2022 CLA CASE COMPETITION

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Case Title:

If at first you don't succeed, try, try again: CLA to improve COVID-19 vaccination in DRC

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The 11th mobile team set up in the Kasavubu district, in Kinshasa, the DRC's capital, offers free vaccination against COVID-19. More than 900 persons have been vaccinated by this team in two weeks. Credit: Anne Boher (PATH)

Summary:

The MOMENTUM Routine Immunization Transformation and Equity project aims to strengthen routine immunization programs and support the introduction and use of COVID-19 vaccines. In early 2022, faced with one of the lowest COVID-19 vaccine coverage rates in the world, the Democratic Republic of Congo (DRC) Ministry of Health (MOH) tested an outreach strategy to make vaccines more accessible. With support from the project, the province of Kinshasa implemented the strategy and embedded approaches to continually learn and adapt during implementation and subsequent phases there, and inform its transfer to other provinces. Daily debriefing identified implementation bottlenecks in real-time, and an openness to problem-solving and excellent coordination among Kinshasa province staff and the project ensured rapid adaptive management. The initial phase of the strategy was implemented successfully, but additional pause and reflect sessions identified additional adaptations, which when applied doubled the number of people vaccinated in the second phase.

Based on this experience, the project has been able to adapt and share best practices with other provinces, and an ongoing commitment to learning and improvement will accelerate progress toward DRC's COVID-19 vaccination goals.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

With less than 1 percent of the population vaccinated by the end of 2021, the DRC had one of the lowest COVID-19 vaccination rates in the world. For the first many months of DRC's COVID-19 vaccination campaign, vaccines were available in health facilities, hospitals, and clinics but not accessed by the general population, despite 45 percent of survey respondents in Kinshasa Province reporting that they wanted to be vaccinated.[1] In addition, delays in financing from Gavi and the World Bank and disbursing it to lower levels caused vaccinators and other health workers to go unpaid, resulting in demotivation and strikes. Challenges implementing the new data system for recording COVID-19 vaccines resulted in poor data availability for decision-makers and unavailability of patients' vaccination cards for travel, resulting in loss of the public's trust.

DRC's MOH and its partners, including the project, reflected on these challenges and considered what was working in other countries to increase access to and uptake of COVID-19 vaccines. Through this process, the project proposed to work closely with the provincial health authorities in Kinshasa—which includes the most populous city of Kinshasa—to design and implement an strategy to bring vaccination sites closer to where people live and work and ensure that all components were in place to succeed.

[1] WHO. Measuring behavioral and social drivers for routine immunization and COVID-19 vaccination in the DRC. Preliminary results, 20 October 2021.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

While the project in DRC has been applying CLA approaches since its inception to view immunization's entrenched obstacles in new ways, this situation called for the integration of CLA into the province's decision-making processes. For the COVID-19 vaccination outreach strategy to succeed, the project and the province would need to collaborate, learn, and adapt together.

Although the DRC had experience vaccinating adults against Ebola, the Expanded Program for Immunization (PEV) had never implemented a vaccination campaign targeting adults at this scale, and the proposed shift toward establishing outreach sites in the community would fail if not carefully planned. Seemingly small bottlenecks during implementation, if not identified and mitigated immediately, could result in significant missed opportunities to vaccinate clients or erode public trust in the approach. Further, for the strategy to work, it would require close collaboration between many stakeholders and use of numerous CLA tools to ensure continuous learning and improvement.

USAID, the project, and partners recognized how crucial it would be to learn during and after the implementation of the strategy, and to share this learning widely to support real-time adaptation in Kinshasa and scale-up of the approach to other provinces. Thus, the application of CLA was deemed critical.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

Preparation to launch the outreach strategy was a collaborative effort between the project and province. Early conversations drew on data and learning from the previous months to identify the essential components of the strategy. It would need to be planned with animateurs communitaires (community mobilizers) to ensure that sites were closest to where people lived and worked, that communities were aware of the sites, and that relais communautaires (community health workers) encouraged people to come. Sites should be well marked and have shade and chairs. The strategy would succeed only if staff were trained, remunerated, and had transportation to the vaccination sites. Cold chain needs were considered carefully, and stakeholders recognized the opportunity to provide tools and training for vaccination teams to use the new COVID-19 vaccination data management system (DHIS2 Tracker). Reflecting on the complexity of all the components of this strategy, the project developed a causal link monitoring diagram—a detailed theory of change—to illustrate the expected relationships between each of the planned inputs and how they would achieve outputs and outcomes.
Despite WHO guidance to hold daily review meetings during vaccination campaigns, the DRC rarely has the resources for this. The project decided to make these daily review or pause and reflect meetings a core component of the approach, supporting implementation costs, facilitation, and analysis of various information sources. The project supported the collection and use of the multiple types of information to facilitate real-time learning during the meetings: vaccination data from outreach sites; supervisors' reports; information from WhatsApp groups created by the project to facilitate real-time problem-solving among sites and teams; and survey data from the Kobo Collect software application used by relais communautaires to understand community perceptions.

