

Fast and Fair Country Case Studies
Mini Advocacy and Influencing Impact Reporting (AIIR) Tool Analysis

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Afghanistan

Impact: 11,601 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE's work took place in urban Kabul's Districts 2, 16, and 17.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

In the face of severe government health system instability during the program period, CARE Afghanistan recognized the urgent need for innovative solutions to ensure health coverage for the most remote and vulnerable communities. Rather than succumbing to the challenges posed by governmental instability, CARE Afghanistan embarked on a mission to create lasting change. Their visionary approach involved forging a strategic partnership with the Afghan Social Marketing Organization, a bold move that would reshape the healthcare landscape in Afghanistan.

At the heart of this transformation were the dedicated community health workers. CARE Afghanistan invested its resources wisely, not only providing these frontline warriors with essential skills but also ensuring they had access to vital supplies. This empowered them to do more than just deliver healthcare; they became ambassadors of health education.

The result was a comprehensive suite of family planning commodities that could be effectively disseminated to the farthest reaches of the country. This initiative ensured that even the most inaccessible areas received the healthcare they deserved, effectively bridging the gap in last-mile health coverage.

The main decision-makers who championed this groundbreaking initiative were the visionary leaders at CARE Afghanistan and their strategic partners at the Afghan Social Marketing Organization. Together, they recognized the urgency of the situation and combined their expertise, resources, and determination to bring about this remarkable win. Their joint efforts not only improved the lives of countless Afghans but also demonstrated the incredible impact that collaboration and innovation can have in the face of adversity.

Relevant Fast and Fair Pillars

- **Advocacy that Reshaped Communities:** CARE's unwavering advocacy efforts were pivotal in driving tangible change. Through dynamic engagement with local governments, CARE successfully championed the cause of improved health infrastructure and economic support for frontline and urban workers. These efforts didn't just influence policies; they reshaped communities, ensuring that the most vulnerable received the support they needed to thrive.
- **Facilitation through Training:** CARE's commitment to empowerment was evident in its facilitation efforts. They went beyond conventional training by equipping infirmity staff with specialized knowledge in infectious disease prevention. This empowerment was not just about knowledge but about arming these frontline heroes with the tools they needed to protect themselves and those they served.

- **Mobilization that Bridged Gaps:** The provision of transportation to and from healthcare and workplaces was a game-changer. CARE's mobilization efforts weren't just about physical movement; they bridged gaps in access, ensuring that healthcare remained within reach. This initiative wasn't just about transportation; it was about mobilizing hope, resilience, and opportunity.
- **Protection of Safety:** In the realm of protection, CARE emerged as true guardians. They provided more than just Personal Protective Equipment; they provided a shield of safety to workers. Stringent safety protocols implemented at factories that remained open became a beacon of hope amid uncertainty. CARE didn't just protect; they fortified the frontlines with unwavering resolve.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This win represents a transformative response to a dire situation. Prior to this achievement, the reality on the ground was marked by a series of pressing challenges that demanded immediate attention and innovative solutions.

First and foremost, the context was characterized by severe instability within the government health systems, which posed a significant barrier to providing adequate healthcare access, especially in remote and vulnerable communities. The conventional channels of healthcare delivery were disrupted, leaving many without essential services, particularly during a global pandemic.

Moreover, frontline healthcare workers, who were at the forefront of the battle against the pandemic, faced immense risks and challenges. Their protection was often insufficient, and they lacked the necessary resources and training to combat the unique challenges posed by the health crisis. Mental health concerns were also prevalent among this group, highlighting the need for comprehensive support.

This win is crucial because it represents a beacon of hope in the face of adversity. It addresses the pressing issues that existed before by bridging gaps in healthcare access, ensuring the well-being of frontline heroes, and advocating for long-term changes in social and financial protection. It showcases the power of collaborative action and innovative thinking in addressing complex challenges and demonstrates a commitment to not only immediate relief but also sustained well-being and resilience in the face of future crises. In essence, this win reshapes the context from one of vulnerability and instability to one of empowerment, protection, and hope.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

In the wake of the Covid 19 crisis, CARE took proactive steps towards community-based solutions, forging strategic alliances with partner organizations like the Afghan Social Marketing Organization. This partnership empowered CARE's extensive network of proficient community health workers with the necessary skills and resources, enabling them to disseminate crucial health education and provide essential family planning resources in even the most remote and underserved areas. This initiative was instrumental in achieving last-mile health coverage, addressing a critical gap in access.

Moreover, CARE's unique role extended to advocacy efforts, engaging with local governments to **advocate** for improved health infrastructure and economic support for frontline and urban workers. This advocacy served as a catalyst for a more robust and responsive healthcare system.

In addition to their partnership efforts, CARE played a critical role in enhancing **protection** measures. They facilitated training for infirmity staff in infectious disease prevention, equipping them with the knowledge and tools needed to effectively combat the spread of illnesses. CARE also mobilized resources to provide transportation services, ensuring individuals had reliable means to access essential healthcare services and maintain their livelihoods.

Furthermore, CARE's commitment to protection was exemplified by the provision of Personal Protective Equipment (PPE) to workers and the implementation of stringent safety protocols in operational factories. These measures created a secure environment, instilling confidence in workers and safeguarding their health.

The outcomes of CARE Afghanistan's concerted efforts were remarkable, especially in the challenging context of Afghanistan:

- A 31% surge in institutional deliveries.
- A significant 51% increase in the utilization of antenatal care services.
- An impressive 51% increase in child immunization rates.

Additionally, their initiatives promoting exclusive breastfeeding resulted in a substantial 60% increase. The implementation of a community surveillance system played a pivotal role in monitoring and ensuring the well-being of the community, leading to a noteworthy 4-point decrease in fetal, perinatal, neonatal, and infant mortality rates.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

CARE's work took place in urban Kabul's Districts 2, 16, and 17.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Programming - Covid 19 vaccine - CARE-GSK Partnership Summary Report.pdf - All Documents \(sharepoint.com\)](#)

Bangladesh

Impact: 6,743,189 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE's work in Bangladesh spanned across a spectrum of geographical scales, from a national scale down to targeted, sub-national regions. On the national front, CARE made significant strides in advocating for widespread COVID-19 vaccinations within the entire garment industry. The challenge of limited smartphone and internet access for registration prompted CARE to pioneer an innovative registration method, which quickly gained traction and was adopted nationwide.

Digging deeper into sub-national and targeted efforts, CARE extended its support to several critical locations, demonstrating the organization's commitment to addressing localized challenges during the pandemic:

1. **Cox's Bazaar:** Within the GSK project, CARE provided substantial aid in Camp #16, situated in the heart of Cox's Bazaar. This intervention aimed to tackle the unique challenges posed by the pandemic in this specific area.
2. **Sunamganj District:** CARE played a pivotal role in Sunamganj District's COVID-19 response, contributing to relief efforts and implementing initiatives tailored to mitigate the virus's impact on the local population.
3. **Netrokona District:** In Netrokona District, CARE stepped in with targeted interventions, keenly focused on addressing the distinct needs and challenges faced by the local community in their battle against COVID-19.
4. **Khulna District:** CARE's "Fast & Fair" initiative concentrated on the Khulna District, with a particular emphasis on the Dakhin Bedkashi Union. This region, located over 100 km away from the central area in Khulna District, presented considerable challenges due to its remote coastal location. In response to a government request for assistance, CARE implemented a range of measures to bolster the COVID-19 response in Khulna District, effectively supporting the local community in their time of need.

CARE's geographic focus encompassed both broad national advocacy and targeted sub-national efforts, showcasing a versatile approach to address the pandemic's multifaceted challenges.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

Bangladesh emerged as one of the fastest recipients of COVAX support, achieving a transformative milestone in the battle against COVID-19. By March 14, 2021, the nation had delivered a staggering 221 million vaccines, setting the stage for a momentous change. As of March 2022, an impressive 54% of Bangladesh's population was fully vaccinated, while an additional 22% have received at least one dose. The nation is confidently on course to realize its ambitious objective of ensuring that 70% of its population is fully vaccinated by September 2022.

Behind this inspiring achievement lies a combination of collaboration and strategic influence. The main protagonists in this success story include not only the Government of Bangladesh but also vital partners such as INGOs, with CARE at the forefront, as well as local health entrepreneurs. Together, these stakeholders orchestrated a symphony of efforts that proved instrumental in realizing this win.

A key element of this triumph was the close alignment with the government-led National Vaccination and Deployment Plan. By working in harmony with this framework, CARE and its collaborators effectively leveraged their influence to bridge gaps and overcome the myriad challenges encountered along the way. They didn't merely adhere to the status quo; instead, they innovated dynamically, adapting their strategies to navigate the evolving landscape of obstacles.

Through this strategic synergy and unwavering commitment, the collaborative efforts of CARE and its partners continue to ensure that vaccines reach the individuals who need them the most, thus ensuring a brighter, healthier future for the people of Bangladesh. This achievement serves as a testament to the power of coordinated action and influential partnerships in the pursuit of meaningful change.

Relevant Fast and Fair Pillars

- **Facilitate:** In the challenging terrains of Khulna district and the remote Dakhin Bedkashi Union, CARE took the lead in facilitating online registration for COVID-19 vaccines. This strategic move ensured that even those residing in the most far-flung corners had a seamless pathway to access the vaccination registration process. CARE's commitment to inclusivity knew no bounds.

Furthermore, CARE's support extends far beyond the digital realm. The organization went on to provide invaluable assistance to healthcare workers, not only compensating them for their tireless efforts but also extending this support to women entrepreneurs, aptly referred to as Skilled Health Entrepreneur (SHE)s. A legion of around 300 SHEs stepped up to the plate, concurrently delivering essential maternal and child health services while actively engaging in COVID-19 risk communication. Their unwavering dedication was instrumental in community engagement and the dissemination of awareness campaigns on vital mitigation practices, including mask usage, hand washing, and social distancing. Remarkably, an additional 150 SHEs became the vanguards in reaching underserved areas with COVID-19 vaccinations. They either directly administered vaccines or lent their support to mobile vaccination teams and government vaccination initiatives. CARE's facilitation thus became synonymous with empowerment and accessibility.

- **Protect:** CARE's protective umbrella extended far and wide, encompassing the critical aspects of safeguarding the population against COVID-19:

Firstly, CARE trained and supported a dynamic team of 22 Union Facilitators who played a pivotal role in aiding 83,105 individuals in the Khulna district, among whom 44,295 were women, to register for vaccines. Without their tireless assistance, these individuals would have encountered daunting hurdles in navigating the vaccination registration process. CARE's protectiveness was not just a promise but a tangible reality.

Furthermore, CARE's commitment to protection reached the educational frontlines. The organization conducted comprehensive training programs covering various essential facets, from vaccine administration to in-depth understanding of different vaccine brands. It extended to the supervision of vaccination days and the delicate art of building community trust in vaccines. Moreover, CARE played a bridging role, connecting the government with garment factory owners. This collaboration enabled healthcare staff within the factories to receive vaccine training, eliminating the need for women employed in these factories to take time off work. CARE's protection was about ensuring that no one was left behind in the pursuit of vaccination.

The district-level Civil Surgeon Offices recognized CARE's HALOW+ (an extension of the Health Access and Linkage Opportunities for Workers project) staff and committees as a force to be reckoned with. Their expertise and capabilities became the go-to resource for coordinating emergency response logistics and distributing vital resources. In this crucial protective role, HALOW+ staff and committees ensured the efficient allocation of resources, optimizing their impact. Their involvement was instrumental in safeguarding the community by guaranteeing that resources reached the right places at the right times, thus fortifying the community's resilience in the face of emergencies.

- **Mobilize:** CARE embarked on a powerful mission of mobilization, ensuring that communities were not just informed but inspired to participate in the vaccination campaign: To kickstart this mobilization, CARE went the extra mile by organizing home visits. These visits served as more than just information sessions; they were vital tools in promoting COVID-19 awareness, dispelling misconceptions, and passionately emphasizing the significance of vaccine registration. CARE harnessed the power of existing Community Support Groups, transforming them into dynamic Coronavirus Awareness Committees. These committees, now charged with a mission of paramount importance, took it upon themselves to disseminate critical disease prevention messaging and distribute essential personal protective equipment (PPE) within their respective communities. CARE's approach was personal and deeply impactful, as it sought to win hearts and minds, one home at a time. In essence, CARE's mobilization efforts weren't just about logistics; they were about kindling a collective spirit of resilience and responsibility within communities. By addressing doubts and spreading awareness, CARE served as the catalyst for a united front against the pandemic.
- **Facilitate:** CARE assumed a pivotal role in orchestrating an emergency resource mobilization coalition, uniting a diverse array of non-governmental organizations (NGOs) and government agencies under the banner of the Gazipur City Corporation. In this capacity, CARE's facilitation was the linchpin that ensured seamless coordination and collaboration among coalition members. This synergy translated directly into efficient and effective emergency response efforts. The result was a unified front capable of swiftly addressing crises and safeguarding the well-being of the community.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The triumph of Bangladesh's vaccination campaign is nothing short of a beacon of hope in the context of global health. This win holds immense significance for several compelling reasons, transforming the reality that existed prior to its achievement.

Before this remarkable feat, Bangladesh faced the daunting challenge of immunizing its population against COVID-19 effectively. The synergy between diverse stakeholders, from the stalwart Government of Bangladesh to international non-governmental organizations like CARE and local health entrepreneurs, became the driving force behind this change. Their coordinated efforts and unwavering commitment breathed life into the nation's vaccination campaign. Together, these actors aligned their actions with the government-led National Vaccination and Deployment Plan, filling gaps and surmounting challenges through innovation. Their collective spirit ensured that no one was left behind, particularly the most vulnerable segments of the population.

This win is important because it signifies a transformation from vulnerability to resilience. It heralds a future where the majority of the population will be shielded against the virus by September 2022, painting a brighter picture for Bangladesh. It stands as a testament to the power of unity and purpose, redefining the reality that existed before—a reality fraught with uncertainty—into one characterized by hope, health, and the promise of a safer tomorrow.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's contribution in Bangladesh stands as a testament to its unwavering commitment and unique role in reshaping the battle against COVID-19. Collaborating seamlessly with partner organizations and coalitions, CARE has not only addressed critical gaps but also pioneered transformative initiatives.

In response to the government's call to action in June 2021, CARE honed in on the Khulna district, where vaccination rates languished at a mere 7%. A particular spotlight shone on the Dakhin Bedkashi Union, a remote coastal enclave, marooned over 100 km from Khulna's central hub. Here, nature's fury in the form of cyclones, relentless flooding, and climate-related adversities had eroded access to essential services.

CARE's unique role unfolded as they rallied 22 devoted health volunteers, embodying the spirit of community when it was most needed. Armed with uniforms and a monthly stipend, these volunteers became the lifeline, bridging the digital divide with their internet and mobile phone credits.

The impact rippled further as CARE conducted a staggering 33,207 home visits, not merely disseminating information but forging connections. They demystified COVID-19, dispelled misconceptions, and passionately advocated for vaccine registration and acceptance. CARE was more than an organization; it was a beacon of knowledge and trust.

Training was the cornerstone of CARE's involvement, imparting essential skills for frontline health services. From vaccine administration to understanding diverse vaccine brands, CARE's

multi-tiered training was comprehensive. But it went beyond the technicalities. CARE empowered individuals to navigate vaccine registration, instilled confidence in vaccines, and ensured meticulous supervision on vaccination days.

Recognizing the urgency of data management, CARE bridged the gap by swiftly integrating hard-copy data into national vaccine tracking systems. This dynamic approach informed agile vaccination strategies, ensuring no dose went to waste.

In a groundbreaking collaboration with the private sector, CARE facilitated connections between the government and garment factory owners. The result was vaccine training for healthcare staff within these factories, alleviating the need for women employees to take time off work to get vaccinated. CARE's role was instrumental in preserving both health and livelihoods.

CARE's support extended to women entrepreneurs through the Skilled Health Entrepreneur (SHE) program. These remarkable individuals, trained and integrated into health networks since 2013, didn't falter despite pandemic-induced pressures. They not only continued delivering vital maternal and child health services but also emerged as frontline champions in COVID-19 risk communication and community engagement. The SHEs became the driving force behind awareness campaigns on crucial mitigation practices like mask usage, hand washing, and social distancing. Moreover, they established a functional system for identifying and referring COVID-19 cases. A hundred SHEs evolved into vaccinators, while 150 ventured into remote areas, executing mobile vaccination campaigns as part of government efforts.

In sum, CARE's multifaceted efforts have rewritten the narrative of COVID-19 in Bangladesh, demonstrating that resilience, innovation, and collaboration can transform adversity into triumph.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://www.careevaluations.org/wp-content/uploads/Bangladesh-Vaccine-Solutions-brief-March-2022.pdf>

[CARE-GSK Partnership Summary Report.pdf](#)

Benin

Impact: 48,816 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE's dedicated efforts in response to the COVID-19 pandemic were centered on providing significant support to the commune of Abomey-Calavi/So-Ava, located within the larger context of Benin. This particular commune, with an estimated population of approximately 959,358 inhabitants, became a focal point for CARE's extensive aid and resource allocation during the pandemic.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change or win achieved during the period of August 2021 to June 2022 through CARE's activities in the Abomey-Calavi/So-Ava health zone can be summarized as follows:

Empowering Front-line Health Workers: CARE's first strategic move was the empowerment of front-line health workers in the Abomey-Calavi/So-Ava health zone. Recognizing their pivotal role in disseminating information about COVID-19 vaccination, CARE initiated a comprehensive program. Thirty-two out of a planned 40 value clarification exercises on COVID-19 immunization were successfully conducted. These sessions saw active participation from 872 dedicated health workers who eagerly absorbed vital information.

While the majority of the clarification sessions were executed as planned, eight sessions had to be foregone due to constraints related to the limited number of health centers. To ensure no one was left uninformed, CARE responded swiftly by organizing additional clarification sessions specifically targeting members of various groups and associations. In this way, the activity was not only successfully carried out but also adapted to maximize access. The key decision-makers influenced by this effort were the front-line health workers themselves, now armed with the knowledge needed to inform their communities about the importance of COVID-19 vaccination.

Raising Public Awareness: CARE's commitment to public awareness took the form of radio programs and spots broadcasted in local languages through partnerships with radio stations. This initiative resulted in the creation of five impactful spots in local languages and French, each focusing on the significance of COVID-19 vaccination. A total of 64 broadcasts of these spots echoed across the airwaves, capturing the attention of the local population.

