

UNICEF Eastern and Southern Africa Region

SBC Works!

Partnership with Tanzania Association of the Deaf (CHAVITA) to Promote COVID-19 Vaccine Demand among People with Special Needs



About SBC Works

SBC Works! shares success stories in Social and Behaviour Change (SBC) from Eastern and Southern Africa. SBC uses research and consultation to promote human rights, mobilize leadership, influence attitudes and social norms, and transform behaviours for the well-being of communities. In UNICEF, SBC is guided by the [Behavioural Drivers Model](#) (BDM)¹ and the [Journey to Health and Immunization](#)², which help diagnose and analyse what drives behaviour, design effective interventions targeting those drivers, and measure the achievements of such interventions in the field.

The issue

The deaf population is a linguistic minority, using sign language as their primary mode of communication. Because of their disability, most deaf people lack formal education, therefore it is hard for them to access the common oral COVID-19 vaccine messages which are transmitted through formal awareness channels such as televisions and radios, which are not always inclusive enough. The COVID-19 pandemic outbreak revealed communication gaps in the health sector, as many people with hearing impairments in hospitals did not have a consistent way to communicate with doctors and staff. The lack of sign language interpreters and the use of masks created additional barriers for deaf persons. Masks reduce access to mouth movement and facial expression, leading to miscommunication and increasing feelings of frustration and isolation. Due to the inaccessibility of the available information and communication barriers with health workers, the deaf population in Tanzania is more likely to miss out on vaccination and other preventative measures, and therefore even more vulnerable to COVID-19 infection.

The Tanzania Association of the Deaf (CHAVITA) is an organization established by people with hearing impairments in 1984 with the goal of improving the living standard of deaf people through mobilization, participation and education of the deaf population and wider community, as well as through advocacy for equality and human rights, and by developing Tanzanian Sign Language. CHAVITA has its headquarters in Dar-Es-Salaam with branches in 17 regions.

To reach and engage people with disabilities (PWD), especially with hearing impairments with COVID-19 information and prevention measures particularly vaccine uptake, UNICEF Tanzania in partnership

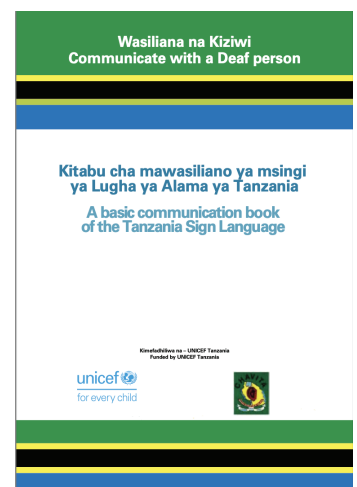
with CHAVITA implemented the “COVID-19 Vaccine Demand Promotion: Improved Awareness and Confidence on COVID-19 preventive measures including the deaf population in Tanzania” programme in three regions of Tanzania (Arusha, Mwanza and Mbeya) for 6 months in 2022.

SBC Actions

UNICEF Tanzania co-led multi-partner engagement as co-convenor of the Risk Communication and Community Engagement (RCCE) pillar, in coordination with the service delivery and vaccine pillars. UNICEF Tanzania provided technical oversight and financial support to initiate the programme through a tripartite agreement among UNICEF, CHAVITA and the University of Dar-Es-Salaam (UDSM) and supported the Government of Tanzania to develop disability-sensitive and inclusive Risk Communication and Community Engagement (RCCE) Standard Operating Procedures (SOPs), Psychosocial Support Skills (PSS) tools, Accountability to Affected People (AAP) guidelines, as well as COVID-19 messaging. UNICEF also raised the concerns of PWD in high-level donor and multi-partner platforms to advocate for measures to address the low uptake of COVID-19 vaccines among PWD.