Held at the provincial health office, the meetings enabled staff, supervisors, and the project to discuss the day's operations and how to overcome challenges. Collaborative problem solving resulted in specific actions for the supervisors to apply the following day. For example, during the first day, the team observed that the bus to transport all teams to their sites that took too long, so the project provided transportation vouchers instead. Early in the strategy we realized that not all sites were able to keep up with data entry into DHIS2 Tracker so we recruited a pool of data clerks to enter backlogged data. Stakeholders discussed vaccination data by site to identify higher and lower performing sites, with the goal of refining site placement and implementation practices to increase reach. Supervisors supplemented the vaccination data with their notes from site visits and triangulated information to develop plans for the next day. Vaccination data were displayed by the available disaggregates captured in DRC's system: sex, age, health worker status, and pre-existing condition. Considering the historical gender disparities in COVID-19 vaccination in DRC, the project team emphasized asking questions about sex disparities and learning how some sites were able to reach more women.

Other CLA components such as openness, internal and external collaboration, and relationships and networks were critical to the application of continuous learning and improvement during the outreach vaccination strategy. A strong partnership between the project and the province ensured trust between stakeholders and thus a willingness to discuss challenges and new ideas.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

CLA improved the project's ability to provide timely and effective technical assistance, which strengthened the project's credibility and standing as a valued partner that not only provided financial resources but also practical and feasible solutions in real-time. The application of CLA also increased the team's COVID-19 vaccination knowledge and expertise. As noted earlier, no one had a system for vaccinating millions of adults in the DRC, and the project's engagement and embeddedness with PEV and the COVID-19 campaign resulted in valuable learning. The project has transferred this knowledge and experience to other provinces, which was one of the original objectives of applying a CLA approach. Finally, the use of CLA increased motivation and satisfaction among project staff as we realized the value of our efforts.

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

The application of CLA during the first phase of the outreach vaccination strategy resulted in many operational adjustments that improved implementation and outcomes. More than 8,000 people were vaccinated during the first two-week phase of the outreach strategy, with daily numbers increasing over time as the province, project, and teams learned, adapted, and continuously improved. At the end of the first phase of the outreach vaccination strategy, stakeholders again paused and reflected to identify key lessons to inform subsequent phases in Kinshasa and the scale-up elsewhere, including:

- Decentralize planning and management of the outreach strategy from the provincial to the health zone level.
- Store and manage vaccine stock from a point closer to the health zones to increase the resupply speed.
- Ensure the recruitment of local relais communautaires—ideally women—to mobilize community members to visit the vaccination sites.
- Recruit vaccination team staff who live close to the sites, and provide them with flexible transportation fees/vouchers.
- Place sites in locations with strong community cohesion such as churches or businesses.
- Continue to fund supportive supervision, which improves vaccinator performance, identifies and overcomes operational challenges, and encourages good practices across sites.
- Hire a pool of data clerks to close data backlogs to enable the real-time use of data for programmatic decision making.

Implementing these and other adaptations resulted in a doubling of the number of people vaccinated during the second phase of the strategy, with 16,665 people vaccinated during the second two-week period, for a total of 24,770 people vaccinated through both phases of outreach sessions in Kinshasa.

6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

CLA and co-creation are core programmatic approaches of the project. Since inception we have worked to build our skills and culture for learning and adapting and relationships necessary for true co-creation with PEV. The DRC team is unique in that in addition to its staff's technical expertise in immunization, they have expertise in prospective evaluation and data use. This combined expertise and experience ensured that the team had the skills and resources to apply CLA during this critical activity. USAID/DRC supported the use of CLA in this case by stating its demand for real-time learning and lessons to inform scale-up to other provinces.

The fast pace of implementing COVID-19 interventions is perfectly suited to rapid learning cycles as part of CLA, and implementation results are available almost immediately if appropriate monitoring and learning systems and processes are established. COVID-19 also increased financial resources, and the project benefited from an adequately funded team to focus not only on programmatic implementation but also CLA.

Despite excellent availability of information during the outreach strategy to facilitate CLA, there was a gap in data about community perceptions of vaccination to inform more substantial strategy changes to reach unvaccinated adults, particularly women. The project recommends that a strategy to apply CLA should include plans for ongoing qualitative interviews or focus groups among community members to understand why more people aren't coming to the sites, and what motivates those who did.