

<b>Submitting Organisation</b>	<b>Disaster and Environmental Management Trust (DEMT)</b>			
<b>Project Name</b>	<b>COVID19 Vaccination Outreach Programme</b>			
<b>Geographical Coverage</b>	<b>Period Covered</b>	<b>Country</b>	<b>Province</b>	<b>District</b>
	Dec 2022 - Feb 2022	Zimbabwe	Mashonaland East	Mutoko
<b>Project Stakeholders</b>	Mutoko Rural District Hospital ( <i>under Ministry of Health and Child Care</i> ), Mutoko Rural District Governing Council ( <i>under Ministry of Local Government</i> ), District Disaster Risk Management Committee, District Development Coordinator (DDC), District Medical Officer (DMO), District Health Promotion Officer (HPO), Community Nurses, Community Health Workers (CHW), Local leaders and Communities.			
<b>Acknowledgments</b>	On behalf of the Board of Trustees, the Secretariat and beneficiary communities of Disaster and Environmental Management Trust (DEMT), we would like to express our gratitude to the Global Giving Foundation for supporting us with a generous donation of <b>\$5,000 USD</b> to respond to the COVID19 pandemic in Zimbabwe, particularly the Omicron variant. Special appreciation also goes to our Field team for their hard work, commitment and sacrifice during difficult fieldwork. We also extend our gratitude to our key partner the “Mutoko Rural District Hospital under the Ministry of Health and Child Care” for deploying medical workers to support the rollout of this project. Last but not least, we would like to thank community-level stakeholders who supported the rollout of this project especially ward Councillors, Headmen, Village heads and Health Centre Committees.			
<b>Background of Disaster and Environmental Management Trust’s Health Interventions</b>	Disaster and Environmental Management Trust (DEMT) is a community non-governmental organisation whose mission is to provide relief and promote recovery of disaster affected and vulnerable groups through development projects and partnering with others. DEMT has been operating in Mutoko and Mudzi rural districts of Zimbabwe for the past 3 years and it has running Memorandums of Understanding (MOUs) with the local governing councils. The organisation’s health interventions are predominantly focused on the grassroots community promoting preventive measures, early identification of epidemics and facilitating early access to treatment for affected and vulnerable groups. The main aim of our health interventions is to advance universal health coverage in disaster situations and ensure that all vulnerable people have uninterrupted access to affordable quality primary health care. We are working in collaboration with the affected communities, District Hospitals and Rural Health Facilities complementing efforts of the Ministry of Health and Child Care. Our programs are drawn from Community Action Plan documents that identify the community’s most urgent needs in disaster situations and we deliberately involve communities in designing, implementing and evaluating all our projects.			

<p><b>Background and Context of Mutoko rural district, the target area</b> <i>(Location, Population and Vulnerability to Disasters)</i></p>	<p>Mutoko rural district is located in Mashonaland East Province of Zimbabwe, 143 km North-East of the capital Harare along the Nyamapanda Highway spanning over 429,083 hectares. The district had a total population of 146,127 people according to the 2012 census comprising of 70,978 males (49%) and 75,149 females (51%). Using an annual growth rate of 2% the estimated population growth for 2021 is 174,346. People in Mutoko are highly exposed to recurrent shocks and stresses, chief among these being droughts, high incidences of HIV, TB, and Malaria, and Cholera outbreaks. Vulnerability levels are very high in Mutoko (86%) (Zimbabwe Poverty Atlas, 2015). The underlying causes and drivers of vulnerability are poverty, weak and unsupportive institutions, limited skills and knowledge among communities, and weak capacity to self organize and respond collectively to disasters. Gains from past efforts are often eroded by exposure to these drivers of vulnerability.</p>
<p><b>Covid19 Situation Analysis of Mutoko Rural District.</b></p>	<p>Mutoko rural district was not spared by the highly transmissible Omicron variant. Reports from the District Hospital revealed that 7 out of every 10 people who showed up at health facilities with suggestive symptoms tested positive for Covid19. Over 89% of those infected were unvaccinated, the reason being limited vaccine accessibility in hard to reach areas and misinformation among those that had access to the vaccine. Without some level of medical protection against the virus, Mutoko community, which was still recovering from the 2019-2020 poor harvests, was exposed to an additional shock, the three-track pandemic (Covid19, Poverty and Mental ill-health resulting from grief and depression). Of the households that needed medical treatment during the peak of the Omicron, a lower percentage was able to access treatment (54%), leaving the remaining 46% exposed. Geographical barriers and inadequate primary health care facilities was the primary reason for not being able to access medical treatment. This situation showed the need to intensify mass vaccination in hard-to-reach areas, particularly among people living with pre-existing conditions who were at an elevated risk of getting severely ill and needing hospitalisation.</p>



*On the “left”, Village Health Workers (VHWs) are screening all project participants for suggestive symptoms of Covid-19.*



*On the “right”, DEMT staff and other stakeholders are leading a public address before the distribution of Information, Education and Communication (IEC) material*

**Brief Description of the Project**

With support from the Global Giving Foundation, DEMA leveraged the existing vaccination campaign by the government of Zimbabwe and partnered with Mutoko rural district hospital to launch project called **Covid19 Vaccination Outreach Programme** in Mutoko rural district responding to the Omicron variant. The project was aimed at;

- (i) Expanding vaccination coverage to hard-to-reach areas, particularly among the most vulnerable, in an effort to achieve herd immunity and ultimately bring the pandemic under control.
- (ii) Reorienting community leaders in remote areas on recommended hygiene practices, and encourage them to leverage their influence to promote vaccine uptake at grassroots level.
- (iii) Distributing Information, Educational and Communication (IEC) material to the general public in hot spots such as market places and schools to enhance their knowledge about Covid19 prevention, cause and transmission.