With support from UNICEF, CHAVITA led intensified and scaled-up risk communications interventions in six high-risk districts and low-performing regions—Arusha, Mbeya and Mwanza. CHAVITA conducted a workshop on the Prevention of Sexual Exploitation and Abuse (PSEA) and Gender-based Violence (GBV) and the training on COVID-19 RCCE for capacity building of staff and volunteers including sign language interpreters. A special orientation session was held for 10 sign language interpreters to impart skills on COVID-19 terminology signs to deliver key messages to the deaf community.

Additionally, CHAVITA designed and printed 10,000 [Tanzania basic Sign Language communication booklets](#) to facilitate healthcare providers’ fast learning and proper use of sign language. 2,753 children and youths including 560 deaf students were reached in after-school programs and youth dialogues on COVID-19 and RCCE. Easy-to-read



1 [The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming](#)

2 [Journey to Health and Immunization](#)

and user-friendly educational materials were widely shared via 10 national TV stations, social media platforms (Facebook, Instagram, Twitter, WhatsApp, etc), and Internet of Good Things (IoGT). Two high-level meetings were led by CHAVITA to introduce the project and advocate the inclusion of deaf concerns in the national COVID-19 response plan.

Through UNICEF's support, CHAVITA joined the coalition under the national #ujanjakuchanja vaccination campaign with tailored strategies to reach people with disability. The mass media coverage (10 national TV programmes) using the standardized Tanzania sign language reached around four million people and scaled up the "Be Smart-Get Vaccinated" campaign.



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Results

A remarkable positive change has been shown in the deaf community. More than 4,500,000 (52% female) people including 6,745 deaf people were reached with information on COVID-19 vaccination in the project target districts. 4,946 people with disability (2,753 young people) reached through direct community engagement were vaccinated on the spot. Through established feedback mechanisms including CHAVITA chapters and community dialogues led by sign language interpreters, 750,000 (49% female) people shared concerns and asked questions and clarifications for available services to address their needs.

The impact is manifested in the following ways: more deaf people having access to healthcare services, lower incidences of gender-based violence (GBV) in the community, reduced discrimination and more acceptance of people with disability among community members, and increased government responsiveness to PWDs, especially deaf people. There are increasing schools for special education and more collaboration from various actors investing in enhancing livelihoods for people with disability. CHAVITA was more accepted within the community and the government for its advocacy messages. The impact was validated by [the post-intervention evaluation](#) conducted by the University of Dar-Es-Salaam. Dr Tumaini Haonga, the director of Health Promotion, at the Ministry of Health, encouraged CHAVITA's leadership in holding high-level engagement to refocus on the issues affecting people with disability.

Lessons & way forward

- The involvement of trusted local actors, non-governmental organisations (NGOs), and civil society organisations (CSOs) was critical to engaging and reaching a vulnerable and marginalized group.
- The success of intervention efforts resulted in strengthening the capacity of CHAVITA, the government and local organizations to create inclusive responses for all by addressing the specific needs of PWD including the incorporation of Sign Language into the health system.
- CHAVITA has a lot of acceptance among the deaf community and the general population-replicating a similar model with the Federation of Organizations of Persons with Disabilities in Tanzania (SHIVYAWATA). Working through a

strong partner such as CHAVITA was critical to intervention success given their unique position and ability to identify advocacy entry points, leverage existing avenues, influence policies, and break the strings of discrimination by enhancing advocacy and accountability capacities as well as strengthening health systems focused on community sensitization, mobilization, and creating an inclusive response for all.

- Synergetic approaches between government and civil society partners (such as CHAVITA and UNICEF) are exemplars of a multiplier effect.
- The numbers reached in the sensitization and mobilization campaigns support the significance of co-designing, partnerships and engagement of all actors irrespective of their minority and disability status. However, the capacity to influence decisions at national and sub-national levels and to mobilize communities is also key. Thus, meaningful engagement and tailored capacity strengthening are critical for creating local ownership and driving the advocacy agenda.
- Long-term funding and capacity-strengthening support are necessary to sustain local NGO and CSO efforts and in particular Organisations of People with Disability, beyond the life of the project.



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