Improving COVID-19 Vaccine Access among Rural Communities in the Western Highlands of Guatemala

Background

In June 2021, Palladium coordinated with the Ministry of Public Health and Social Assistance (MSPAS) to lead a multidisciplinary group of USAID/Guatemala implementing partners to develop the Guatemalan Rural Vaccination Strategy. The purpose of the strategy was to increase COVID-19 vaccination coverage in the country, particularly in densely populated areas with high levels of poverty and low vaccination rates. Using set criteria, the interdisciplinary group identified five priority Health Area Directorates (DAS): Alta Verapaz, Huehuetenango, Ixcán, Quiché, and San Marcos. These DAS are all located in the western and northern regions of the country, have large indigenous populations, and have little road infrastructure, making access to the areas—and, thus, vaccination of their populations—difficult.

By May 2022, MSPAS reported having administered slightly more than 17 million doses of the COVID-19 vaccine nationwide, reaching 6 million people—33.8 percent of the eligible population in Guatemala—with their first and second COVID-19 vaccine doses. Of the almost 1 million inhabitants in the department of Quiché (including Ixcán), only 37 percent had received one dose of the vaccine. Similarly, the first-dose vaccination rate was only 35 percent among the 1.1 million people living in Alta Verapaz. Huehuetenango and San Marcos had slightly higher first-dose vaccination rates, at 44 percent and 49 percent, respectively. Meanwhile, other departments in the country had reached more than 60 percent with one dose and over 35 percent with two doses. Because of such low vaccination rates in EpiC-prioritized DAS, it was critical to intensify the vaccination efforts in these areas through technical and financial assistance at the local level to mitigate the impact of COVID-19 on these communities and across the country.

"Now, with the support of USAID-equipped vehicles, we can reach communities we couldn't reach before."

~ Azucena Tomas Días, technical nurse, DAS Ixcán, Quiché

Intervention

EpiC supported the implementation of the Rural Vaccination Strategy in Ixcán, Quiché, and Alta Verapaz starting in May 2022, and added support in San Marcos and Huehuetenango two months later. The project provided human resource technical assistance, including the quantification, hiring, and distribution of contracted vaccinators, data entry clerks, and vaccination center managers for implementation of the strategy. The vaccination center managers coordinated the mobilization of brigades of vaccinators for field visits outside of

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official vaccination sites in their respective DAS. They also served as the points of contact for EpiC and coordinated efforts with project staff.

The project made rental vehicles available to transport the vaccinators. Because the communities supported by EpiC are in rural, mountainous areas with little road infrastructure, in cases when rental cars could not reach communities because of poor weather conditions or road infrastructure, the EpiC-hired vaccinators traveled on foot with the vaccine doses, equipped with supplies such as boots and umbrellas supplied by the project.

Vaccinators use a zipline to cross a river in Ixcán that had recently surged due to heavy rains. Photo by Alvaro Rodríguez

EpiC also provided the DAS with computers to report local vaccine administration data into the central MSPAS system, called SIGSA, and equipment to print informed consent forms for vaccination clients. In addition, EpiC facilitated inter-institutional coordination, convened meetings with DAS and municipal health district authorities, and held conversations with community leaders to reach more people with COVID-19 vaccination. Other activities included conducting house-to-house vaccination visits and staffing micro-vaccination sites and fixed posts to reach more people and increase COVID-19 vaccination coverage.

Results and Impact

The communities supported by EpiC are in rural, mountainous areas with little road infrastructure, making them difficult to access and making it difficult for people living in those communities to reach vaccination centers, but EpiC vaccinators were equipped with supplies that allowed them to brave the treacherous terrain and weather conditions on foot to reach those communities with essential vaccine doses.

Indigenous languages are primarily spoken in these areas, which presented communications challenges. As in many parts of the world, misinformation and lack of awareness about the COVID-19 vaccine and its benefits had been circulating in several remote communities in Guatemala, creating some vaccine hesitancy. To overcome these challenges, EpiC staff worked with local DAS and municipal health district authorities to distill and disseminate key messages about the vaccine in the predominant local indigenous languages spoken in the communities. This type of coordination between local actors and EpiC allowed for the vaccination of people previously reluctant to be vaccinated.

Such coordination was also a factor facilitating COVID-19 vaccination in areas affected by political instability. For example, people previously displaced by internal armed conflict had recently returned to three communities in Alta Verapaz, but MSPAS had had little success with

vaccinating them due to the unrest. As a result of visits by EpiC vaccinators and meetings with the DAS, the project was able to administer 280 doses in just one day in these communities.

EpiC vaccinators from the municipal health district of Chiantla rode motorcycles to deliver vaccines to rural communities. Photo by Victora Rodas, MSPAS

Similar strategies were used to provide second doses. Using the SIGSA system to keep track of the first dose dates and addresses of the COVID-19 vaccine clients, vaccinators went house to house to provide follow-up doses. With support from EpiC, the percentages of people who were fully vaccinated (i.e., received first and second doses) increased by 5.2 percent (to 31 percent) in Quiché, 7.5 percent (to 38 percent) in Huehuetenango, 4.2 percent (to 25 percent) in Alta Verapaz, and 7.7 percent (to 42 percent) in San Marcos from May through November 2022. This indicates the success of the strategies EpiC used, despite a challenging winter that had deteriorated access roads and increased river flows, along with intermittent access to and availability of the vaccine.

Reflections and Lessons Learned

EpiC's strategies, including collaborating with USAID partner projects and MSPAS, have provided Guatemalans in remote communities without access to permanent health centers the opportunity for vaccination against COVID-19 and to advocate for vaccination among their fellow residents. These strategies hold several lessons:

"I took the opportunity for health workers to come to the village. They go from house to house, but I went to the salon and got vaccinated. Now my whole family is vaccinated, too. We are grateful that the vaccine has come."

~ Reyna Capriel, neighbor, Village San Pablo, Ixcán, K'iche

- Coordination between MSPAS and the staff hired by EpiC to create vaccination strategies, assess the effectiveness of those strategies, and adjust them, as needed, was crucial to get the vaccine to neglected areas and increase the number of people vaccinated.
- Strategies such as vaccinator brigades, the digitalization of processes at vaccination sites, house-to-house visits, workplace vaccinations, the leadership of community members, and the use of existing community spaces were instrumental to increase coverage and strengthen health services.
- House-to-house visits by health professionals strengthened communication about and acceptance of health services by bringing those services closer to the population—a strategy that could be integrated by other health programs, such as family planning, nutrition initiatives for families, and epidemiological prevention and surveillance programs, toward similar goals.