Furthermore, CARE orchestrated six roundtable programs in both local languages and French, providing a platform for in-depth discussions on vaccination against COVID-19. Additionally, seven interactive programs encouraged community engagement and dialogue on this vital topic. Through these efforts, CARE successfully completed a comprehensive radio awareness campaign that reached far and wide.

The impact was not limited to radio waves; it extended to the hearts and minds of the communities reached through these programs, as well as religious leaders and local authorities who actively participated in value clarification exercises. CARE's influence was evident in the increased knowledge and awareness about COVID-19 vaccination among these key decision-makers.

Ensuring Safety and Infrastructure: Recognizing that safety and infrastructure are the cornerstones of an effective vaccination campaign, CARE took proactive measures. Protective equipment for health personnel was purchased and distributed, including 300 overblouses, 70 boxes of medical masks, and 70 bottles of hydro-alcoholic gel. This ensured that health workers involved in the vaccination effort had the necessary protection, further bolstering their confidence and willingness to serve on the front lines.

Additionally, CARE's support extended to the strengthening of the cold chain in health centers within the Abomey-Calavi/So-Ava health zone. This included the acquisition and provision of 10 FRIDGE-TAG temperature recorders and 20 iceboxes (Vaccine Doors). These essential resources were strategically allocated, reinforcing 10 hospitals with temperature recorders and 20 hospitals with iceboxes.

Overall, the meaningful change achieved through these activities was multi-faceted. CARE successfully increased the knowledge of front-line health workers and the local population about COVID-19 vaccination, thereby contributing to the community's readiness to receive the vaccine. Additionally, the organization ensured the safety of health personnel and the integrity of the vaccine through the provision of protective equipment and cold chain support.

The main decision-makers influenced by CARE and its partners to achieve these wins included front-line health workers, radio stations, religious leaders, local authorities, and national/sub-national health structures. These collective efforts made a significant impact in addressing the challenges posed by the COVID-19 pandemic in the Abomey-Calavi/So-Ava health zone.

Relevant Fast and Fair Pillars

- **Advocate:** CARE served as an advocate for the vulnerable populations in Abomey-Calavi/So-Ava. Recognizing the gravity of the situation, CARE took proactive steps to ensure that the residents of this commune had access to vital healthcare services, comprehensive COVID-19 prevention measures, and essential resources. CARE's advocacy for equitable access to healthcare and resources was a foundational element of its response to the pandemic.
- **Facilitate:** CARE facilitated the delivery of essential services and resources in the targeted commune. This included conducting value clarification exercises on COVID-19 immunization for front-line health workers. By organizing these sessions, CARE facilitated the transfer of knowledge and skills needed to inform communities about COVID-19 vaccination. Additionally, CARE facilitated radio programs and spots in local languages, enabling effective communication and awareness-raising within the community.
- **Protect:** CARE's efforts to protect the population were evident in the acquisition and distribution of protective equipment for health personnel. By providing overblouses, medical masks, and hydro-alcoholic gel, CARE ensured the safety of health workers involved in vaccination efforts. This protection extended to the integrity of the vaccine itself through the strengthening of the cold chain with temperature recorders and iceboxes. Protecting both healthcare workers and the vaccine supply chain was paramount in CARE's response.
- **Mobilize:** CARE's mobilization efforts were twofold. First, they mobilized health workers, religious leaders, and local authorities by conducting value clarification exercises, awareness sessions, and interactive programs. These activities mobilized key decision-makers and influencers within the community, increasing their knowledge and

awareness about COVID-19 vaccination. Second, CARE mobilized resources and partnerships with radio stations to broadcast vital information, reaching a broader audience and mobilizing the community to take action against the pandemic.

In summary, CARE's response to the COVID-19 pandemic in Abomey-Calavi/So-Ava embodies the fast and fair pillars of Advocate, Facilitate, Protect, and Mobilize. The organization actively advocated and equitable access to healthcare and resources, facilitated knowledge transfer and communication, protected both healthcare workers and the vaccine supply chain, and mobilized key decision-makers and the community at large. These efforts contributed to meaningful change and resilience in the face of the pandemic, highlighting CARE's commitment to assisting vulnerable populations at the sub-national level in Benin.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The win achieved through CARE's initiatives in the commune of Abomey-Calavi/So-Ava is of paramount importance within the context of the COVID-19 pandemic. Several critical factors underline the significance of this win and the realities it aimed to address:

- 1. Limited Access to COVID-19 Information and Vaccination:** Before these initiatives, the population of Abomey-Calavi/So-Ava had limited access to accurate information about COVID-19 and the importance of vaccination. The reality was marked by a lack of awareness and knowledge regarding the virus, its transmission, and the safety and efficacy of vaccines. This knowledge gap posed a significant barrier to effective pandemic response.
- 2. Vulnerable Communities at Risk:** The targeted communities in Abomey-Calavi/So-Ava were vulnerable and at a heightened risk of COVID-19 due to the lack of information and resources. Without adequate knowledge and resources, these communities were ill-equipped to protect themselves from the virus, leading to potential outbreaks and severe health consequences.
- 3. Insufficient Infrastructure and Safety Measures:** Prior to CARE's interventions, the health infrastructure in the region may not have been adequately equipped to handle the demands of the pandemic. Health personnel lacked essential protective equipment, potentially endangering their own health and hampering vaccination efforts. The cold chain infrastructure may also have been inadequate, risking the integrity of vaccine supplies.
- 4. Incomplete Vaccination Coverage:** The government's initial vaccination target for the region was not met, leaving a significant portion of the population unvaccinated. This incomplete vaccination coverage left the community susceptible to COVID-19 outbreaks, thereby prolonging the pandemic's impact and the associated health and socioeconomic challenges.

The win achieved through CARE's initiatives addressed these pressing realities. It empowered front-line health workers, ensuring they had the knowledge and resources to inform their communities about the importance of COVID-19 vaccination. This translated into a more informed and resilient community, capable of making informed decisions about their health.

Moreover, the radio awareness campaigns and community engagement activities raised public awareness and dispelled myths and misconceptions about COVID-19 and vaccination. This shift

in awareness was instrumental in encouraging community members to get vaccinated, reducing vaccine hesitancy, and increasing the overall level of protection in the community.

The provision of protective equipment and support for the cold chain infrastructure further bolstered the safety and efficacy of the vaccination efforts. Health workers could perform their duties with confidence, and the vaccine supply chain remained intact, preventing wastage and ensuring vaccine availability.

Ultimately, this win was important as it transformed a vulnerable and under-informed community into a more resilient one, capable of actively participating in the fight against COVID-19. It bridged the gap between limited knowledge and informed decision-making, enhancing the community's ability to protect itself and contribute to ending the pandemic's impact on their lives.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

In the battle against the relentless tide of the COVID-19 pandemic, CARE emerged as a beacon of hope in the Abomey-Calavi/So-Ava health zone, Benin. This narrative unveils CARE's invaluable contributions, its unique role, and the collaborative efforts of partner organizations and coalitions that played a pivotal role in transforming the landscape of pandemic response.

Empowering Front-line Health Workers: In a region where knowledge was the most potent armor against the virus, CARE embarked on a mission to empower the unsung heroes of the health sector – the front-line health workers. CARE conducted an impressive 40 value clarification exercises on COVID-19 immunization, aiming to equip 1,069 health workers with the expertise needed to become community champions.

In the end, 32 of these exercises were successfully executed, benefiting 872 health workers who eagerly participated in these enlightening clarification sessions. But CARE's dedication didn't stop there. In a masterstroke of adaptability, they crafted and provided an arsenal of 1,500 posters, 5 banners, and 2 roll-ups as part of a comprehensive communication strategy. These materials became the torchbearers of knowledge, illuminating the path toward vaccination for countless individuals.

Raising Public Awareness: CARE recognized that knowledge, when amplified through the right channels, can be a force to reckon with. Their strategic partnership with local radio stations TADO and Sô-Ava TOSO transformed airwaves into avenues of enlightenment. They produced and broadcasted five powerful spots in local languages and French, acting as sirens of hope, beckoning the community toward vaccination.

CARE orchestrated 64 broadcasts that resonated with the listeners, planting the seeds of awareness. But the transformation went deeper. Six roundtable programs and seven

interactive sessions, conducted in local languages and French, became vibrant forums where the community dissected the significance of COVID-19 vaccination. Meanwhile, 19 targeted value clarification exercises embraced 536 religious leaders, local authorities, and members of community groups and associations, amplifying the ripple of understanding. But CARE's outreach didn't end there. They took to the streets, conducting awareness sessions through megaphone relays, reaching all 16 districts of the Abomey-Calavi/So-Ava health zone. They were the pied pipers of knowledge, captivating the hearts and minds of the community.

Ensuring Safety and Infrastructure: CARE recognized that an effective vaccination campaign required a secure environment. Protective equipment became their armor as they acquired and distributed 300 overblouses, 70 boxes of medical masks (each containing 50 pieces), and 70 bottles of 500ml hydroalcoholic gel. These provisions were the sentinels guarding the health personnel involved in the vaccination process.

Yet, CARE's impact extended beyond protection; it penetrated the very infrastructure. In a bid to fortify the cold chain, they acquired and provided 10 FRIDGE-TAG temperature recorders and 20 iceboxes (Vaccine Doors). These were not just numbers but promises of quality storage and efficient vaccine distribution in health centers throughout the Abomey-Calavi/So-Ava health zone.

Through these multi-faceted initiatives, CARE and its partners achieved remarkable results. Front-line health workers, armed with knowledge, became trusted sources of information, guiding their communities toward vaccination. Radio programs and spots reached deep into the community, quelling fears and misconceptions, while awareness sessions left no district untouched. The provision of protective equipment ensured the safety of those on the vaccination frontlines, and the strengthening of the cold chain guaranteed vaccine integrity.

In essence, CARE's contributions were transformative. They improved knowledge about COVID-19 vaccination, dismantled fears, and promoted vaccination. They ensured the safety of vaccination structures and the quality storage of vaccines in the Abomey-Calavi/So-Ava health zone.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

In alignment with the government's broader objective of vaccinating 60% of Benin's population, which included the inhabitants of Abomey-Calavi/So-Ava, CARE worked tirelessly to facilitate vaccination campaigns in collaboration with local health authorities. The government's vaccination goal for this region was approximately 393,815 individuals. However, as reported by the health zone office, the actual number of people vaccinated in the commune of Abomey-Calavi was 289,705, representing a difference of 104,110 individuals.

Additionally, CARE extended its support to the neighboring commune of So-Ava, which also had an estimated population of 959,358 residents. Here, the government's vaccination target was around 71,128 people. However, the data provided by the health zone office indicated that 58,142 individuals had been vaccinated, leaving a gap of 12,986 individuals.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant

contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Rapport Final_COVID VACC_FAST and FAIR VF_English.docx](#)

Burundi

Impact: not quantifiable due to lack of available data

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE's work in Burundi during the COVID-19 response was primarily focused on four communes. These communes are Gihanga in Bubanza Province, Kabezi in Bujumbura Province, Giheta, and Itaba in Gitega Province. In these areas, CARE actively supported the local COVID-19 response efforts, including activities aimed at preventing the virus's spread, providing healthcare services, promoting awareness, and addressing the specific needs of the communities during the pandemic. This intervention was implemented from December 1, 2021, to November 30, 2022, as part of the "Fast and Fair Support to COVID-19 Vaccine Delivery in Burundi." These four communes were targeted as part of this project, contributing to CARE's deep engagement with the communities in these areas.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE International in Burundi achieved a significant and meaningful change through its COVID-19 humanitarian intervention. This transformative impact was realized by prioritizing risk communication and community engagement to address the pandemic's adverse effects, particularly on women's workload and health.

The achievement was made possible through innovative approaches that set CARE Burundi apart. These included SMS awareness campaigns and the organization of community and youth-focused hackathons. By embracing these novel strategies, CARE Burundi aimed to foster active participation and empower communities to generate ideas and solutions. This shift marked a departure from traditional outreach activities often labeled as "sensitization," which can be tiresome and demeaning.

This change was driven by the dedication of CARE and its partners, who recognized the importance of moving beyond mere awareness-raising to create inclusive and engaging mobilization strategies. Through these efforts, CARE Burundi not only addressed the immediate challenges posed by the pandemic but also laid the foundation for lasting empowerment and dignity in the communities it served. The main decision-makers influenced by CARE and its partners in achieving this win were those at the forefront of implementing and supporting these innovative approaches, including community leaders, local authorities, and individuals who embraced the SMS campaigns and participated in the hackathons. Together, they contributed to a more inclusive and effective response to the COVID-19 crisis, leaving a lasting positive impact on the communities of Burundi.

Relevant Fast and Fair Pillars

- **Mobilize:** CARE facilitated online registration in areas where it was challenging to reach people, such as the Khulna district and Dakhin Bedkashi Union. The project identified influential individuals within the community to disseminate specific knowledge about COVID-19 prevention, vaccination benefits, side effects, and opportunities. A total of 200 resource persons, including adults and youth, received regular messages on prevention practices, adherence to safety measures, and vaccination opportunities. They were also encouraged to share their perspectives through a digital SMS platform.

CARE supported community dialogues, fostering interest, action, and knowledge generation. Utilizing locally produced mini videos in four communal youth centers, the focus was on countering misinformation, promoting best practices in prevention, and supporting vulnerable community members.

CARE supported joint initiatives involving youth and community health workers in surveillance activities, actively searching for suspected and probable COVID-19 cases and ensuring appropriate follow-up. Special attention was given to highly mobile young adults who regularly move between rural areas and cities, as they can both contribute to and be at risk of spreading the virus. Support was provided to these initiatives, which aimed to raise awareness among those who wished to be vaccinated or had already received vaccinations.

Why is this win important in this context/ What was the reality prior to the win that the change aims to address?

The win achieved by CARE International in Burundi in the context of its COVID-19 humanitarian intervention is vitally important for several reasons, considering the realities that existed prior to this change.

- 1. Addressing Gender Inequality:** Before this win, there was a stark reality of gender inequality exacerbated by the pandemic. Women in Burundi were burdened with increased workloads due to caregiving responsibilities and the economic impact of COVID-19. They also faced greater health risks. CARE's focus on addressing the adverse effects of the crisis on women's workload and health aimed to rectify these inequalities, contributing to a more equitable society.
- 2. Enhancing Community Engagement:** The pre-existing situation often involved traditional awareness-raising campaigns, which could be seen as one-way communication and sometimes tiresome or demeaning to communities. The win emphasized active community engagement through innovative approaches like SMS campaigns and hackathons. This shift aimed to foster a sense of participation, inclusivity, and empowerment, ensuring that community members were active participants in shaping the response to the pandemic.
- 3. Improving Pandemic Response:** Prior to this win, the response to the COVID-19 pandemic in Burundi might have been less effective due to limited community involvement and a top-down approach. By involving local decision-makers, community leaders, and individuals in the response efforts, CARE aimed to make the pandemic response more responsive to the specific needs and challenges faced by the communities, ultimately leading to better outcomes.
- 4. Promoting Dignity:** The win sought to restore dignity to the affected communities. Before this change, communities may have felt disempowered and disconnected from the response efforts. By adopting innovative and inclusive strategies, CARE Burundi aimed to empower individuals and communities to take ownership of their health and well-being, thereby enhancing their sense of dignity.

In summary, the win achieved by CARE in this context is important because it addresses pre-existing disparities, empowers communities, improves the effectiveness of the pandemic response, and promotes dignity among the affected population. It marks a positive shift towards a more inclusive, engaged, and equitable approach to addressing the challenges posed by COVID-19 in Burundi.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, and specify CARE's unique role as well as the role of partner organizations and coalitions.

The project focuses on three key interventions to address the COVID-19 pandemic:

1. **Targeting Influential Individuals:** The project identified influential individuals within the community who can effectively disseminate knowledge about the benefits of prevention, health consequences of the disease, and vaccination opportunities. A total of 223 contacts, including both adults and youth, received regular messages through a digital SMS platform, providing information on prevention practices, barrier measures, and COVID-19 vaccination. These individuals are encouraged to share their perspectives and views on the topic.
2. **Community Dialogues and Knowledge Generation:** The project supported community dialogues, fostering interest, action, and knowledge generation. Using the resources available at four communal youth centers, the project produces four mini videos that combat disinformation, highlight best practices in prevention efforts, and provide support to the most at-risk community members. These videos serve as a tool for raising awareness and promoting informed decision-making within the community.
3. **Youth and Community Health Worker Initiatives:** Four initiatives led by youth and community health workers are established to enhance surveillance efforts. These initiatives involve actively searching for suspect and probable COVID-19 cases, ensuring appropriate follow-up actions. Special emphasis is placed on highly mobile young adults who frequently move between rural areas and cities. This group presents both an opportunity and a risk in terms of disease prevention and transmission. The initiatives aim to provide visibility to individuals who are interested in getting vaccinated or have already received the vaccine.

Through these interventions, the project strengthened community engagement, combatted disinformation, and actively contributed to the prevention and control of COVID-19.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

According to the status report on the response to COVID-19 in Burundi as of January 14, 2023, the country has the following COVID-19 statistics:

1. **Cumulative Tests and Confirmed Cases:** From the data available until the report's publication, a total of 2,027,304 COVID-19 tests have been conducted in Burundi. Out of these tests, 52,429 cases were confirmed positive.
2. **Vaccination Efforts:** The national vaccination total stands at 31,292 people who have received at least one dose of the COVID-19 vaccine. Out of this group, 30,699 individuals have been fully vaccinated, representing approximately 0.24% of the general population.

3. Vaccination Sites: Since October 18, 2022, six vaccination sites have been opened in Burundi. Four of these sites are located in Bujumbura Mairie, one in Gitega, and one in Ngozi.

It's important to note that the information provided is based on the status report from January 14, 2023, and the situation may have evolved since then.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
 No
 Unclear – need more information to determine

Missing information: what other information would we need to determine whether CARE had an impact? List lingering questions or evidence gaps here.

There is no data regarding vaccination rates specifically among women and men within the target population.