The project was carried in four catchment areas of Mutoko rural district that serve a population of about 19,200 people but have no clinic or rural health facility to access primary health care. Prioritisation of these catchment areas was based on scientific data in the District Health Information System (DHIS-2), which showed that the targeted areas were at high risk of Covid19 infection due to limited access to information and limited access to the vaccine.

**Fig1**



*Covid-19 sensitisation and vaccination outreach programme targeting students at Chiutsi secondary School. 20 students were vaccinated against Covid-19*

**Fig2**



<p><b>Overall aim of the project</b></p>	<p>The overall aim of the project was to contribute towards bringing the Covid19 pandemic (particularly the Omicron variant) under control through mass vaccination of vulnerable groups in hard to reach areas of Mutoko rural district where vaccination coverage was very low. The project envisioned rural communities, households, women, men and children in Mutoko thriving in the face of COVID19 and uncertainty, with mass vaccination ensuring fewer people are exposed and vulnerable in future.</p>																							
<p><b>Activities carried out</b></p>	<table border="1"> <thead> <tr> <th data-bbox="512 611 687 674">Catchment Areas</th> <th data-bbox="687 611 979 674">Activities Done.</th> <th data-bbox="979 611 1150 674">People Reached</th> <th data-bbox="1150 611 1310 674">Result</th> </tr> </thead> <tbody> <tr> <td data-bbox="512 674 687 824">           1. Chikondoma 2. Chiutsi 3. Nzira 4. Corner Store         </td> <td data-bbox="687 674 979 824">           1. Reorienting community leaders on Covid19 preventive measures and training them to promote vaccine uptake.         </td> <td data-bbox="979 674 1150 824">           -1 training per catchment area -80 people trained (20 per catchment)         </td> <td data-bbox="1150 674 1310 824">           Increased demand for vaccines in all catchments         </td> </tr> <tr> <td data-bbox="512 824 687 1048"></td> <td data-bbox="687 824 979 1048">           2. Distribution of IEC Material. Calendars, T-shirts and Flyers.         </td> <td data-bbox="979 824 1150 1048">           -300 T-shirts -600 Calendars -300 Flyers         </td> <td data-bbox="1150 824 1310 1048">           Enhanced understanding of Covid19 preventive measures.         </td> </tr> <tr> <td data-bbox="512 1048 687 1272"></td> <td data-bbox="687 1048 979 1272">           3. Sensitizing rural school children about Covid19 and encouraging adherence to recommended preventive measures.         </td> <td data-bbox="979 1048 1150 1272">           -2 secondary schools reached -739 children sensitized         </td> <td data-bbox="1150 1048 1310 1272">           Enhanced understanding of Covid19, prevention, cause and transmission.         </td> </tr> <tr> <td data-bbox="512 1272 687 1462"></td> <td data-bbox="687 1272 979 1462">           4. Vaccination Outreach Programme.         </td> <td data-bbox="979 1272 1150 1462">           -468 people in remote areas vaccinated.         </td> <td data-bbox="1150 1272 1310 1462">           People in hard to reach areas vaccinated with Sinopharm and Sinovac vaccines.         </td> </tr> </tbody> </table>				Catchment Areas	Activities Done.	People Reached	Result	1. Chikondoma 2. Chiutsi 3. Nzira 4. Corner Store	1. Reorienting community leaders on Covid19 preventive measures and training them to promote vaccine uptake.	-1 training per catchment area -80 people trained (20 per catchment)	Increased demand for vaccines in all catchments		2. Distribution of IEC Material. Calendars, T-shirts and Flyers.	-300 T-shirts -600 Calendars -300 Flyers	Enhanced understanding of Covid19 preventive measures.		3. Sensitizing rural school children about Covid19 and encouraging adherence to recommended preventive measures.	-2 secondary schools reached -739 children sensitized	Enhanced understanding of Covid19, prevention, cause and transmission.		4. Vaccination Outreach Programme.	-468 people in remote areas vaccinated.	People in hard to reach areas vaccinated with Sinopharm and Sinovac vaccines.
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DEMT health officers and community health nurses setting up a banner to indicate a vaccination point and alert the public about an ongoing Covid vaccination activity at Chikondoma catchment area



<p><b>Challenges faced and Opportunities</b></p>	<p><b>Challenges:</b> The project experienced no major challenges that had the likelihood of impeding its implementation. This was due to the multi-sectorial approach adopted by the project, involving all key stakeholders with different but complementary skills.</p> <p><b>Opportunity:</b> The awareness and sensitization activities have created more demand for vaccination and DEMT should take advantage of this demand to ensure that all eligible people in hard to reach areas are vaccinated. There is need for more support towards vaccination outreach so that the district can vaccinate at least 60% to achieve herd immunity, and eventually put the virus under control.</p>
<p><b>Potential for Scale Up</b></p>	<p>Due to the high demand for Covid19 vaccination in hard to reach areas that has been created by our coordinated set of activities, there's need to scale up vaccination outreach to ensure that everyone who is eligible for the vaccine is vaccinated. The district has set a target to vaccinate at least 60% to achieve herd immunity, currently the district is at 49%, this highlights the need for more vaccination outreach activities to ensure that vulnerable populations have some level of protection in the event of a future variant.</p>



*Government workers (Community Health Nurses) deployed to support the project by vaccinating communities in catchment areas where DEMT was raising awareness*