-19 testing at facilities with rapid antigen testing as well as conducting home visits for clients requiring follow-up and are on home-based care.

Lessons Learned

Although CCA project activities are ongoing in each country, lessons from community engagement and community-based activities have emerged that are valuable to highlight:

- Community participation enhances ownership of the program and leads to improved program performance and engagement
- Community dialogues and intentional assessments provide insightful and relevant information for contextualizing and adapting project activities to address challenges, concerns, and factors highlighted by the community
- Pastors and religious leaders are ideal champions to lead by example for the communities for example in the wearing of masks and physical distancing during religious services
- Health promoters based in the community are useful in continuing to encourage people in the community to mask up, sanitize and maintain physical distancing
- The culture of frequent handwashing can be fostered by continuous campaigns by Ministry of Health and child care like they did during the onset of the COVID-19 pandemic
- Community literacy contributes to tackling hesitancy regarding COVID-19 testing and vaccination. Fears and misconceptions continue to exist and need to be individually addressed
- Phone follow up during home-based care is more favorable and cheaper as compared to physical home visits
 - Patients followed up via home visits felt stigmatized because their neighbors would be curious when they see a group of health care workers at their home
- Project scope that allows for integration and implementation of activities addressing the full spectrum of matters for example from testing through vaccination, is both feasible and effective in identification, linkage, and prevention of cases

The CCA project remains committed to the development of enabling environments to promote early identification through testing, linkage, and treatment of COVID-19 among communities and dispel misconceptions and build trust for uptake of services alongside community partners.



The EGPAF team led by Country Director Eliud Mwangi, meets with the Kiambu County Health Management team led by Joseph Murega, M.D. Photo: Charity Mureithi / EGPAF 2022



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For more information please contact:

- Aida Yemane Berhan – aberhan@pedaids.org
- Thebisa Chaava – tchaava@pediads.org
- Letrisha Choruma – lchoruma@pedaids.org
- Simba Mashizha – smashizha@pedaids.org
- Mary Kathuka Mutua – mmutua@pedaids.org
- Cosima Lenz – clenz@pedaids.org
- Olivier Mbezele – ombezele@pedaids.org
- Gilles Ndayisaba – gndayisaba@pedaids.org