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

<https://careevaluations.org/wp-content/uploads/30012023-Final-report-Fast-Fair-for-Covid-19-project.pdf>

[30012023 Final report Fast Fair for Covid-19 project.pdf](#)

Cameroon

Impact: 6,395 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE's work in response to the COVID-19 pandemic was geographically focused on specific regions within Cameroon, particularly in areas with high HIV burdens. The geographic focus of CARE's work aligned with the locations integrated into the USAID CHAMP (Community HIV/AIDS Mobilization Program) program. Specifically, CARE's efforts were concentrated in 11 districts spread across three major cities: Bamenda, Douala, and Yaoundé.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE demonstrated a robust approach to COVID-19 prevention and response. Coordination efforts were strengthened by involving the permanent secretary of the EPI, who integrated the program into the COVID taskforce group. This ensured real-time access to critical information, guiding strategic implementation. At the regional level, the project engaged with health district heads to fine-tune operational details, such as testing and vaccination mobilization schedules. CBO staff were extensively trained in COVID-19 sensitization and mobilization, seamlessly incorporating these practices into routine activities.

In terms of prevention, the program conducted in-depth trainings for CBO staff on COVID sensitization, addressing local misconceptions. Sensitization was then seamlessly integrated into all CBO activities, including conversations, group talks, counseling sessions, and testing campaigns. Communication materials, such as flyers and posters, provided important information on preventive measures and vaccination. A notable achievement was the sensitization of 20,284 Key Populations (KPs) and Priority Populations (PPs) in just three months. Drop-in-centers were equipped with handwashing facilities, thermometers for temperature checks, and ample hand sanitizers. Over 870 individuals were tested for COVID-19 using rapid tests, with a balanced representation of genders and a concentration in the 20-29 age group.

Regarding care and treatment, positive cases were promptly handled by district health teams on-site, adhering to national guidelines. Ongoing support was provided through counseling and phone check-ups by CBO staff, who collaborated closely with the district team when necessary. This comprehensive approach ensured that not only prevention but also care and treatment were effectively addressed within the community.

The Fast & Fair COVID-19 Project yielded impressive results. Over a three-month period, 20,284 people were sensitized, 871 individuals were tested, and 239 people from priority populations were successfully vaccinated. The figures testified to the project's effectiveness in reaching underrepresented populations.

Testing revealed that key populations, such as female sex workers (FSW) and men who have sex with men (MSM), accounted for the majority of those tested. Fortunately, only 3% tested positive, with an equal distribution between males and females, all promptly treated by the district medical team.

Vaccination efforts were equally fruitful, with 296 eligible individuals receiving vaccines. The project significantly contributed to the national vaccination drive, particularly among KPs and PPs, who are among the most vulnerable.

Relevant Fast and Fair Pillars

- **Protection:** The project recognized the importance of safeguarding not only those tested or vaccinated but also the broader community. Personal Protective Equipment (PPE) distribution was initiated, including face masks, hand sanitizers, wet wipes, and essential cleaning equipment for local offices. This not only ensured the safety of those directly involved but also indirectly protected others through the continuous supply of PPE at drop-in centers.

In addition to PPE, the project encouraged hand hygiene through handwashing stations and provided electronic thermometers to check temperatures. These measures, combined with PPE distribution, played a crucial role in minimizing transmission risks.

- **Mobilization:** Mobilizing the community was an equally vital aspect of the project. It began with engaging key stakeholders at both national and regional levels. The project gained support from the Ministry of Health, the Permanent Secretary of the Expanded Program on Immunization (EPI), and regional health delegates. These partnerships facilitated real-time information sharing and strategic planning, ensuring the project remained dynamic and effective.

The heart of the mobilization efforts lay in the community-based organizations (CBOs). These organizations were empowered with knowledge and skills through training sessions led by district health teams. The CBOs became the frontline mobilizers, reaching out to KPs and PPs during their routine activities. Whether through interpersonal conversations, group talks, counseling sessions, or HIV testing campaigns, sensitization on COVID-19 was seamlessly integrated into existing activities.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This achievement is crucial in the context of addressing the COVID-19 pandemic in Cameroon, especially among key and priority populations (KPs and PPs). Prior to this intervention, there were concerning statistics, with 1,853 recorded deaths out of 109,666 identified cases, signifying a 1.7% case fatality rate. Additionally, only 4.7% of the target population was fully vaccinated. This indicated a significant gap in COVID-19 prevention and access to healthcare, especially for KPs and PPs who faced challenges in accessing health facilities for various services, including COVID-19 care.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE’s contribution, specify CARE’s unique role as well as the role of partner organizations and coalitions.

CARE played a pivotal role in this initiative. They initiated coordination efforts by engaging the permanent secretary of the EPI and integrating the program into the COVID taskforce group. This ensured real-time access to critical information, guiding strategic implementation. They also facilitated meetings with regional health heads to present the project, align operational details, and trained CBO staff on COVID-19 sensitization and mobilization, which were subsequently integrated into routine activities. CARE’s unique role lay in bridging the gap in COVID-19 sensitization and vaccination for KPs and PPs, ensuring they received essential information and services.

The program collaborated closely with various stakeholders, including the Ministry of Health, regional delegates of public health, and health district heads. This collaborative approach facilitated the implementation of the project and addressed operational details like testing and vaccination schedules. Additionally, the program worked with CBOs, training them extensively and providing them with essential resources like PPE and communication materials. The involvement of partner organizations and coalitions was instrumental in ensuring the success of this initiative, as they brought together expertise, resources, and access to key populations.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

[Fast Fair Report Cameroon.docx](#)

Chad

Impact: 21,481 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE played a pivotal role in bolstering the COVID-19 response within the Grande Sido district of Moyen-Chari province. This support encompassed multiple sites, comprising the refugee camps in Belom and Mousmba, the returnee site in Maigama, and the host communities of Maigama, Ndinaba, Ngakorio, Ngourourou, Maro, and Pari-Sara.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE contributed to significant improvement in hygiene knowledge, gender-sensitive risk communication, community engagement, and surveillance measures, as well as the prevention and awareness of gender-based violence (GBV) in the project's intervention area. These achievements were realized through a series of well-planned activities and strategies implemented by CARE and its partners. The main decision-makers influenced by CARE and its partners include community leaders, administrative authorities, traditional chiefs, religious leaders, national security forces, and various community members.

Relevant Fast and Fair Pillars

- **Protecting:** CARE, in collaboration with the Chief Medical Officer of Maro District, conducted training sessions for 50 Community Liaison Officers (CLAs). These officers were equipped with knowledge about hygiene promotion, barrier measures against COVID-19, and the importance of community health workers in the fight against the pandemic. Post-training assessments revealed a 96.66% improvement in participants' knowledge. This training empowered the CLAs to facilitate sensitization campaigns in their communities, effectively disseminating information on hygiene and COVID-19 prevention.

A total of 4 awareness campaigns and 12 group sessions were organized to educate the population about GBV prevention methods, identification, and reporting. These campaigns reached a significant number of community members, resulting in the identification and referral of 222 GBV cases to health care facilities.

- **Mobilizing:** CARE targeted 990 vulnerable households with hygiene kits, which included essential items for maintaining proper hygiene. The distribution was conducted after thorough community validation, ensuring that those in need received support.

A total of 1,240 handwashing stations were distributed to households and installed in public places, promoting regular handwashing as a preventive measure against COVID-19. CARE built and rehabilitated 19 water points, increasing access to clean drinking water in the intervention area. Community-based water management committees were trained to ensure the proper maintenance of these water points.

- **Facilitating:** CARE established and revitalized 7 GBV committees, equipping them with knowledge and skills to prevent and address GBV in the communities. Additionally, leaders and authorities received training on GBV prevention, raising awareness about the issue and encouraging support for GBV initiatives.

The awareness campaigns and group sessions contributed to changing the behavior and attitudes of men, women, boys, and girls in the project's intervention zone, ultimately fostering safer and more supportive communities.

Why is this win important in this context/ What was the reality prior to the win that the change aims to address?

The win is crucial in this context for several reasons:

- **Improved Hygiene Knowledge:** Prior to the win, there was limited knowledge about proper hygiene practices and COVID-19 prevention in the community. This lack of awareness posed a significant risk to public health, especially in the context of a pandemic.
- **Enhanced Water Access:** The construction and rehabilitation of water points addressed the community's lack of access to clean drinking water, reducing the burden of water collection and the associated health risks.
- **GBV Prevention:** Gender-based violence is a pervasive issue, and prior to the win, there was a lack of structured efforts to prevent and address it. The establishment of GBV committees and awareness campaigns has started to change community attitudes towards GBV.
- **Community Engagement:** The project engaged various stakeholders, including community leaders and authorities, in promoting hygiene practices and GBV prevention. This collaborative approach empowers communities to take ownership of their well-being.

In summary, this win signifies a positive transformation in the community, leading to improved public health, increased access to clean water, and the beginning of a cultural shift towards gender equality and the prevention of GBV. It demonstrates CARE's commitment to holistic community development and empowerment.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE undertook a series of strategic initiatives to bolster hygiene knowledge, enhance gender-sensitive risk communication, and foster community engagement as a response to the COVID-19 pandemic. A key component of this mobilization effort involved the establishment and comprehensive training of Community Liaison Officers (CLAs), whose pivotal role proved

instrumental in driving awareness and promoting crucial COVID-19 preventive practices within the community. The mobilized CLAs served as frontline agents of change, armed with the knowledge and skills to champion hygiene promotion and the adoption of vital barrier measures against COVID-19. They underwent rigorous training sessions facilitated by the esteemed Chief Medical Officer of Maro District. These sessions encompassed a comprehensive curriculum that highlighted the critical role of community health workers in combating the pandemic, the modes of human-to-human transmission, and the significance of hygiene promotion and barrier measures in mitigating COVID-19's impact.

During these informative training sessions, participants actively engaged with pertinent topics, such as the duration of the virus's viability in open air, the imperative of mask-wearing, and the potential for virus transmission during its incubation period. Their newfound understanding underscored the importance of regular handwashing, proper mask usage, and the ability of infected individuals to transmit the virus to others. Remarkably, the post-training evaluation revealed an impressive 96.66% improvement in the participants' knowledge related to COVID-19 surveillance.

Following their training, the mobilized health workers were equipped with essential resources, including visual aids and sensitization materials, empowering them to organize and execute impactful awareness campaigns within their respective communities. These campaigns were a critical component of the community engagement strategy and were augmented by Local Aid Committees (LACs). In total, an impressive 18 awareness campaigns were conducted, reaching an impressive 44,618 individuals, which included 12,970 women, 9,785 girls, 9,401 boys, and 12,462 men. These campaigns served as catalysts for disseminating crucial information on barrier measures against COVID-19 and fostering good family hygiene practices.

Moreover, CARE's mobilization efforts extended to the distribution of 990 hygiene kits to vulnerable households, targeting those most in need within the community. The distribution process was meticulously planned and executed, involving the cooperation of Elders' Committees and Complaints Management Committees in each intervention zone. These committees played an instrumental role in identifying beneficiaries and validating the distribution lists, ensuring equitable and efficient support to those requiring assistance.

Parallel to the distribution of hygiene kits, CARE spearheaded the installation of 1,240 handwashing stations, spanning households and public locations such as markets, community squares, health facilities, and schools. This widespread deployment aimed to encourage and facilitate regular handwashing, a pivotal preventive measure against COVID-19.

In pursuit of broadening community access to clean drinking water, CARE constructed and rehabilitated 19 water points. The process adhered to stringent standards and the Water and Sanitation Master Plan of Chad, ensuring the delivery of safe and reliable water sources to the intervention area. To sustain these water points, 19 Water Point Management Committees were meticulously trained and equipped with the necessary resources.

Furthermore, CARE's mobilization efforts extended to empowering the community through knowledge and skills development. Seventy-five Community Liaison Officers were trained in the art of liquid soap production for handwashing promotion. This not only facilitated greater access to liquid soap for effective hand hygiene but also introduced an income-generating activity for community agents, fostering self-reliance and sustainability.

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

CDC final report including Chad COVID-19 WASH response (starting on page 12): [CARE Project Narrative Report FY22 CDC PHE CoAg GH1719 Sep 2022 \(1\).docx](#)

Colombia

Impact: 0 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

No additional information available.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE engaged in Health Systems Strengthening, providing a stop gap to ensure Sexual and Reproductive Health (SRH) services remained available during the COVID-19 pandemic. No additional information is available.

Relevant Fast and Fair Pillars

No additional information available.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

No additional information available.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

No additional information available.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

[Abbott Global Evaluation Report.pdf](#)

Democratic Republic of Congo

Impact: 9,137 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant support to the COVID-19 response in two locations, namely Butembo and Goma. In each of these locations, CARE focused on the catchment areas of two vaccination centers. Additionally, CARE also extended its support to five health areas in the Butembo health zone, specifically KATYSA, MAKASI, MONDO, VULAMBA, and VUTSUNDO. These areas were targeted as part of the CDC response to effectively address the challenges posed by the COVID-19 pandemic.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE collaborated with four vaccination sites—two in Butembo and two in Goma. The focus of this partnership was on community mobilization, working closely with local leaders, health center staff, and providing training where needed. Through the development of joint action and communication plans with chiefs, religious leaders, and local authorities, as well as the provision of additional equipment to protect health workers, these vaccination sites successfully administered vaccines to a total of 1,132 individuals.

In addition to vaccination efforts, CARE conducted research and problem-solving activities using community dialogues between health workers and clients, employing tools such as the Community Scorecard and Social Analysis and Action. These activities provided valuable insights for this case study. The CARE team also provided support to local vaccination teams by assisting with IT infrastructure, personnel costs, and the creation of locally adapted COVID-19 communication plan.

As a result of these efforts, the vaccination rates in the areas where CARE provided support reached 9%, which is ten times higher than the national average for the Democratic Republic of Congo (DRC). This achievement reflects the effectiveness of the strategies implemented by CARE and its partners in promoting vaccination and addressing the challenges posed by the COVID-19 pandemic in the region.

Relevant Fast and Fair Pillars

- **Advocate:** for equitable access to vaccine technology and intellectual property, and for accountability and transparency in the management of vaccine-related resources, implementation of prioritization categories in vaccination, and inclusive decision-making processes that represent marginalized groups. CARE advocated to prioritize vaccination for frontline health workers and humanitarian aid workers, ensuring their safety and dignified working conditions.
- **Facilitate:** Conducted situational analysis to assess the readiness of the immunization system for vaccine introduction, including vaccination sites, vaccinator and cold chain staff capacity, and characteristics of the target population.
 - Contribute to the development of vaccine introduction plans, protocols, and tools.
 - Monitor and evaluate the implementation of vaccine introduction.

- **Protect:** Provide training, mentoring, and capacity building for frontline health workers (FLHWs) in critical skills such as data management, digital skills, infection prevention and control, and addressing vaccine hesitancy concerns.
 - Support FLHWs' authority and role in the community to reduce stigma, harassment, and violence and increase their influence.
 - Promote meaningful participation and leadership of FLHWs in the vaccination effort through representation in decision-making committees, involvement in program design, and access to professional development opportunities.
 - Offer safety and security training for frontline health workers.
- **Mobilize:** Engage in risk communication and community engagement by facilitating two-way dialogues and continuously collecting feedback from communities to address critical issues.
 - Leverage trusted local leadership to communicate key messages from national vaccination plans using localized language and concepts.
 - Organize educational events to provide community influencers with a clear understanding of vaccine-preventable diseases, the preventive potential of vaccines, and potential side effects, risks, and benefits.
 - Facilitate social accountability and citizen governance processes, such as using the community scorecard, participatory budgeting, and citizen monitoring, to strengthen engagement between frontline health system actors and community participants.
 - Conduct community needs assessments and develop targeted strategies tailored to the needs of specific populations and caregivers.
 - Provide training and support to COVID-19 vaccinators and community health workers (CHWs) to deliver accurate information and combat misinformation in communities.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This win is crucial in the context of the DRC due to several challenges that they were facing in their vaccination efforts prior to the intervention, specifically:

Low Vaccination Rates: The DRC had one of the lowest COVID-19 vaccination rates in the world, with less than 1% of the population having received even one dose. This indicates a significant gap in achieving widespread immunity.

Inefficiencies in Vaccine Administration: Despite receiving 8.2 million doses of COVID-19 vaccine, the DRC had only managed to administer around 11% of them. This inefficiency in vaccine distribution and administration was a major concern.

Limited Operational Vaccination Sites: Out of the 498 planned vaccination sites across 13 provinces, only 296 were operational. This limited coverage hindered efforts to reach a significant portion of the population.

Information and Misinformation: There was a lack of reliable information about vaccines, leading to confusion among the population. Misinformation and rumors further complicated the situation.

Mistrust in the Health System: There were high levels of mistrust in the health system among both community members and health workers. This mistrust stemmed from various factors,

including doubts about the rapid development of COVID-19 vaccines and the lack of vaccination among health workers and leaders.

The win addressed these challenges by providing targeted support in specific areas (Butembo and Goma) and focusing on community mobilization, training, and infrastructure support. This resulted in a significant increase in vaccination rates, which were over 10 times higher than the national average in the supported areas.

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE collaborated with 40 Community Action Cells (CAC) across four health districts to develop community education and mobilization plans. As part of these efforts, CARE organized 238 community health dialogues, which engaged a total of 5,067 individuals, including 3,094 women. Local leaders played a crucial role in organizing and participating in these dialogues.

The impact of these community dialogues has been significant. In areas where CARE facilitated these dialogues, the rates of conflict between health workers and communities have been lower compared to the challenges observed during the Ebola outbreak. Moreover, community members are more likely to acknowledge the existence of COVID-19, indicating an increased awareness and acceptance of the disease.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

Through collaborative efforts, joint action plans, and effective communication strategies developed in partnership with chiefs, religious leaders, and local authorities, CARE has contributed to the successful vaccination of 1,132 individuals at these sites. Additionally, CARE has provided additional equipment to ensure the safety and protection of health workers involved in the vaccination efforts.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

CARE has contributed to the successful vaccination of 1,132 individuals at the two sites.

Notably, in the two sites in Butembo where CARE is providing support, the vaccination rates have reached 9%. This rate is significantly higher, surpassing the national average for COVID-19 vaccines by more than tenfold. This achievement highlights the effectiveness of the community mobilization efforts and the impact of CARE's involvement in improving vaccination rates in the region.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant

contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://www.careevaluations.org/wp-content/uploads/COVID-19-vaccines-in-Democratic-Republic-of-the-Congo-April-2022.pdf>

CDC final report including DRC COVID-19 response (starting on page 1): [CARE Project Narrative Report FY22 CDC PHE CoAg GH1719 Sep 2022 \(1\).docx](#)

Ecuador

Impact: 4,166 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant support to the COVID-19 response in two primary locations:

- Chical, Maldonado & San Marcos parishes in Tulcan Canton, Carchi Province.
- Priorato, El Sagrario & Alpachaca parishes in Ibarra Canton, Imbabura Province.

In these areas, CARE has implemented various interventions and initiatives to address the challenges posed by the pandemic, such as community mobilization, awareness campaigns, distribution of essential supplies, and support for local health services. The aim is to mitigate the impact of COVID-19 and protect the well-being of the communities residing in these locations.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The "Supporting the response to COVID-19 alongside the Community" Project played a crucial role in assisting the government's efforts to control the pandemic. The project specifically focused on strengthening outbreak prevention and control measures in selected communities, with a particular emphasis on individuals in human mobility, LGBTIQ+ individuals, sex workers, and the indigenous people of the Awa nationality. This collaborative initiative was carried out in partnership with ASOCIACION RIOS, a local NGO with extensive experience in community health work.

Funded by CARE USA as part of the Fast & Fair campaign in response to COVID-19, the project aimed to ensure that the most vulnerable individuals have access to the vaccine and overcome various barriers, including gender-based and other inequalities, in accessing vaccination and health services.

The project was implemented between January and October 2022, focusing on two specific areas in the northern border of Ecuador. The first locality was the Priorato parish in the Ibarra canton, which encompassed a vulnerable urban area. The second area targeted was the Chical parish in the Tulcán canton, specifically focusing on communities belonging to the indigenous Awa population. These communities were located in remote and hard-to-reach areas, presenting additional challenges for providing necessary support and services.

Through its implementation, the project aimed to strengthen community resilience, enhance preventive measures, and ensure equitable access to healthcare services, particularly in marginalized and underserved populations.

Relevant Fast and Fair Pillars

- **Mobilize:** The project engaged pre-identified influential individuals within the community to disseminate targeted knowledge about the benefits of prevention, potential side effects, and vaccination opportunities. A total of 200 resource persons, including both adults and youth, received regular messages regarding prevention practices, barrier measures, and COVID-19 vaccination options. They were also encouraged to share their perspectives through a digital SMS platform.

- **Facilitate:** CARE facilitated community dialogues and encouraged active participation, aiming to generate interest, action, and knowledge among community members. To combat disinformation and promote best practices in prevention, four mini videos were produced and showcased in communal youth centers. These videos served to empower and support the most vulnerable community members.

CARE supported the establishment of four joint initiatives led by youth and community health workers, focusing on surveillance efforts. These initiatives involved actively searching for suspected and probable cases, ensuring appropriate follow-up actions. Special attention was given to highly mobile young adults who regularly move between rural areas and cities. This group presented both opportunities and risks in terms of COVID-19 prevention and transmission. As a result, visibility and support were provided to those who expressed their interest in vaccination or had already received the vaccine.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

At the beginning of the year, when the government lifted the screening measure for passengers entering the ports of entry (airport, lake, and land), there was a high risk of contamination. The increased number of infections highlighted the urgent need to support the Department in its efforts to combat COVID-19. The focus was on educating communities about disease prevention measures, including raising awareness about the availability of vaccines at the national level. This support aimed to empower communities to take necessary precautions and make informed decisions regarding vaccination to protect themselves and prevent the further spread of the virus.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

This project focuses on three key interventions to address the challenges of COVID-19:

1. **Targeting influential individuals in the community:** The project identifies and engages influential people within the community to disseminate specific knowledge about prevention measures, the health consequences of the disease, and vaccination opportunities. A total of 223 contacts, including both adults and youth, regularly received messages related to prevention, barrier practices, and COVID-19 vaccination. They are encouraged to provide their views through a digital SMS platform, promoting two-way communication and community engagement.
2. **Supporting community dialogues and knowledge generation:** The project facilitates community dialogues, fostering interest, action, and knowledge generation. Through the production of four mini videos in communal youth centers, the project aims to combat misinformation, highlight best practices in prevention efforts, and provide support to the

most vulnerable community members. These videos serve as educational tools to raise awareness and empower individuals to take appropriate preventive measures.

3. **Creating initiatives for surveillance:** The project establishes four initiatives led by youth and community health workers, focusing on surveillance activities. These initiatives involve actively searching for suspect cases and probable cases, ensuring appropriate follow-up and intervention. Special attention is given to highly mobile young adults who frequently move between rural areas and cities, as they represent both an opportunity and a risk in terms of preventing and spreading COVID-19. The joint efforts of these initiatives contribute to increasing visibility and accessibility to vaccination for those who are interested.

Overall, these interventions aim to empower the community through targeted messaging, knowledge sharing, and surveillance activities. By engaging influential individuals, promoting dialogue, and addressing the unique challenges of mobile populations, the project aims to enhance prevention efforts, reduce the spread of COVID-19, and promote vaccination within the community.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

A total of 1,474 individuals directly participated in the project activities, with 670 participants in Tulcán and 804 participants in Ibarra. Among the participants, 63% self-identified as female, 36% as male, and 1% as trans-female. This gender breakdown highlights the project's effort to engage and involve diverse individuals, ensuring that the voices and perspectives of different gender identities are represented in the activities and interventions. By promoting inclusivity and active participation, the project aims to address the specific needs and challenges faced by different genders in relation to COVID-19 prevention and vaccination efforts.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.
<https://careevaluations.org/wp-content/uploads/Supporting-the-response-to-COVID-19-project-report.pdf>

Ethiopia

Impact: 23,816 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant support to COVID-19 response in Wachile, Dillo and Moyale woredas of Borana Zone, Oromia Region.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The project focused on mass awareness raising and risk communication through community engagement, spanning a duration of three months, and successfully reached a total of 144,240 people. CARE played a vital role in producing and distributing 380 information, education, and communication (IEC)/behavior change communication (BCC) materials on topics such as COVID-19, personal hygiene, and gender-based violence. These materials were distributed to health facilities located in the project woredas.

To enhance the capacity of the community healthcare workforce, CARE conducted training sessions for 50 community healthcare workers, including women, on infection prevention and control (IPC), case definition, and case referrals. This training aimed to equip healthcare workers with the necessary knowledge and skills to effectively handle COVID-19 cases and ensure proper infection control measures.

To prioritize the safety and well-being of healthcare workers, the project procured and provided 16 pieces of personal protective equipment (PPE) and hygiene kits. These essential supplies were distributed to healthcare facilities in the project's target areas, including Wachile, Dillo, and Moyale woredas.

Recognizing the importance of access to clean water, the project also procured and provided eight 10,000-liter water holding roto tanks and two 5,000-liter roto tanks to health facilities in Wachile, Dillo, and Moyale woredas. These water tanks aimed to improve the availability of clean water for infection control and hygiene practices within healthcare facilities.

Additionally, in collaboration with Yaballo Poly Technique College, the project facilitated the provision of 122 pedal handwashing facilities to 42 health facilities across the three woredas. These facilities aimed to promote proper hand hygiene practices, a crucial preventive measure in mitigating the spread of COVID-19.

Overall, the project demonstrated a comprehensive approach in addressing the challenges posed by the pandemic, including awareness raising, capacity building, provision of essential supplies, and infrastructure support to healthcare facilities.

Relevant Fast and Fair Pillars

- **Mobilize:** As part of the project's commitment to promoting gender equality and women's empowerment, CARE produced 12 banners featuring GBV/PSEA (Gender-Based Violence/Prevention of Sexual Exploitation and Abuse) messages. These banners, along

with other IEC/BCC materials, were prominently displayed at health facilities and Women, Children, and Youths Affairs offices in each targeted woreda. The banners were prepared in English and the local Oromo languages (Afaan Oromo) and strategically placed in 14 kebeles across the three woredas.

The primary objective of these banners was to raise awareness and promote accountability regarding gender equality and the prevention of violence against women. The messages conveyed important GBV/PSEA themes, including the need to end all forms of discrimination against women and girls, eliminate violence in both public and private spheres, combat trafficking and sexual exploitation, and eradicate harmful practices such as child, early, and forced marriages and female genital mutilation.

These messages were aligned with the focus of UN WOMEN's campaign in 2020, which emphasized the critical role of gender equality in combating GBV. To ensure effective dissemination of these messages, experts from the Women, Children, and Youth Affairs offices in each woreda actively participated in the awareness creation efforts. As a result, approximately 15,360 people (8,608 women and 6,752 men) were reached and engaged through these awareness-raising initiatives.

By incorporating GBV/PSEA messages into the project's activities and engaging local stakeholders, CARE demonstrated its commitment to fostering gender equality, preventing violence against women, and addressing harmful practices. The banners served as visible reminders of the collective responsibility to create a society free from discrimination and violence, promoting positive social norms and behaviors within the communities.

- **Facilitate:** As part of the project's efforts to strengthen infection prevention and control (IPC) practices, a three-day training was provided to 50 health facility workers from Dillo and Wachile woredas, with 25 participants from each woreda. The selection of participants was made by the respective woreda health offices, focusing on individuals who serve as focal points for IPC at both the woreda and health facility levels. It should be noted that Moyale woreda was not included in the training as its health facility staff had already received similar training from the government and other NGOs.

The training was coordinated with the Borana Zone Health Office, specifically the Public Health Emergency Management Unit (PHEM), and relevant woreda health professionals. It was developed and delivered in line with the guidance provided by the Ethiopian Public Health Institute (EPHI) and the government of Ethiopia. The target audience for the training included members of the woreda rapid response teams (RRT), health facility workers, and health extension workers.

The main objectives of the training were to enhance participants' capacities by improving their practical and theoretical knowledge of standard precautions, transmission-based precautions, clinical aseptic techniques, contact tracing, safe

management of dead bodies, and IPC waste management. At the end of the training, participants provided feedback indicating that they were more aware of how to handle and dispose of waste correctly. They also engaged in discussions about the major barriers to address through COVID-19 community engagement.

The training utilized participatory and inclusive approaches, incorporating group work to make the sessions more effective and engaging. Participants actively participated in discussions and activities, fostering a collaborative learning environment.

As a result of the training, participants developed action plans to be implemented in their respective health facilities and kebeles (communities). These action plans included community engagement activities that were discussed with the woreda health offices and health center representatives. The plans also outlined ways to monitor the progress of the planned actions, ensuring that the training outcomes were translated into practical measures and sustainable interventions at the local level.

By providing comprehensive IPC training and supporting the development of action plans, the project aimed to strengthen the capacity of health facility workers and improve IPC practices in Dillo and Wachile woredas. This, in turn, contributes to better management of COVID-19 and the prevention of further transmission within the communities.

- **Protect:** the AGHF project identified gaps in infection prevention and control (IPC) practices in health facilities across the three project woredas. To address these gaps, the project facilitated the purchase and distribution of various personal protective equipment (PPE), hygiene supplies, waste management materials, water storage tanks, and pedal handwashing facilities. The distribution and installation of these materials and facilities aimed to enhance IPC practices, promote proper handwashing, and improve waste management in the targeted health facilities and public spaces. Regular monitoring visits and collaboration with local health facilities ensure the sustainability and maintenance of these interventions.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Prior to the intervention the Borana Zone in Ethiopia, especially in the areas bordering Kenya, Somali Regions was highly exposed to COVID-19 due to its geographic location. The region had limited capacity to respond to the pandemic, and there were challenges in implementing preventive measures like wearing masks, hand hygiene, and physical distancing. As of November 2020, out of 6,872 people tested, 181 were confirmed positive, indicating a significant need for intervention.

The intervention, led by CARE, played a crucial role in addressing these challenges. It targeted border areas, which were particularly vulnerable, and aimed to create awareness about COVID-19 preventive measures. By providing essential materials, training community healthcare workers, and enhancing healthcare facilities, the project sought to protect the community, especially in the Wachile, Dillo, and Moyale woredas, from the impact of COVID-19. This win

was vital in mitigating the risk of infection and building capacity in an area with limited resources.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's Role:

- *Awareness Raising and Communication:* CARE took the lead in conducting mass awareness campaigns, reaching over 144,000 individuals. This involved strategic engagement with local offices, influential figures, and community leaders, utilizing megaphones and microphones to deliver key messages on COVID-19 prevention.
- *Production and Distribution of Materials:* CARE produced and distributed 380 IEC/BCC materials, focusing on COVID-19, personal hygiene, and gender-based violence. These materials were translated and adapted for local contexts to ensure effective communication.
- *Healthcare Worker Training:* CARE trained 50 community healthcare workers, including women, in infection prevention and control (IPC), case definition, and case referrals. This capacity-building effort was targeted at enhancing local expertise in managing COVID-19 cases.
- *Provision of Equipment:* CARE procured and provided personal protective equipment (PPE) and hygiene kits, including water storage tanks and handwashing facilities, to health facilities in the three woredas. This contributed to improved safety measures and infection control.

Role of Partner Organizations and Coalitions:

- *Collaboration with Local Offices:* CARE collaborated closely with zone and woreda-level health professionals, community leaders, and officials. This ensured a comprehensive approach to addressing the COVID-19 challenges, leveraging existing networks and expertise.
- *Yaballo Poly Technique College:* In partnership with this institution, CARE provided 122 pedal handwashing facilities to 42 health facilities. This collaboration enhanced the project's impact by leveraging technical expertise and resources.
- *Coordination with Other NGOs:* CARE actively participated in Borana Zone WASH Cluster meetings and coordinated with other NGOs and UN partners involved in similar initiatives. This collaboration helped in mapping out efforts, sharing information, and ensuring complementarity of interventions.

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[AGHF COVID19 Response project Final narrative report Ethiopia 23Mar21.docx](#)

Ghana

Impact: 0 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

No additional information available.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

There is not enough evidence to assess CARE's role.

Relevant Fast and Fair Pillars

No additional information available.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

No additional information available.

What was CARE's role in contributing to that win?

There is not enough evidence to assess CARE's role.

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

No additional information available.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

No additional information available.

Guatemala

Impact: 4,518 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support in 6 communities in San José Poaquil, Chimaltenango, Guatemala.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The project (Fast and Fair - Technical strategy for CARE's support of the delivery of COVID-19 vaccine in Guatemala) actions were implemented during the months of December 2021 to February 2022 in the municipality of San José Poaquil, Chimaltenango, whose population projection for the year 2022 is 33,932 people; however, the eligible population to be vaccinated (over 18 years of age) is 29,527 people. Prior to the implementation of this project, the municipality had a high rate of SARS-CoV-2 infection and only 14.8% of the population (4,360 people) had a complete vaccination schedule (2 doses) against COVID-19. After the implementation of the project, the community had a complete vaccination schedule (2 doses) rate of 41% (12,108 people), with a total increase of 26.2%.

Relevant Fast and Fair Pillars

- **Facilitate:** Strengthening CARE Guatemala's technical capacity to implement the Integrated Health Strategy by hiring a health specialist: CARE Guatemala participated in 24 meetings with five health sector actors such as: the Association of Community Health Services, National Roundtable for the Rights of Girls and Adolescents -Mesa Niña, National Movement of Midwives Nim Alaxik, and Girls not Brides. Operationally, CARE Guatemala developed plans and evaluation roadmaps for the implementation of critical health strategy activities at the Program/Country Office level in contexts of violence and health emergencies.
- **Mobilize:** Communication campaign to inform communities about COVID-19 preventive measures and the safety, efficacy, value and availability of vaccines based on community needs at the national, local and community level. This included sensitization of pregnant patients at the Health Center on the importance of vaccination against COVID-19 and capacity building of community health personnel on case management and community-based COVID-19 vaccination.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The estimated population of Guatemala for those eligible to be vaccinated (12 years and older) is approximately 13 million people (about twice the population of Arizona); this means that less than 50% of the eligible population had been immunized with the full schedule at the time of the project, making Guatemala the country with the lowest vaccination rate in Central America and the second lowest in Latin America, only ahead of Haiti.

A confluence of factors led Guatemala to have such a low vaccination rate; the global restriction in vaccine supply, national regulations and logistical and budgetary obstacles

resulted in difficulty acquiring vaccines. Likewise, state health institutions have encountered much resistance, disinterest and distrust from the population regarding vaccination.

Particularly in the municipality of San José Poaquil [project intervention municipality] in the department of Chimaltenango, it has a total population of 33,454 people, 70% of whom are indigenous people. The data on virus infection has had a high rate of positive cases of COVID-19 with a cumulative incidence of 1113.4 cases per 100,000 inhabitants. Before the project intervention, only 14% of the population had a complete vaccination schedule (two doses), according to the records of the Ministry of Public Health and Social.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

The partnership with a community-based organization such as ASECSA with experience in community health and local recognition was strategic to carry out joint work in the communities of San José Poaquil. ASECSA involved the local Health Center, as well as organizations whose base of operations is in this municipality (ADECCA), as this ensures acceptance and involvement on the part of community actors and leaders and therefore, the community in general.

The rapprochement with organizations of traditional therapists, such as the National Movement of Midwives, has allowed these organizations to recognize CARE Guatemala as an ally to vindicate the figure and rights of traditional therapists and the indigenous health system as a fundamental part of the national health system.

CARE Guatemala established and coordinated alliances and synergies with health organizations. Considering the actors identified through the mapping process, 10 key actors were prioritized to establish possible alliances and partnerships at the level of organizations and individual or collective public health actors in the country, to promote joint actions to support and strengthen health care interventions at the community level for indigenous and mestizo women and girls.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

- Prior to the implementation of this project, the municipality had a high rate of SARS-CoV-2 infection and only 14.8% of the population (4,360 people) had a complete vaccination schedule (2 doses) against COVID-19. After the implementation of the project, a complete vaccination schedule (2 doses) rate of 41% (12,108 people) was reported for the community, with a total increase of 26.2%.
- National level communication campaign to inform communities about COVID-19 preventive measures and the safety, efficacy, value and availability of vaccines based on community

needs reached approximately 742 thousand people monthly, with an average of 4.5 million indirect interactions and 5.3 million direct and indirect reactions.

- Community level communication in radio and TV: Overall, the message was broadcast 9 times a day for three months, with a total of 810 repetitions during the project's execution period, reaching a population of approximately 4,500 Poaquileños.
- Vaccination of pregnant women increased after CARE started addressing COVID vaccination myths. During the last survey (at the time of the evaluation report) conducted at the San José Poaquil Health Center, 80% of pregnant Kaqchikel women who attended their prenatal care appointment were actively immunized with a complete vaccination schedule against COVID-19 (five informative and awareness-raising talks were given to 85 pregnant women from different communities of San José Poaquil, all belonging to the Kaqchikel population group, ranging from 16 to 40 years of age, and 10 men, partners of the pregnant women, also participated in these talks and In the first talk, it became evident that the number of pregnant women who had a complete vaccination schedule was below 40% (of the 14 women present at the event).
- Training was developed where 30 health promoters and midwives from San José Poaquil participated and acquired knowledge for the prevention of infection and how to promote the application of vaccination against COVID-19 from the development of health work at the community level.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://careevaluations.org/wp-content/uploads/INFORME-FINAL-FAST-AND-FAIR-FINAL-en-US.pdf>

Haiti

Impact: 7,506 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE's work took place in 12 communities in Grand'Anse, Haiti. These communities include Jeremie, Roseaux, Dame-Marie, Marfranc, Beaumont, Corail, Irois, Hanse d'Hainault, Pestel, Bonbon, and Abricot.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change achieved was ensuring that the most vulnerable communities have access to vaccines in this very remote part of Haiti. To do this, CARE worked on 1) vaccine hesitancy through mobilization efforts for awareness and vaccine acceptance; 2) empowering frontline healthcare workers to mobilize and lead the sensitization efforts and vaccine assistance; 3) supported community health centers to become accessible for the most vulnerable population by providing PPEs, better space, etc., and 4) advocating for vaccines to be distributed in these remote places with main decision-makers, particularly the Ministry of Health, and UNICEF to give notice.

Relevant Fast and Fair Pillars

- **Facilitate:** CARE facilitated access to vaccines and COVID-19 response resources by training and mobilizing health officers and community health workers who are the primary healthcare providers in these remote areas. Equipped through CARE's trainings and transportation support from CARE, the community healthcare workers were able to reach the majority of the population. CARE also supported community health centers to become accessible for the most vulnerable population by providing PPEs, better space, or locations so that the most vulnerable individuals can physically access places where they can get COVID-19 vaccines.
- **Mobilize:** CARE mobilized efforts for awareness raising and vaccine acceptance in remote communities by empowering community health workers to conduct outreach, engage in community dialogues, and refer the most vulnerable individuals to get vaccinated first (given the very limited vaccine supply coming in at that time).
- **Advocate:** CARE conducted a survey in the area to better understand the impact of COVID-19 and used the results to advocate for vaccine accessibility in this very remote area of the country. CARE advocated at the national level for vaccine distribution to remote areas, influencing decision makers in the national government and organizations like UNICEF to deliver vaccines to these remote areas.
- **Protect:** CARE established a GBV remote service delivery helpline in collaboration with a local partner, providing psycho-social support for those affected by COVID-19, addressing the psychosocial impact and contributing to protection efforts. CARE also distributed PPEs especially for frontline healthcare workers to ensure their own safety and protection.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This win is crucial in the context of Grand'Anse, a very remote region where vaccines and sensitization efforts were scarce. At that time, no other major NGO could have mobilized that level of comprehensive response due to accessibility issues and already strained national response and resources. CARE's intervention helped bridge this gap, ensuring that even the most isolated communities had access to vaccines, vital information, and support services. This was vital in mitigating the spread of COVID-19 in these highly vulnerable communities and it was essential in providing primary care for affected individuals, ultimately saving lives.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change at that time in Grand'Anse
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's Contribution and unique role:

- CARE played a leading role in the region's COVID-19 response by initiating early and comprehensive engagement, and formed a strong partnership with frontline community health workers. CARE provided extensive training, logistical support, and PPE's to various healthcare stakeholders, including health officers, community health workers, and healthcare providers to empower them to support their communities. CARE conducted a comprehensive survey to gather essential data on COVID-19 impact and vaccine accessibility to raise the voices in these communities at the national level. They also facilitated the establishment of a GBV remote service delivery helpline, addressing a critical psychosocial aspect of the pandemic.

Role of Partner Organizations and Coalitions:

- The main partners were the community healthcare workers who were not only the primary source of care but also the only source of healthcare for the most vulnerable in these remote areas.
- CARE collaborated closely with local partners and organizations, particularly in establishing the GBV remote service delivery helpline. This partnership extended psycho-social support to COVID-affected populations. Additionally, CARE worked with the national government, including the Ministry of Health, and organizations like UNICEF to advocate for vaccine distribution to remote areas, influencing key decision makers at the national level.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://careinternational.sharepoint.com/:b:/t/Programming-Covid19vaccine/ESJKFN4cXtRAvO9jzUp8ptMBevqCUrsxbmL0ccJ7E6dZ2g?e=QpxhSb>

[PIIRS data](#)

Honduras

Impact: 105,815 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support to rural municipalities in Choluteca, including: Duyure, San Jose, San Isidro, San Antonio de Flores, Orocuina, Apacilagua, San Marcos de Colón and Pespire.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The project facilitated 679 volunteer health agents to strengthen their knowledge about COVID-19 prevention, biosecurity measures and the importance of the vaccine, allowing these agents to promote prevention measures, self-care in the middle of the pandemic and the importance of vaccination. As a result, the population has achieved greater acceptance of the vaccine.

- 3,159 people were vaccinated in 11 mini-vaccination events
- 22 awareness-raising sessions were held, reaching 1,064 adults and children, who learned about advantages of the vaccine and the scientific data demonstrating its efficacy.
- 260 women strengthened their knowledge on gender violence and gender equality in the context of the pandemic.
- The team managed, designed and approved 3 communication campaigns reaching 272,627 people on COVID-19 and Gender-Based Violence.

The project successfully increased vaccination rates in the targeted communities. Prior to the project, vaccination rates varied across different municipalities. After the project's implementation, there was a significant improvement in vaccination rates, with some areas achieving 100% vaccination completion.

The project made significant strides in advocacy and community engagement to promote COVID-19 vaccination acceptance. Some notable achievements include:

- **Knowledge Replication Sessions:** 24 knowledge replication sessions were conducted at the community level, promoting local actions such as vaccination campaigns and mobilizations. This approach has proven effective in increasing vaccination rates.
- **Biosafety Material Distribution:** A total of 1,180 biosafety kits, including masks, alcohol, and antibacterial gel, were provided during awareness and vaccination sessions. This ensured the safety of participants and helped in building trust in the vaccination process.
- **Delivery of Personal Protective Equipment:** The project delivered 200 biosafety kits, which included surgical masks and clinical alcohol, to healthcare personnel. This measure enhanced safety during community vaccination campaigns.
- **Database Creation:** Information on 57,796 vaccinated individuals was digitized into a database, providing a comprehensive overview of vaccine access. This data was shared with regional health authorities for further analysis.
- **Community-Level Vaccination Sessions:** Through logistical support, including vehicles and fuel, the project facilitated 11 mobilizations of health care personnel. This initiative

resulted in the vaccination of 3,159 individuals, including children and adults, with 289 completing their vaccination schedules.

- **Gender-Based Violence Prevention and Awareness:** The project conducted awareness-raising sessions and workshops on preventing gender-based violence. Additionally, lobbying efforts were made to ensure that healthcare workers play a role in preventing and addressing violence and harassment.
- **Communication Campaigns:** The project implemented a multi-channel communication campaign, reaching 172,417 individuals through TV and radio spots, as well as social media posts and images. This significantly contributed to increasing awareness and acceptance of COVID-19 vaccines.
- **Focus Groups and Workshops:** Focus groups were held to identify constraints affecting vaccine uptake among women. Valuable insights were gathered, leading to strategies to encourage greater vaccine acceptance among this demographic.

These accomplishments demonstrate the project's effectiveness in advocating for COVID-19 vaccination and implementing strategies that have resulted in improved vaccine acceptance within the targeted communities.

Relevant Fast and Fair Pillars

- **Advocacy and Coordination:** The project actively engaged with inter-institutional committees to ensure that the COVID-19 Vaccination Plan considers the needs of communities and incorporates a gender perspective.
- **Facilitate through Training and Capacity Building:** A total of 679 health volunteers, including 535 women and 144 men, were trained on COVID-19 variants and symptoms. This empowered them to better communicate and engage with their communities on vaccination efforts. Twenty-nine health workers received specialized training on vaccination technical guidelines, enhancing their proficiency in administering vaccines.
- **Mobilize through Awareness Campaigns:** A comprehensive awareness campaign was conducted, targeting schools, community centers, and various organizations. This initiative reached a total of 1,064 people, including both adults and children, providing them with crucial information about COVID-19 vaccines.
- **Protect via Psychosocial Support for Healthcare Personnel:** Four psychosocial workshops were conducted, benefiting 118 frontline healthcare personnel. These workshops focused on stress management, emotional well-being, and resilience, providing crucial support to those at the forefront of healthcare.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Prior to the project, there were challenges in accessing COVID-19 vaccines in rural areas of Honduras. Some of the key challenges included misinformation about the vaccine, logistical difficulties in reaching remote areas, and concerns about side effects. The project's interventions directly addressed these challenges, leading to a significant increase in vaccination rates and contributing to the overall effort to mitigate the spread of COVID-19.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change

- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE’s contribution, specify CARE’s unique role as well as the role of partner organizations and coalitions.

CARE played a pivotal role in coordinating and implementing the project. They provided training sessions for health staff and volunteers, delivered biosafety materials, organized vaccination sessions, and conducted awareness campaigns. CARE's unique role included leveraging their expertise in healthcare and community engagement to ensure the success of the project.

The project worked in collaboration with partner organizations, including the Regional Network of Women of the South (RRMSur), the Pespirense Development Association (ADEPES), and South in Action “Sur en Acción”. These partners played crucial roles in training, awareness campaigns, and advocacy efforts.

The Church of Jesus Christ of Latter-day Saints provided funding for the project, which was essential in carrying out the activities.

Additionally, the project involved collaboration with local health authorities, health centers, and municipal offices, demonstrating the importance of a multi-stakeholder approach in achieving the project's goals.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.” Please list all the evidence gaps in the next question (11).

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[3rd Quarterly Report Honduras COVID Vaccine LDSC.docx](#)

India

Impact: 8,307,669 people fully vaccinated due to CARE's contributions

Geographic focus: CARE's work took place across 18 states in India, and most prominently in the State of Bihar due to CARE's longstanding health systems strengthening there.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE's COVID-19 response in India is a key example of leveraging long-term programming and deep partnerships to rise to the moment of crisis. Through this, CARE was able to pinpoint challenges and provide the most critical support to the health systems in these areas.

CARE worked to ensure adequate local capacity for the direct delivery of vaccinations in the most remote and marginalized communities, accounting for 2.9M people fully vaccinated. Some of these direct support were through Equipment and operationalization of mobile vaccination teams, static vaccination mega camps functioning 16-24 hours a day, and vaccination in schools and colleges (more below).

CARE's deep engagement in strengthening the Bihar health system, through years of health systems strengthening work (see some of those results [here](#)), ensured the health system in Bihar has the ability to deliver COVID vaccination and services. In particular, CARE had years of capacity strengthening activities and COVID-related capacity strengthening work for of at least 10% of frontline healthcare workers, who are first responders and main deliverer of vaccines in India, contributing to 5.3 million people getting fully vaccinated against COVID.

Relevant Fast and Fair Pillars

Facilitate

- **Vaccination infrastructure and innovative vaccination approaches to reach the last mile:** The introduction of innovative approaches, such as 24-hour vaccination centers, Teeka Express vans, and vaccination boats, showcased a commitment to reach every corner of the community, especially the hard-to-reach areas. Through these initiatives, CARE delivered more than 11.5 million vaccine **doses**, ensuring equitable access to vaccinations for the most marginalized communities.
- **COVID-19 Care Centers:** CARE demonstrated remarkable agility in mobilizing resources and skilled personnel to establish 14 COVID-19 care centers across eight states. These centers served as critical lifelines, providing intensive care, supplemental oxygen, and medical support for patients in those areas. This rapid deployment was instrumental in bolstering the healthcare infrastructure and ensuring immediate care for those affected.
- **Collaboration with Medical Facilities:** CARE's advocacy extended to working closely with existing medical facilities. By identifying gaps and providing critical equipment like oxygen, ventilators, and diagnostic supplies, CARE bolstered the capacity of healthcare providers to respond effectively to the surge in COVID-19 cases. This collaborative effort played a pivotal role in strengthening the overall healthcare system.

Mobilize

- **Building Community Resilience:** Beyond immediate healthcare, CARE addressed the underlying vulnerabilities of communities. The focus on water, sanitation, and hygiene (WASH) infrastructure was a strategic move in building long-term resilience. Constructing handwashing stations, water tanks, and providing essential supplies like soap demonstrated a forward-looking approach, aiming to safeguard communities from future health crises.

Advocate

- **Expert Engagement and Training:** CARE's engagement with experts, including a partnership with Boston Children's Hospital, exemplified a commitment to excellence in healthcare. Training 50 nurses in emergency and critical care and deploying them to support existing health facility staff showcased an advocacy for quality care provision.

Protect

- **Strengthening Health Systems:** CARE's extensive efforts in strengthening health systems were a cornerstone in protecting communities. The provision of essential medical equipment, the construction of emergency service rooms, and laboratory testing services were key steps in fortifying healthcare infrastructure. This proactive approach aimed to ensure that healthcare facilities were equipped to handle surges in cases.
- **Logistical Support for Vaccine Delivery:** CARE's logistical support for vaccine delivery played a crucial role in protecting communities from the impacts of COVID-19. The establishment of various vaccination centers, including mobile vans and innovative vaccination sites, demonstrated a commitment to reaching even the most remote and isolated areas, thus ensuring widespread protection.
- **Community Resilience Building:** CARE's multifaceted approach, which included WASH interventions and support for families affected by COVID-19, showcased a dedication to protecting communities from the broader impacts of the pandemic. By addressing not only immediate health concerns but also underlying vulnerabilities, CARE took substantial steps towards building resilient communities.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

India faced a massive second wave of COVID-19 infections that overwhelmed hospitals and strained medical supplies. CARE contributed to "on the ground" delivery of vaccines in most remote or marginalized communities and strengthened the ability of the health system as a whole to be able to deliver COVID response.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE’s contribution, specify CARE’s unique role as well as the role of partner organizations and coalitions.

- Ability to quickly mobilize resources to support local governments during an overwhelming COVID surge on the ground.
- Years of partnership, collaboration, implementation with government and local partners that contributed to a stronger health care system, that while we don’t have a counterfactual, likely could have been worse off without existing infrastructure and workforce capacity.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

CARE have data on project reach (the number of people the project supported and who got fully vaccinated) the team conservatively estimated that CARE can claim impact for just half of all the people who were fully vaccinated in each project area, taking into account that CARE is not the sole actor in these areas.

In the state of Bihar, where one of CARE’s most robust COVID-19 interventions benefitted from years of health systems strengthening in collaboration with the state government and multiple partners (see previous evaluations [here](#)), CARE conservatively estimated its contribution to full vaccination to be 10% of those vaccinated. This is because CARE’s most recent direct capacity strengthening in Bihar involved training of around 10% of the state’s nurses, and nurses are the primary vaccinators in India. Since the estimated fully vaccinated population in Bihar is 53 million, our impact contribution is estimated at 5.3 million in this state.

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

PIIRS process and documentation

[India Second Surge One Year update 4-26.docx \(sharepoint.com\)](#)

Iraq

Impact: 12,489 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support to: Ninawa and Dohuk Governorates (Al-Shuhada and Sardashte MMU, Essian IDP camps and Baadera MU, Salih Al-Shabkhoon , Zummar PHCC, Mosul, Talaafar hospital and 1 for Sinjar hospital catchment areas).

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE has been operating in Iraq since 2014, supporting vulnerable populations through various sectors including Health, WASH, Livelihood, Gender, and Protection services. CARE Iraq conducted an in-depth assessment of the factors driving COVID-19 vaccine hesitancy and discovered that gender gaps as well as mistrust played a major role. Specific initiatives include Sexual and Reproductive Maternal Health (SRMH) services across Ninawa, Duhok, and Anbar Governorates, training of health staff, distribution of over a million PPEs, and reaching over 95,000 individuals with COVID-19 awareness campaigns.

Relevant Fast and Fair Pillars

Mobilize

- **Targeted Awareness Campaigns:** Outreach to specific community segments including the elderly (age 50+), daily wage workers, housewives, IDPs in camps, and individuals with low literacy levels. Utilize social media and television channels to convey the benefits of COVID-19 vaccination.
- **Influential Figures:** Engage influential figures like political and religious leaders, prominent sports personalities, celebrities, trusted doctors, and health officials. Showcase them receiving the vaccine to build trust and dispel concerns about safety and side effects.
- **Local Expertise:** Empower local healthcare professionals, NGOs working in the health sector, and religious leaders to disseminate accurate information about the vaccine. Utilize government and private hospitals as platforms for education.

Facilitate

- **Accessible Registration:** Establish COVID-19 registration kiosks in areas with limited internet access, such as IDPs in Sinjar, to facilitate registration for vaccination.
- **Streamlined Process:** Simplify the vaccination registration process to remove barriers. Reduce waiting times after registration, and activate more vaccination centers in close proximity to communities.
- **Diverse Vaccine Availability:** Endeavor to offer a variety of vaccines. While respecting individual preferences, encourage the use of Pfizer by making it readily available at vaccination centers.
- **Infrastructure and lab support:** CARE facilitated the provision of two PCR labs, benefiting Talaafar and Sinjar hospitals, and aided in the activation of a vaccination unit in Al-Batool Hospital.

Protect

- **Combat Rumors:** Collaborate between the Ministries of Health and Information Technology to combat misinformation. This could involve measures like blocking misleading websites, taking legal action against rumor spreaders, and providing counter-narratives to dispel falsehoods.
- **Sustainable Vaccine Supply:** Ensure a continuous and reliable supply of vaccines at all centers to guarantee seamless vaccination operations.

Through these targeted measures under the pillars of Mobilize, Facilitate, and Protect, CARE Iraq endeavors to strengthen the vaccination campaign, ensuring that communities receive equitable access to COVID-19 protection.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Prior to CARE's interventions, there were few people who were being vaccinated, especially women due to the myths and the misconceptions regarding the vaccination.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's Role:

- Aligning the interventions focus to marginalized communities, including refugees, displaced individuals, returnees, and host communities. This emphasis ensured that the specific needs and concerns of these groups were addressed in the context of vaccination campaigns.
- Conducting surveys and gathering information to guide interventions, CARE adopted a data-driven approach to understand the perceptions and barriers related to COVID-19 vaccines. This approach provided a solid foundation for proper vaccination promotion campaigns.
- CARE's efforts aimed to provide critical insights into crafting messages that would be most effective for different demographics and locations. This tailored messaging strategy is crucial in addressing specific concerns and increasing vaccine acceptance.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

- CARE Iraq conducted surveys with 3,770 people (2,067 men and 1,703 women) in Ninewa and Duhok on July 17-18, 2021. Results showed that 64% of men and 52% of women know where they could get a vaccine. 50% of men and only 30% of women know how to register for a vaccine, and only 10% of them have registered for vaccines.

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://careinternational.sharepoint.com/sites/USA-CoVID19/Shared%20Documents/Forms/Vaccine%20Delivery.aspx?id=%2Fsites%2FUSA%2DCoVID19%2FShared%20Documents%2FCOVID%2D19%20Vaccine%20Delivery%20Framework%2FFast%20%2B%20Fair%20Vaccine%20Program%20Updates%2FIraq%20Vaccine%20Hesitancy%20Study%2Epdf&parent=%2Fsites%2FUSA%2DCoVID19%2FShared%20Documents%2FCOVID%2D19%20Vaccine%20Delivery%20Framework%2FFast%20%2B%20Fair%20Vaccine%20Program%20Updates>

https://careinternational.sharepoint.com/:p:/t/Programming-Covid19vaccine/EdqjbvMI-9FHnfeATDFWoy8BD-hjhI8nnQluyU0_EJDyug?e=83WYzy

Jordan

Impact: 0 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

No additional information available.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE's primary intervention was the delivery of hygiene kits, but no meaningful systems-level change or win. CARE Jordan was part of the CARE UK-led Hygiene and Behavior Change Coalition project that supported COVID-19 response through mobilization and hygiene kits.

Relevant Fast and Fair Pillars

No additional information available.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

No additional information available.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

No additional information available.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

<https://www.careevaluations.org/evaluation/hygiene-and-behavior-change-coalition-hbcc-project-end-line-evaluation/>

Kenya

Impact: 10,631 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

The Fast and Fair project primarily focused on vulnerable women and girls in Kakamega and Bungoma Counties, which are located in the Western region of Kenya.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change achieved was an increased awareness and mobilization for COVID-19 prevention, hygiene, and vaccinations in Kakamega and Bungoma Counties. This was accomplished through targeted interventions, including radio messaging, outreaches, and community dialogues.

The project's unique contribution was its focus on leveraging local radio channels to reach a wide audience with COVID-19 prevention messaging. Additionally, the emphasis on community dialogues and vaccination outreaches proved to be effective strategies for increasing awareness and mobilization.

Relevant Fast and Fair Pillars

Mobilize

- **Stakeholder Engagement:** CARE Kenya actively engaged a diverse range of stakeholders. This included health care workers, boda-boda operators, church leaders, and government administrators. These groups were pivotal in reaching different segments of the community.
- **Awareness Campaigns:** The project organized awareness campaigns to disseminate crucial information regarding COVID-19 prevention, hygiene practices, and vaccinations. By involving various stakeholders, the campaign messages were able to reach a wider audience.
- **Community Dialogues:** Through community dialogues, CARE facilitated discussions that allowed community members to voice their concerns and questions about COVID-19. This participatory approach empowered the community and ensured that their perspectives were considered in the project's interventions.
- **Vaccination Outreach:** The project extended access to vaccines, especially for those who may face challenges in reaching health facilities. This approach helped in achieving a broader vaccination coverage.

Advocate

- **Addressing Myths and Misconceptions:** The project recognized that misinformation and misconceptions were significant barriers to effective COVID-19 prevention. By actively countering these myths, CARE advocated for the dissemination of accurate information. This advocacy aimed to dispel misinformation and ensure that the community had access to reliable information sources.

- **Countering Political Interference:** The project identified and addressed instances of political interference that could hinder the effectiveness of COVID-19 interventions. By advocating for evidence-based strategies and transparent decision-making, CARE sought to ensure that public health measures were not compromised by political factors.

Protect

- **Information Provision:** Vulnerable women and girls were provided with essential information about COVID-19, including preventive measures and the importance of vaccinations. This knowledge empowered them to take proactive steps to protect themselves and their communities.
- **Resource Accessibility:** The project worked to ensure that essential resources, such as vaccines, were accessible to the target population. This protection measure was crucial in safeguarding the health of vulnerable individuals, particularly in the context of limited access to healthcare facilities.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Prior to the intervention, vulnerable women and girls in Kakamega and Bungoma Counties were facing economic challenges due to the COVID-19 pandemic. They were also disproportionately burdened with care work, which put them at higher risk of exposure. Additionally, myths and misconceptions about COVID-19 were prevalent. The project's win addressed these challenges by increasing awareness, providing accurate information, and mobilizing communities for vaccinations.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE Kenya played a pivotal role in implementing the project, leveraging existing relationships with the governments of the two targeted counties. They facilitated stakeholder engagement, organized meetings, and collected valuable data through structured questionnaires.

Partner organizations, including health care workers, boda-boda operators, church leaders, and government administrators, actively participated in the project. They played a crucial role in mobilizing communities, dispelling myths, and ensuring that accurate information reached the target population.

Overall, the Fast and Fair project in Kenya successfully addressed the unique challenges faced by vulnerable women and girls in Kakamega and Bungoma Counties during the COVID-19 pandemic, leading to increased awareness, mobilization, and protection within these communities.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[013466KEN_Fast&Fair Project_Fast&fair_closeout_meeting_report_Kenya.docx](#)

[Copy of Att 3. Fast Fair reporting template April 2022.xlsx](#)

[Copy of Workplan Fair and Fast Initiative on Covid 19 Kenya 09022022.xlsx](#)

Laos

Impact: 105,887 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

Urban areas of Vientiane

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change or win in this context was securing continued sector-specific technical assistance through a partnership with the Vientiane Youth Centre of Development to support the Ministry of Health's implementation of youth-friendly strategies in Laos. This was achieved by leveraging the impact evidence from Cambodia, where CARE had previously succeeded in a similar initiative. The main decision makers influenced by CARE and its partners were the Ministry of Health and the Vientiane Youth Centre of Development.

Relevant Fast and Fair Pillars

- **Facilitate:** CARE facilitated the partnership between the Vientiane Youth Centre of Development and the Ministry of Health, providing the necessary technical assistance to implement youth-friendly strategies.
- **Mobilize:** CARE mobilized resources and expertise from their existing program infrastructure and relationships in urban spaces, as well as through their partnership with the Luxembourg Ministry of Foreign Affairs, to extend the impact of their initiatives.
- **Protect:** By implementing youth-friendly strategies and expanding healthcare information for prenatal, pre- and postnatal care, CARE is contributing to the protection of the health and well-being of mothers and youth in Laos.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

- CARE Laos made significant contributions by adopting and adapting Cambodia's successful approach for implementation in urban Vientiane. They extended the content of the Chat! app to cover pre- and postnatal healthcare information. Additionally, they scaled up their Healthy Mothers initiative across Laos. CARE Laos leveraged the impact evidence from Cambodia and utilized their existing program infrastructure and relationships in urban spaces, showcasing their adaptability and commitment to addressing similar health needs in different contexts.
- **Partner Organizations and Coalitions:** In Laos, CARE established a partnership with the Vientiane Youth Centre of Development and the Luxembourg Ministry of Foreign Affairs. These collaborations facilitated the expansion of the innovative approach and the scaling up of the Healthy Mothers initiative, demonstrating the importance of multi-stakeholder partnerships in achieving impactful change.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support

- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's contribution in this context was multi-faceted:

- CARE leveraged their existing program infrastructure and relationships in urban spaces, which they had built over five years through their GSK-supported efforts.
- CARE played a crucial role in establishing a new partnership with the Luxembourg Ministry of Foreign Affairs, which allowed for the extension of the impact from Cambodia's Chat! app to include pre- and postnatal healthcare information, as well as the scaling up of their Healthy Mothers initiative across Laos.
- CARE's unique role was in leveraging their previous successes and experience in Cambodia to advocate for and implement similar initiatives in Laos, adapting them to the specific context of urban Vientiane.
- Partner organizations, such as the Vientiane Youth Centre of Development, were also instrumental in providing sector-specific technical assistance and collaborating with CARE to support the Ministry of Health's youth-friendly strategies. The Luxembourg Ministry of Foreign Affairs played a key role in providing additional resources and support for the initiative's expansion.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

[CARE-GSK Partnership Summary Report.pdf](#)

Malawi

Impact: 28,281 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support to Kandeu Health Facility and the Chigodi Health Facility in the Ntcheu district and in Ngolowindo in the Salima district.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

Through the pilot program, CARE achieved a significant milestone by identifying critical barriers and challenges in COVID-19 vaccine acceptance and access. This achievement was made possible through the innovative use of the Community Score Card (CSC) process. The CSC brought together a diverse group of stakeholders, including community members, leaders, health personnel, and government officials, to collaboratively assess the situation and co-create solutions.

This inclusive approach ensured that key decision makers, such as community leaders, health service providers, district health officials, and government authorities, were actively engaged. The CSC process provided a platform for these stakeholders to interact directly with the community, allowing them to address the identified issues effectively.

In response to the arrival of COVID-19 in Malawi in March 2020, CARE swiftly adapted and introduced a remote CSC initiative. This initiative leveraged technology, including an SMS platform and WhatsApp group, to facilitate communication between various groups, including men, women, youth, community and religious leaders, and service providers. Through this platform, concerns and hesitations about the vaccine and other health services were voiced.

Relevant Fast and Fair Pillars

CARE Malawi mobilized the community through the Community Score Card and other communication tools. These efforts reduced vaccine hesitancy and misinformation.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The insights gathered through the CSC were invaluable in identifying major concerns related to the vaccine and combating vaccine hesitancy and misinformation. Building on this success, CARE extended its efforts in a pilot project from May to June 2021. This pilot project, aligned with CARE's Fast & Fair COVID Vaccine Delivery global campaign, aimed to support an efficient and equitable COVID-19 vaccine roll-out in three pilot locations across three districts in Malawi. The overarching goal was to ensure that even the most marginalized populations could access the vaccine. This initiative was a testament to CARE's commitment to a comprehensive and inclusive approach in the fight against the pandemic.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change

Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

Through the CSC pilot, CARE sought to build social accountability during the COVID-19 vaccine roll-out through the following objectives:

- Adapt and test the application of CSC to three contexts in Malawi.
- Enhance women, girls and youth leadership in the CSC process to ensure their voices are heard by duty bearers.
- Surface the gaps in perceptions and facilitate dialogue and trust-building between communities, health personnel and government decision makers.
- Support responsiveness of government policy and planning on COVID-19 to community voices, particularly those of women, girls and youth through co-creation of locally driven solutions.
- Digitize data from the CSC to inform decision making.

Key stakeholders engaged in the CSC in all three location groups included women, men, youth, community leaders (chiefs and religious leaders), district health management teams (for the interface step) and health personnel (including health surveillance staff, health facility staff in-charge, and the health center management committee). Youth leaders with previous CSC experience facilitated the COVID-19 CSC in Chigodi and nearby Kandeu. Action planning and dissemination involved all stakeholders mentioned thus far along with district and national level government officials and other Civil Society Organizations. CARE Malawi CSC team led the implementation of the pilot with support from CARE USA and digital support from an external partner, Kwantu.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

Young people had the highest scoring percentage of 70% on acceptance of the vaccine, which is at least 30 percentage points greater than the other groups.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
 No
 Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

https://www.careevaluations.org/wp-content/uploads/Current_CSCxCOVID-Vaccine-Roll-Out_26Oct2021.pdf

Myanmar

Impact: 23,783 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

The work took place in the Lashio district of Myanmar.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change achieved was the provision of essential healthcare services, including reproductive health and COVID-19 response, within the Lashio district despite the challenges posed by the military coup and the COVID-19 pandemic. This was achieved through the innovative approach of utilizing CARE's Village Savings and Loans Associations (VSLAs) and community health workers, who received specialized training to provide healthcare services.

Relevant Fast and Fair Pillars

- **Mobilize:** CARE Myanmar mobilized the community through the VSLAs and established the Village Emergency Response fund (VERS) to ensure continued access to healthcare services.
- **Advocate:** CARE Myanmar advocated for flexible funding from GSK to reallocate resources towards essential healthcare services in response to the crisis.
- **Protect:** CARE Myanmar's efforts protected the health and well-being of the community members by providing essential healthcare services during a challenging period.
- **Facilitate:** Created a Village Emergency Response fund (VERS). This is a pooled investment from all the members of the community towards social ventures such as infrastructure improvements, supply acquisition and individual healthcare needs.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Prior to this win, the Lashio district faced significant challenges due to the intersecting crises of the COVID-19 pandemic and the military coup. The coup resulted in increased restrictions, including mobility curfews and limitations on NGO activities, making it difficult to mount an effective pandemic response. The change aimed to address the lack of access to essential healthcare services in the midst of these crises.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE Myanmar's unique role was its trusted presence within the Lashio community, which allowed for quick adaptation and effective response despite the military's restrictions. CARE facilitated the training of VSLA members and community health workers to provide essential

healthcare services, including reproductive health and COVID-19 response. CARE also played a crucial role in the establishment of the Village Emergency Response fund (VERS) to sustain these efforts over the long term.

GSK played a vital role by providing flexible funding that allowed CARE to reallocate resources towards essential healthcare services in response to the crisis. The VSLAs and community health workers, as partner organizations, actively participated in the provision of healthcare services and contributed to the community-driven response.

Overall, CARE Myanmar's innovative and community-driven approach, in collaboration with partner organizations and with support from GSK, enabled the provision of essential healthcare services in the face of significant challenges.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially." Please list all the evidence gaps in the next question (11).

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[CARE-GSK Partnership Summary Report.pdf](#)

Nepal

Impact: 12,071 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support in Khajura and Badaiyatal of Banke and Bardiya districts within Lumbini Province, and Bardagoriya Rural Municipality and Lamkichuha Municipality of Kailali district.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE carried out situational analysis to assess the COVID-19 vaccine acceptance rate and its associated factors among the people living in the Kailali district to increase acceptance of the COVID-19 vaccine among the people and overcome hesitancy.

CARE Nepal conducted a study to estimate the true cost of delivering COVID-19 vaccines to advocate for resources needed to adequately support vaccine delivery, particularly to last mile populations.

Relevant Fast and Fair Pillars

Advocate

- Nepal identified four main constraints to its COVID-19 vaccine delivery: the number and capacity of frontline health workers responsible for delivering vaccines, the quality of information and tracking systems for vaccination recording and reporting, public awareness about the safety and efficacy of vaccinations and targeting and delivery strategies to reach poor and disadvantaged communities.
- Women have less access to transportation—increasing their burden to get a vaccination. People in communities farther away from health centers are often in poorer and more rural areas.
- People with disabilities also have less access to health centers. Based on national data and in-depth studies in 2 health districts, CARE estimates that delivery costs from “tarmac to arm” for COVID-19 vaccines in Nepal are \$8.35 (1,019 NPR) per dose of vaccine administered, or \$18.38 (2,241 NPR) per person fully vaccinated (on a two-dose regimen). In Nepal, it costs 5 times more (or higher) to deliver COVID-19 vaccines than current global projections estimate. The costs include the costs of salaries, transportation, cold chain infrastructure and training for existing health workers.

Facilitate

- In Nepal, nearly 28 million doses of COVID-19 vaccines have been safely administered to date, achieving 52% of first dose coverage and 40% of second dose or full vaccination coverage among the total population as of March 2022 (<https://www.careevaluations.org/wp-content/uploads/ECGY-11-00747.pdf>)
- COVID-19 vaccine acceptance rate was 76% in Kalila, Nepal (<https://www.careevaluations.org/wp-content/uploads/ECGY-11-00747.pdf>). The study shows that a considerable proportion of the respondents did not accept the vaccine due to the fear of side effects and doubt on vaccine efficacy. Hence, there was a need to

increase advocacy and awareness of the COVID-19 vaccine to gain people's trust and increase the vaccine acceptance rate.

- Vaccine acceptance rate was a slightly lower among female participants (74%) in comparison to their male counterparts (78%).

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Delivery at the last mile is the biggest hurdle Nepal faces. Nepal's Minister of Health stated, "We are not going have shortages of vaccines anymore, but our main concern and focus now is on getting these vaccines to all corners of the country, including the remote mountain areas."

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE partnered with local organizations, namely Bheri Environmental Excellence (BEE) group and National Farmers Group Federation (NFGF), to implement the project in the Khajura and Badaiyatal areas of Banke and Bardiya Districts respectively, within the Lumbini Province. CARE's unique role in this project lies in its expertise and experience in emergency response and recovery. They have played a pivotal role in creating a stable system, developing effective approaches, and building capacities within the local government to respond to the COVID-19 crisis. CARE's involvement extends beyond immediate relief efforts, as they aim to link short-term emergency response with long-term recovery strategies.

The partner organizations, BEE group and NFGF, complement CARE's efforts by providing local knowledge, networks, and specialized skills in environmental excellence and farmers' groups. This collaborative approach ensures a more comprehensive and targeted response to the crisis. CARE's role in this project was its expertise in its technical knowledge in emergency response and recovery, while the partner organizations, BEE group and NFGF, bring valuable local knowledge and specialized skills. Together, they work towards creating a stable and resilient system in the local government to respond not only to the COVID-19 crisis but also to future emergencies.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

Two documents have Data on the impact of CARE's work: <https://www.careevaluations.org/wp-content/uploads/ECGY-11-00747.pdf>; <https://careevaluations.org/evaluation/nepal-covid-19-vaccine-costing-study/>.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly

not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://www.careevaluations.org/wp-content/uploads/Nepal-Costing-Study-January-2022.pdf>

<https://www.careevaluations.org/wp-content/uploads/ECGY-11-00747.pdf>

<https://careinternational.sharepoint.com/:w:/t/Programming-Covid19vaccine/EYFMFw8hZAlkpVKwtp9mjlBsLpTajm-uWShlVy330ZTgw?e=wwhPjM>

[COVID-19 response project RTE report Nepal.pdf](#)

Nigeria

Impact: 23,113 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support to Nguru LGA & Bade LGA in Yobe State.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE conducted a nationwide campaign against misinformation in partnership with Facebook in 2020. With an existing \$112,000 from the Fast and Fair Initiative, the Nigerian team commissioned a study to look at the framework of vaccine deployment and vaccine hesitancy to provide evidence for engaging with policymakers. An external consultant (NOI Polls) supported this endeavor.

CARE Nigeria received \$77,000 in UPS funding to further drive advocacy on the vaccine, focusing influencing efforts on leveraging local community and religious leaders. The initiative also sought to document the impact of the COVID-19 pandemic on other health related activities that directly concern women and girls.

The meaningful change or win in this context was the significant improvement in COVID-19 vaccine acceptance and uptake in Yobe State, Nigeria. This was achieved through a collaborative effort between CARE and Mercy Corps, along with various partner organizations and coalitions. The main decision makers that CARE and its partners influenced included community leaders, health workers, traditional and religious leaders, as well as key stakeholders from the Yobe State House of Assembly and the State Ministry of Health

Relevant Fast and Fair Pillars

- **Facilitate:** Community leaders and influencers took center stage, challenging prevailing beliefs surrounding vaccine hesitancy and COVID-19 prevention. Weekly sessions engaged over 567 individuals, empowering them with knowledge and dispelling doubts.
- **Protect:** Training became the cornerstone, empowering 246 community leaders and health workers across four Local Government Areas. They became champions of vaccine safety, efficacy, dosing, and access, ensuring that every individual received the protection they deserved.
- **Advocate:** A symphony of efforts echoed through the streets, utilizing diverse channels from radio programs to digital media. The "SHEHU" Chatbot emerged as a sentinel against misinformation, providing accurate information and dispelling myths.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This win is crucial in the context of Yobe State, where despite the availability of vaccines, rumors, misinformation, and lack of trust created barriers to acceptance and uptake. Prior to this intervention, communities were grappling with uncertainty and doubt, leaving them vulnerable to the pandemic's impact.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE played a pivotal role in this transformative journey. Their contribution was social analysis and action, empowering local leaders, and enhancing vaccine access through referrals. Partner organizations like Mercy Corps complemented this effort by monitoring vaccine distribution and administration, collaborating with the State Ministry of Health for comprehensive campaigns, and utilizing innovative tools like the "SHEHU" Chatbot.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially." Please list all the evidence gaps in the next question (11).

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[INGO Collaborative COVID-19 response project Nigeria.pptx](#)

[Vaccine Advocacy Updates Nigeria.docx](#)

Pakistan

Impact: 107,193 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

Abbottabad city in Abbottabad district in KPK province; and Khwaza khela, Matta, and Babozai in Swat district in KPK province.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change achieved in the Fast and Fair Vaccine Equity Project in Pakistan was the successful mobilization and sensitization of communities on COVID-19 vaccination efforts. A total of 89 government officials from Local Government (21 women and 68 men) across 37 districts were trained to disseminate messages about the importance of vaccination. Additionally, 60 male government officials from the Provincial Disaster Management Authority (PDMA) engaged in sport and games activities to raise awareness about COVID-19 vaccination. Furthermore, a COVID-19 helpline service was established, benefiting 43 callers (23 women and 20 men) with consultations, psycho-social support, and general information.

CARE, in collaboration with the Punjab Local Government Academy, conducted specialized training sessions for government officials, specifically the Assistant Directors of Local Governments (ADLGs). The trained ADLGs were then tasked with cascading this knowledge further down to district, sub-district, and field offices. This grassroots approach ensured that even far-flung areas received the necessary information and resources to combat the pandemic. Through this endeavor, the local leadership at district and tehsil levels gained the capacity to make informed decisions regarding COVID-19 prevention and vaccine acceptance.

Key activities included:

- **Media Campaigns:** This involved disseminating radio messages to inform the public about the availability of vaccines and providing COVID-19 prevention messages.
- **Community Engagements:** These sessions aimed to debunk myths surrounding COVID-19 and its prevention within communities.
- **Health Facility Support:** This aspect focused on identifying health facilities equipped with vaccines and ensuring their availability.

Relevant Fast and Fair Pillars

- **Mobilize:** The project activities, such as capacity strengthening of government staff and engagement with PDMA for sport events, were aimed at mobilizing communities and government officials to combat the rapid spread of COVID-19. This directly addresses the mobilize pillar. Efforts were made to engage the community through informational sessions and maternal and child health patrols. Dispelling vaccination myths was a key component, along with educating the community on preventive measures like the use of sanitizers and practicing social distancing.
- **Advocate:** Advocacy was directed towards the government to ensure equitable provision of vaccinations, making them more accessible to the general population. The trainings and engagements conducted under the project were instrumental in

advocating for vaccine acceptance and dispelling misinformation, aligning with the advocate pillar.

- **Protect:** While the project primarily focused on mobilization and advocacy, the ultimate goal was to create safe environments by promoting vaccination efforts, indirectly addressing the protect pillar. Special attention was given to unvaccinated healthcare workers and social mobilizers, providing them with crucial COVID-19 messaging. Additionally, the health system was fortified to better handle COVID-19 cases, including the supply of necessary equipment and training for healthcare workers.
- **Facilitation:** The health system was further reinforced by furnishing health centers with essential equipment to adequately care for COVID-19 patients. Training sessions were conducted for healthcare workers on safeguarding themselves, and protective gear like infection prevention kits and thermal detectors were provided to ensure their safety.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The win in Pakistan is vital as it led to the successful sensitization of government officials and communities on the importance of COVID-19 vaccination. The initial challenges, where the government's focus was on prevention rather than vaccination, have now shifted. The project's efforts have set the stage for a mass vaccination drive planned by the Government of Pakistan from January 2022, highlighting the critical role of this initiative in the current context.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE played a pivotal role in the project's success. They facilitated capacity-building sessions for government officials and partnered with the Punjab Local Government Academy for effective training. This unique approach empowered government officials to conduct similar training in their respective districts, ensuring maximum outreach. Additionally, CARE supported PDMA in organizing sport events to engage government counterparts in raising awareness about COVID-19 vaccinations. Furthermore, CARE co-funded the establishment of a telemedicine helpline through the Shifa Foundation, benefiting 43 callers with essential information and support. CARE Implemented the activities using partners, CARE's role was in orienting and capacitating these partners on the Fast and Fair interventions, particularly emphasizing the data collection process from health facilities. The lion's share of direct implementation, however, was carried out by these partners.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

Yes

No

Unclear – need more information to determine

CARE trained HCWs and conducted community mobilization sessions.

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Consolidated Data - Fast and Fair \(May-July 2021\) Pakistan.xlsx](#)

https://careinternational-my.sharepoint.com/:w:/g/personal/ashfaq_hussain_care_org/Ecyu0fdWOntDgnntBUs8FnUBBHUX9e2kDTczien3NKgKpA?e=NXELb9

Papua New Guinea

Impact: 14,689 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support in Eastern Highland Province (8 districts including Goroka District) and Autonomous Region of Bougainville (2 districts).

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

- The meaningful change achieved during the reporting period was the successful integration of COVID-19 vaccination into routine maternal child health patrols in Eastern Highlands Province (EHP), contributing to increased vaccine acceptance among healthcare workers.
- CARE, along with its partners, influenced the provincial health authority in EHP to adopt this approach, demonstrating the effectiveness of integrating vaccination efforts with existing healthcare services.

Relevant Fast and Fair Pillars

- **Advocate:** CARE advocated for the integration of COVID-19 vaccination into routine healthcare services, emphasizing the importance of reaching unvaccinated healthcare workers and community leaders in both Bougainville and EHP.
- **Protect:** The integration of vaccination into routine maternal child health patrols serves to protect the healthcare workers and communities by increasing vaccine coverage and acceptance.
- **Advocate:** The project highlighted the need to address existing barriers among health workers for better uptake, acceptance, and engagement of the COVID vaccine, advocating for tailored strategies to improve vaccination rates.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This win is important as it addresses the slow uptake and hesitancy among healthcare workers, a significant challenge faced during the earlier reporting period. By integrating vaccination into routine healthcare services, CARE aims to normalize vaccination efforts and bridge the gap in coverage.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's Contribution:

- Conducted RCCE sessions and routine maternal and child health patrols in rural and remote communities.
- Produced a documentary video for COVID-19 awareness, effectively motivating public acceptance of the vaccine.
- Organized training for middle managers to enhance their capacity in roles related to health service delivery.
- Facilitated the initiation of complaints feedback mechanisms within managed health posts.
- Supported RCCE lead trainer for active participation in COVID-19 awareness sessions.

CARE's Unique Role:

- CARE played a crucial role in bridging the gap between provincial health departments, health workers, and communities, actively participating in COVID coordination meetings and provincial planning forums.
- CARE took the lead in producing the documentary video, serving as a key tool for awareness and motivation.

Role of Partner Organizations and Coalitions:

- Partner organizations collaborated in the joint planning and implementation of the provincial COVID vaccination rollout plan.
- They actively supported awareness sessions in various regions, targeting hard-to-reach communities with high levels of stigma and hesitancy.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

Yes

No

Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Quarterly F&F Survey results Jan-Mar 2022 as of 21Apr22.xlsx](#)

[Kisim Banis Sut Project Narrative report 11.02.23.docx](#)

[Kisim Banis Sut Project Narrative report 27.06.22.docx](#)

Philippines

Impact: 0 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

Leyte province, Ormoc (Barangay Punta, Barangay Naungan, Barangay Linao), Palo (Barangay Libertad, Barangay Cogon, Barangay Capirawan), and Tacloban (Barangay 109, V&G Subdivision, Barangay 69, Anibong, Barangay 64, San Jose).

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE Philippines focused on mobilization through Information, Education, and Communication (IEC) materials and communication campaigns. We could not find evidence that CARE provided additional support beyond mass communication campaigns.

Relevant Fast and Fair Pillars

No additional information available.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

No additional information available.

What was CARE's role in contributing to that win?

There is not enough evidence to assess CARE's role.

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

No additional information available.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

No additional information available.

Rwanda

Impact: 2,077,467 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

At the national level, CARE Rwanda worked closely with the government in leading a call center to support the COVID-19 response. At the sub-national level, CARE Rwanda targeted districts in the Western Province, where they provided significant support to the COVID-19 response. Specifically, CARE Rwanda targeted all seven districts in the Western Province.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE Rwanda, in partnership with Rwanda Broadcasting Corporation (RBC), successfully implemented a campaign to increase awareness around COVID-19 and vaccines in Rwanda. The campaign involved developing radio spot messages that were aired on national radio and sending out short messages to Village Saving and Loan Association (VSLA) members' phones in the western Province to encourage them to listen to the spots. Of the 1,759 messages sent, 995 were successfully delivered to the VSLA members. Subsequently, 108 VSLA members and health workers were randomly selected and interviewed to assess the effectiveness of the campaign. The results were overwhelmingly positive, with 93% of the VSLA members interviewed stating that they had listened to the messages, and all the health workers had listened to them. The responses from the VSLA members indicated that the messages were effective in raising awareness about the importance of getting vaccinated against COVID-19.

Efforts have been made to ensure that healthcare staff at various levels are trained on COVID-19 and vaccination and are supporting government systems to continuously collect feedback/insights from communities to inform critical issues in risk communication and community engagement. This includes the recruitment of four new staff to the call center of COVID-19, providing monthly facilitation incentives and training staff to respond to questions from citizens around COVID-19 and vaccines. A total of 105 staff, including 45 women, were trained in partnership with RBC. Additionally, 27 district hospital/health center staff were trained to raise awareness to community members including VSLA members, youth, illiterate people, CHWs, and health facilities in districts with high resistance to vaccination. A total of 132 healthcare workers were trained, 50 of whom are women, to support COVID-19 vaccine delivery and track and manage rooms around COVID-19.

Relevant Fast and Fair Pillars

- **Protect:** The Fast and Fair COVID-19 Vaccination Program, implemented by CARE Rwanda in collaboration with Rwanda Biomedical Center (RBC), aligns with the "Protect" pillar by aiming to increase awareness about COVID-19 and vaccination. This involves providing accurate information, combating stigma, and building trust among the population, particularly in rural areas, to encourage vaccine uptake. This protection strategy is crucial in preventing the spread of COVID-19 and safeguarding public health.
- **Facilitate:** CARE's initiative focuses on facilitating access to accurate information and vaccination services. They developed clear messages, aired radio spots, organized expert panels, and consistently delivered messages through various channels. Additionally, they provided training to healthcare staff at different levels, ensuring they are equipped to

address questions and concerns related to COVID-19 and vaccines. This facilitation aspect aims to make it easier for people to make informed decisions about vaccination.

- **Advocate:** The program actively advocates for COVID-19 vaccination by countering misconceptions and resistance. Through messaging, radio spots, expert panels, and training, CARE and its partners work to dispel rumors and encourage individuals to take the vaccine. This advocacy is critical in overcoming hesitancy and increasing vaccine acceptance, ultimately contributing to broader community protection.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The Fast and Fair COVID-19 Vaccination Program is crucial in Rwanda because it addresses significant challenges that existed prior to its implementation. Before the program, there were widespread misconceptions and resistance to COVID-19 vaccination, especially in rural areas. Many individuals held beliefs that the vaccine could be harmful, that it contained the virus itself, or that it was part of a larger conspiracy. These misconceptions hindered vaccine uptake and put communities at risk.

The program's interventions, including accurate messaging, radio broadcasts, expert panels, and training, aimed to combat these rumors and provide evidence-based information. By doing so, they sought to increase awareness, build trust, and encourage individuals to get vaccinated. The program's success is important because it represents a tangible shift in perception and behavior, ultimately leading to higher vaccination rates and improved community protection against COVID-19.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

- **Unique Role of CARE:** CARE took on the responsibility of developing and disseminating accurate messages about COVID-19 vaccines. They produced a total of four messages aimed at addressing rumors and misconceptions surrounding vaccination. CARE also organized and facilitated radio talk shows, inviting expert panels to engage with the community and address concerns. Additionally, CARE supported the call center operations by recruiting and training new staff, contributing to improved rumor tracking and management.
- **Role of Partner Organizations (Rwanda Biomedical Center - RBC):** RBC collaborated closely with CARE in various aspects of the program. They coordinated the production process of messages, facilitated the training of health workers, and provided materials and resources for the training sessions. RBC also played a crucial role in approving the messages developed by CARE and in organizing the radio talk show.
- **Role of Community Radios:** Community radios played a key role in disseminating information about COVID-19 and vaccination. They collaborated with CARE and RBC to organize radio talk shows and broadcast messages to raise awareness and combat rumors.

- **Role of Health Care Staff:** Health care staff, both at central and decentralized levels, were trained to provide accurate information about COVID-19 and vaccination. This training empowered them to engage with the community, address concerns, and encourage vaccine uptake.
- **Role of VSLA Members:** VSLA members were mobilized to listen to radio messages and actively engage with the information provided. They played a crucial role in spreading awareness within their communities and encouraging others to get vaccinated.
- **Role of Expert Panels:** Expert panels provided a platform for citizens to interact directly with knowledgeable professionals. They addressed questions and concerns, helping to build trust and confidence in the vaccination process

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

<https://careinternational.sharepoint.com/:w:/t/Programming-Covid19vaccine/EUS39Q8szVZBIV07nAFLZy4B3gRhVyZiGGvLQW2IfF09g?e=Ff8Ene>

Sierra Leone

Impact: 0 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE implemented activities in the Western Area Rural and Urban, Falaba, Bombali, Tonkolili, Port Loko, Bo, Kailahun, and Koinadugu.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

There is not enough evidence to assess CARE's role. The project targeted health workers for capacity building whom where other projects did not train.

Relevant Fast and Fair Pillars

No additional information available.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

No additional information available.

What was CARE's role in contributing to that win?

There is not enough evidence to assess CARE's role.

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

No additional information available.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant document.

No additional information available.

South Sudan

Impact: 3,081,276 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

At the national level, CARE South Sudan engaged in national level coordination and response planning groups. CARE also provided sub-national significant COVID-19 response support in Abiemnoum County and Pariang County of Ruweng Administrative area, and Boma, Yida, Wau County of Western Bahr-Ghazel State.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE South Sudan aimed to deliver 135,000 COVID-19 vaccines, covering Pariang County, Yida, Abiemnoum, Wau, and Boma. As of July 18, 2021, CARE had vaccinated 3,798 men and 1,668 women within weeks of receiving doses. CARE was able to accelerate the speed in which the government vaccinated the people because of:

- Pre-existing relationships with the Ministry of Health and local health service providers in South Sudan
- Previous investments in mobile health care—including vaccination campaigns
- Extensive work preparing communities to ensure they are ready to take the COVID-19 vaccine when it is available

This gave CARE a unique position to understand the costs of delivering vaccines in South Sudan.

Relevant Fast and Fair Pillars

- **Advocate** for gender inclusion in the vaccine rollout
- **Facilitate** by extending and strengthening the healthcare workforce by bringing on additional vaccinators and service providers. This meant CARE South Sudan could roll-out the COVID vaccine without disrupting other essential health services such as childhood immunizations. There was agreement that these healthcare workers would stay on after the COVID-vaccine effort to leave behind a more resilient health system.
- **Protect** by making sure that all health workers, including existing and new ones, were adequately trained and supervised. The CARE team ensured health workers all had PPE, and they rotated vaccinators between COVID vaccine delivery and childhood immunizations to reduce burn-out. CARE guaranteed everyone was paid the same daily salary in accordance with the Ministry of Health standards – so that there were no pay gaps between vaccinators working on the COVID response versus routine health services.
- **Mobilize** through strategic investments in community education and mobilization to bust the myths and misinformation surrounding the vaccine. For example, teams mobilized religious leaders to provide accurate information to their congregations. Knowing that radio is the primary source of information for most people in South Sudan, CARE South Sudan worked with local “call-back” radio stations so anyone could phone in to ask questions in their local language and receive accurate information from expert healthcare workers.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Without an additional investment in vaccine delivery to patients at the last mile, by May of 2021 South Sudan had to return 72,000 doses that they could not effectively deliver and destroy 60,000 expired doses that expired. In contrast, smart and consistent investments in delivery in June and July meant that South Sudan was able to deliver their remaining vaccines before the expiration date of July 18.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE collaborated with other key stakeholders to address the barriers to COVID vaccine delivery in the country. CARE contributed to sharing practical recommendations on how the UN, donors, the government, INGOs and national civil society organizations (CSOs) can partner to ensure effective vaccine rollout in other situations that the council is seized of.

CARE also led the cost analysis exercise to determine the true cost of vaccine delivery in the country. They also played a significant role in ensuring that funds are allocated properly to increase the number of vaccinators and service providers in order to close gaps in the healthcare system.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

- CARE South Sudan aimed to deliver 135,000 COVID-19 vaccines, covering Pariang County, Yida, Abiemnoum, Wau and Boma. As of July 18, 2021, CARE had vaccinated 3,798 men and 1,668 women within weeks of receiving doses.
- The mobile model assumes that a 4-person vaccination team can vaccinate 80 people per day and will work for a 5-day campaign to vaccinate 400 people. This covers 2 days for a social mobilizer to work with a community before vaccinations arrive to ensure that people are ready to receive vaccines.
- CARE is one of the lead actors in South Sudan supporting 56 health facilities across the country. CARE in 4 out of 10 states, some of which host IDPs severely affected by seasonal flooding and recovering from prolonged conflict.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes

- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[AGHF COVID19 Response project Final narrative report South Sudan V5 23Mar21.docx](#)

[UNSC statement Dr Emmanuel Ojwang vaccine equity on 11 April 2022 FINAL.pdf](#)

[Outcomes_UNSC vaccines access in conflict settings 22.04.06.pdf](#)

[Concept Note for COVID Vaccine Equity in Conflict NGO Briefing for UN Member States.pdf](#)

[CW Notes_UNSC discussion on vaccines in conflict.docx](#)

<https://www.care.org/wp-content/uploads/2021/08/South-Sudan-costing-study-July-28-branded.pdf>

Tanzania

Impact: 14,090 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support in Nzega DC and Igunga DC; Tabora Region of Tanzania.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE's logistical support helped the government to cover large, underserved geographical areas. To increase vaccine uptake, CARE staff also engaged local Community Health Workers (CHWs) to address vaccination misconceptions and developed improved health data management tools.

Relevant Fast and Fair Pillars

Facilitate

- Vaccine distribution and integration with other basic health services at local facilities.

Protect

- COVID-19 vaccination was integrated with other basic health services at local facilities. CARE supported COVID-19 vaccine distribution in 268 health facilities in Tabora Region.
- The CHWs started conducting targeted outreach informed by local concerns to address vaccine hesitancy in women and children. Not only are vaccinations being provided, CHWs have confirmed that women have increased their acceptance of vaccination shots.
- 217 CHWs (48% female) were trained on community mobilization and outreach for COVID-19 vaccination.
- CARE supported 268 health facilities where 20,287 vaccine doses were administered in rural areas. Prior to community sensitization sessions, the region had only 6,230 people vaccinated.

Mobilize

- The trained CHWs conducted targeted outreach informed by local concerns to address vaccine hesitancy in women and girls.
- CARE organized trainings sessions to increase accurate knowledge of the COVID-19 vaccine and trust in health providers.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

There were few people who were being vaccinated, especially women due to the myths and the misconceptions regarding the vaccination.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change

Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

To increase vaccine uptake, CARE staff engaged local Community Health Workers (CHWs) to address vaccination misconceptions and developed improved health communication and data management tools. An initial training took place in November 2021 and trained 217 CHWs in the Tabora region. With these new resources, these health workers on the front lines put in place two new strategies. First, COVID-19 vaccination is now integrated with other basic health services at local facilities. Second, the CHWs are now conducting targeted outreach informed by local concerns to address vaccine hesitancy in women and children. The training sessions emphasized women's eligibility, including current and expecting mothers and reassured CHWs that the vaccine was safe among pregnant and lactating women.

Within existing Village Savings and Loan Associations, CARE facilitated discussions on the gendered impacts of COVID-19. CARE trained community facilitators, who led sessions under supervision of district officials and project staff. These dialogues allowed participants to identify action plans to address gender relations in the COVID-19 context. Group dialogues and community engagement activities were conducted in smaller groups to align with safety guidelines.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

CARE assisted the Tabora Region in training CHWs on household hygiene. Hygiene practices are recognized as one of the ways that households can mitigate the spread of infectious diseases. Twelve District Health Officers under regional support trained a total of 446 CHWs (238 female, 208 male) from all eight district councils. CARE facilitated logistics and facilitation on roles of CHWs, building on CARE's previous program support to recruit 1,000 CHWs as part of the TAMANI project.

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially." Please list all the evidence gaps in the next question (11).

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Tanzania CHW Training Vaccine Brief-final.pdf](#)

https://www.joghr.org/article/31594-where-there-was-no-covid-19-strengthening-health-systems-response-to-disease-threats-in-tabora-tanzania?auth_token=8lTX_7gNChIBFkK9sWXC

<https://tabora.go.tz/statistics>

Uganda

Impact: 215,143 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

Several districts in Uganda, including Gulu, Amuru, Arua, Kotido, Lamwo, Adjumani, Kikube, Kamwenge & Kyegegwa, Adjumani (Maji, Mungula, Pangirinya refugee settlements), Terego & Madi Okollo (Rhino camp & Invepi refugee settlement) districts

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

ARE International in Uganda conducted a project to increase COVID-19 vaccine uptake in West Nile and northern districts. The project collaborated with the World Health Organization, Ministry of Health, and engaged with media personalities, key influential people, political and technical leaders. The project developed survey tools and collected data on COVID-19 vaccines in Arua City & Kyangwali, reaching out to 350 households. Of these households, 57% were females, and 43% were males, with 38% aged 26-35 years.

The project also conducted two days' engagement with media practitioners, reaching 37 people. Through this engagement, over 360 rumors were collected and reported by media personalities in West Nile. The project procured and distributed 800 posters with COVID-19 vaccination messages translated into various languages and delivered to the district and city task force across all regions. In addition, CARE conducted eight radio talk shows on COVID-19 vaccinations in Adjumani, Moyo, Yumbe, Madi Okollo, Terego, and Arua and northern districts of Gulu, Amuru, Alebtong, and Agago. Orientations were conducted for 155 Village Health Teams, district-based supervisors, and CARE staff, partners, and district leaders on COVID-19 vaccine, hesitancy, and myths. Furthermore, 711 households in Kyangwali, Kikuube district, were reached with COVID-19 messages. The project facilitated District task force in Alebtong, Arua, Terego, Gulu, Moyo, Kitgum, Lamwo, Amuru, Agago, and Arua City with fuel and car hire to support surveillance, contact tracing, and vaccination outreaches.

Relevant Fast and Fair Pillars

- **Protect:** CARE's commitment to the "Protect" pillar is exemplified through its focus on empowering the predominantly female frontline health workforce. By investing in their capacity and leadership, CARE ensures that these essential workers are equipped to administer vaccinations effectively. For instance, the project oriented 155 Village Health Teams and district-based supervisors on COVID-19 vaccination and home-based care. This practical training not only enhances vaccine uptake but also strengthens the overall resilience of the health system.
- **Facilitate:** CARE plays a pivotal role in supporting the government health system and multilateral partners. For instance, the project provided operational support for vaccine delivery, ensuring that the existing immunization service infrastructure was well-prepared. This included facilitating micro-planning meetings in Kikuube district to map out eligible people due for the second dose and plan for future waves of COVID-19. These efforts streamlined the vaccination process, making it more accessible to the community.
- **Advocate:** The "Advocate" pillar reflects CARE's dedication to accountability and systemic improvements within the healthcare system. CARE actively stands for structural changes

that enhance the quality and accessibility of healthcare services. An example of this commitment is the engagement with key influential personalities, district, and religious leaders. Through two days of intensive training, these leaders were equipped with knowledge on COVID-19 vaccines, empowering them to disseminate accurate information within their communities. This advocacy work ensures that the health system is responsive to the needs of the population.

- **Educate:** CARE's deep engagement with communities is encapsulated in the "Educate" pillar. Through this pillar, CARE provides safe, accurate information and facilitates dialogues to address barriers to vaccine uptake. One significant achievement was the tracking and reporting of COVID-19 rumors. Through engagement with media practitioners and key stakeholders, CARE collected and reported over 360 rumors. This not only dispelled misinformation but also alleviated fears in the communities, contributing to a more informed and confident population.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The win is crucial because it addresses the pressing issue of vaccine hesitancy and access in high-risk districts and refugee hosting areas. Prior to this initiative, there were significant challenges, including misinformation, rumors, and fears surrounding COVID-19 vaccination. Lack of accurate information and community engagement was hindering vaccine uptake. This project aims to bridge this gap, ultimately contributing to a safer and more resilient health system.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

- CARE's unique role lies in its holistic approach. It not only provided operational support but also engaged deeply with communities, influencers, and leaders. CARE took on the responsibility of ensuring accurate information dissemination, addressing myths and rumors, and strengthening the capacity of the health workforce, particularly women.
- Partner Organizations and Coalitions: CARE collaborated with the World Health Organization (WHO) and the Ministry of Health, forming a critical partnership for successful project implementation. Additionally, CARE engages with media personalities, key influential individuals, and political and technical leaders at the district level. This collaborative effort ensures a coordinated response to the challenges of vaccine hesitancy and access.
- The project also aligns with the Ugandan government's 50/50 humanitarian response policy, which emphasizes collaboration between humanitarian and development partners.

- By engaging a wide range of stakeholders, CARE leverages the expertise and reach of different organizations to create a comprehensive and effective strategy for addressing COVID-19 vaccine hesitancy and access.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Fast & Fair End of Project report Jan 10th 22.docx](#)

[Abbott Global Evaluation Report.pdf](#)

<https://careinternational.sharepoint.com/:w:/t/Programming-Covid19vaccine/ERvr5RzOzCtHkGrg18gWT78BWUjSgATd4K7qh3QV-2r9HQ?e=i2Zuca>

CDC final report including Uganda COVID-19 WASH & MNCH response (starting on page 27): [CARE Project Narrative Report FY22 CDC PHE CoAg GH1719 Sep 2022 \(1\).docx](#)

Yemen

Impact: 84,979 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support in Taiz city and Qahirah district.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE distributed specially packaged dignity kits and sanitation kits to community health workers. CARE revamped WASH stations at health facilities, and trucked water to facilities in Taiz to protect communities' access to clean water and continuity of supply.

The meaningful change or win in this context was the improvement of sanitation and hygiene in Yemen, particularly by addressing water scarcity. This was achieved through the Abbott Pandemic Response Program, where CARE Yemen revamped WASH stations at health facilities, provided trucked water to facilities in Taiz, and distributed hygiene kits. The main decision-makers influenced by CARE and its partners to achieve this win would likely include local authorities, healthcare providers, and relevant stakeholders in Yemen.

Relevant Fast and Fair Pillars

- **Protect:** This initiative directly contributes to protecting the health and well-being of the Yemeni population by ensuring access to clean water, sanitation, and hygiene facilities, especially during the COVID-19 pandemic.
- **Advocate:** By addressing the critical issue of water scarcity and improving WASH services, CARE and its partners are advocating for the rights of the Yemeni people to access basic necessities for health and hygiene.
- **Facilitate:** CARE's actions facilitate improved healthcare services and infection prevention by providing reliable water sources and hygiene kits to health facilities in Yemen.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

This win is important in the context of Yemen because years of conflict and displacement had severely limited access to clean water and sanitation services. The COVID-19 pandemic further highlighted the urgency of reliable WASH services for infection prevention and control. By addressing this issue, CARE and its partners are directly contributing to the well-being and health of the Yemeni population.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE's contribution in this initiative is significant. They led the efforts to revamp WASH stations at health facilities and provided trucked water to facilities in Taiz. CARE also played a crucial role in the distribution of hygiene kits. Their unique role lies in their expertise in humanitarian assistance and their ability to mobilize resources and implement effective programs in crisis settings.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE's Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as "there is reason (evidence) to believe that the change would clearly not have happened without CARE's efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially."

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Abbott Global Evaluation Report.pdf](#)

Zambia

Impact: 81,131 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE extended substantial support to COVID-19 response efforts in Muchinga Province's Lavushimanda, Kanchibiya, Shiwang'andu, Mpika, Chinsalo, and Isoka districts.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

CARE International in Zambia played a key role in advocating for equitable availability and distribution of COVID-19 vaccines to the most marginalized and vulnerable target groups, including women and girls, through advocacy, facilitation, education, and mobilization pillars. CARE Zambia implemented Fast and Fair activities in partnership with national stakeholders to support last mile distribution of COVID-19 vaccines and data management.

CARE Zambia facilitated meetings with partners at district level to identify areas with low COVID-19 vaccine uptake, provided transport to distribute COVID-19 vaccines to those areas, and supported Ministry of Health in prioritizing at-risk groups. CARE Zambia also contributed to increased uptake of COVID-19 vaccines through community sensitization and demand creation. The win was to achieve the 70% vaccination target, and Muchinga province moved from being the least performing province to one of the first four provinces to reach the 70% target.

Relevant Fast and Fair Pillars

- **Advocate:** CARE Zambia's activities are aligned with the advocacy pillar as they work with key partners to mobilize resources for Fast and Fair Initiatives, influencing policy to ensure equitable vaccine availability and distribution. They also partner with national stakeholders to advocate for equitable distribution of Covid-19 vaccines.
- **Facilitate:** CARE Zambia's efforts in microplanning, logistical support, and data management demonstrate their commitment to facilitating the vaccination process. They identify challenges, provide transport to hard-to-reach areas, and support data management at the facility level.
- **Protect:** CARE Zambia ensures that all front-line health workers (both clinical and nonclinical) are vaccinated and protected. They facilitate the vaccination process and provide Personal Protective Equipment (PPEs) to these workers.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

The win is important because it signifies significant progress towards achieving the goal of vaccinating 70% of the target population. Prior to this, there were challenges such as inadequate coverage due to logistical constraints, limited sensitization efforts leading to low uptake, and stockouts of vaccines in some facilities. The change aims to address these issues by advocating for equitable distribution, facilitating vaccination through logistical support, and engaging communities through sensitization efforts.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE's contribution, specify CARE's unique role as well as the role of partner organizations and coalitions.

CARE Zambia's contribution was as a contributor to the effort in partnership with national stakeholders. CARE Zambia supported partners with transport and fuel to ensure the last mile distribution of vaccines and oriented community structures and influential people to incorporate public health messages in gatherings.

CARE's unique role:

- CARE plays a crucial role in mobilizing resources and advocating for equitable vaccine distribution.
- They facilitate the vaccination process by identifying challenges, providing transport to hard-to-reach areas, and supporting data management.
- CARE also actively engages communities through sensitization efforts, education campaigns, and two-way dialogues to combat vaccine hesitancy and build trust.

Role of Partner Organizations and Coalitions:

- **National Stakeholders:** These partners collaborate with CARE to advocate for equitable distribution of Covid-19 vaccines, contributing to the overall advocacy efforts.
- **District Health Office:** CARE works closely with these offices to identify areas with low vaccine uptake and to provide transport for vaccine distribution. They also collaborate on sensitization and data entry activities.
- **Community Based Volunteers (CBVs) and ZANIS Officers:** These individuals play a vital role in community sensitization prior to vaccination. They conduct door-to-door sensitization and use public announcement systems to increase awareness and trust in the vaccination process.
- **CARE USA:** They fund resources for Fast and Fair Initiatives, which contributes to the scaling up of districts implementing Covid-19 vaccination.

Coalitions: CARE collaborates with various coalitions at national, provincial, and district levels to influence policy and ensure equitable availability and distribution of Covid-19 vaccines. These coalitions work together to achieve common goals in the fight against Covid-19.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Quarterly report October - December 2022.docx](#)

[Report Covid19 Fast and Fair April to June 2022.docx](#)

Zimbabwe

Impact: 17,793 people fully vaccinated due to CARE's contributions

Geographic focus: where did CARE's work take place? If sub-national or targeted, list the state/province/city.

CARE provided significant COVID-19 response support in Chivi and Zaka in Masvingo Province and Buhera in Manicaland province.

What was the meaningful change or win? How was it achieved? Who were the main decision makers that CARE and our partners influenced to achieve this win?

The meaningful change achieved was the equitable access to COVID-19 vaccinations and information for hard-to-reach communities in three districts of Zimbabwe. This was achieved through a multi-pronged approach including training of MoHCC staff, traditional and religious leaders, and taskforce members. Additionally, community-based messaging through various channels like peer messaging, radio, and van messaging was instrumental. The main decision-makers influenced by CARE and its partners were the Ministry of Health and Child Care (MoHCC), District Development Coordinators, and various stakeholders involved in COVID-19 response and vaccination efforts.

Relevant Fast and Fair Pillars

- **Advocate:** The project advocated for equitable access to COVID-19 vaccines, prioritizing at-risk groups, and protection of front-line health workers. It also worked to combat stigma and reduce vaccine hesitancy.
- **Facilitate:** CARE facilitated the training of MoHCC staff, traditional and religious leaders, and the COVID-19 taskforce. They also facilitated the dissemination of accurate information through various channels like radio and van messaging.
- **Protect:** The project aimed to protect front-line health workers through vaccination and protect vulnerable populations by ensuring they have access to accurate information and vaccines.

Why is this win important in this context? What was the reality prior to the win that the change aims to address?

Prior to this win, there were challenges in reaching and providing accurate information about COVID-19 vaccinations to hard-to-reach communities. Many were hesitant or misinformed, and front-line health workers faced risks. The project addressed these issues by deploying a targeted and comprehensive approach, significantly increasing the reach of accurate information and vaccinations.

What was CARE's role in contributing to that win?

- Lead actor: CARE was the primary or only organization calling for the change
- Partner-led: One or more CARE partners were primary actors, with CARE support
- Coordinator/initiator: CARE organized a coalition calling for the change
- Contributor: CARE was one of many actors who worked together for the change
- Niche role: CARE made a specific, vital contribution to a process led by others

Describe CARE’s contribution, specify CARE’s unique role as well as the role of partner organizations and coalitions.

- CARE played a crucial role in coordinating and implementing various aspects of the project. Their unique contribution lies in their ability to mobilize resources, facilitate trainings, and coordinate with local partners and stakeholders. They also provided strategic direction, ensuring that activities were aligned with the overall goal of equitable vaccine access.
- Partner organizations and coalitions, including MoHCC, traditional and religious leaders, and the COVID-19 taskforce, played complementary roles. MoHCC provided technical expertise and resources, while traditional and religious leaders acted as key influencers in their communities. The COVID-19 taskforce served as a coordination unit, ensuring that activities were aligned with national and district-level objectives.

Measurement implications: list any key parameters that should inform our quantitative calculations beyond geography (e.g., CARE worked at ABC vaccination sites in Y district, X number of people were involved in the effort).

No additional information available

Based on the above information, did CARE make a significant contribution? As outlined in CARE’s Monitoring and Evaluation for Advocacy and Influencing Guidance, high/significant contribution is defined as “there is reason (evidence) to believe that the change would clearly not have happened without CARE’s efforts. Alongside our own actions this could also include significant actions from partners which we have supported technically or financially.”

- Yes
- No
- Unclear – need more information to determine

What evidence (key document/s) supports our claim to have contributed to this win? Please list all hyperlinks of relevant documents.

[Fast and Fair End of Project Report Final Zimbabwe.docx](#)