COVID-19 vaccinodromes: Increasing COVID-19 vaccination in Côte d’Ivoire and Democratic Republic of Congo

Using a people-centered approach to overcome barriers to vaccination

Key insights

- From November 2021 to February 2023, VillageReach vaccinodromes administered over 400,000 COVID-19 vaccines in urban areas of Abidjan, Côte d’Ivoire and Kinshasa, Democratic Republic of Congo, in strong partnership with Ministries of Health, building on government and donor resources.
- We used an outreach-focused approach to make vaccine access highly convenient, combined with daily community mobilization efforts to build vaccine demand.

When the global COVID-19 vaccination campaign began in December 2020, the Democratic Republic of Congo (DRC) faced unpredictable vaccine supply. By November 2021, the COVID-19 vaccination rate in DRC was less than 1%, with vaccine hesitancy influencing uptake. To increase access to COVID-19 vaccines, VillageReach partnered with the DRC Ministry of Health (MoH) to open four vaccinodromes, or vaccination sites, in heavily populated, urban areas around DRC’s capital of Kinshasa.

VillageReach expanded this work to Côte d’Ivoire and collaborated with the Côte d’Ivoire MoH to address stalled vaccination rates in the country. We established the first COVID-19 vaccinodrome in Yopougon, an urban area in the city of Abidjan identified by the MoH with low coverage. We opened the site in December 2021 with the capacity to vaccinate up to 1,000 people a day. Over the last 23 years, VillageReach has made an impact delivering quality health care to people, especially in hard-to-reach communities. Our work in urban cities in DRC and Côte d’Ivoire illustrate that we can quickly respond to challenges where we’re needed most. Working in strong partnership with government partners and utilizing resources from donors and government, we were able to vaccinate over 400,000 people against COVID-19.

Early traffic at the vaccinodromes was low, indicating that community members still faced barriers to vaccination. After reviewing local data about vaccine behaviors and perceptions, we decided to address this by 1) making the COVID-19 vaccine access highly convenient and 2) building vaccine demand around the vaccinodromes.

To make vaccination convenient, we pivoted to using the fixed site as a command center to coordinate a group of outreach teams that spread out through the neighborhood. These outreach teams set up temporary vaccination sites at high-traffic locations like bus stops, markets, and street corners in residential areas. These outreach sites meant passers-by could get vaccinated while going about their day.

Focusing on a people-centered approach allowed us to notice trends in who was and who was not getting vaccinated. In Côte d’Ivoire, we noticed low vaccination rates among specific religious groups.
COVID-19 vaccines administered between Nov 2021 to Feb 2023

446,717

216,734 COVID-19 vaccines administered in Côte d'Ivoire

229,983 COVID-19 vaccines administered in Democratic Republic of Congo

To address their hesitancy, we invited religious leaders to attend vaccination sessions and observe site operations, responding to any questions or concerns they had. Additionally, we hosted a vaccination session at a local church. In DRC, we noticed a low number of women receiving COVID-19 vaccines at the vaccinodromes. After targeted outreach efforts, the proportion of women vaccinated against COVID-19 increased over the year from 10% in November 2021 to 43% in August 2022. Outreach helped us meet people where they were - geographically, socially and culturally.

Utilizing community health workers to build vaccine demand

We focused our demand generation strategies on the "moveable middle" - those who were open to the vaccine but did not know where to get it or those who had some vaccine hesitancy.

As trusted members of their community, community health workers are uniquely positioned to increase vaccine uptake. Their knowledge of health service delivery, experience supporting routine immunization and rapport with community members encourage vaccine confidence and trust. In DRC, VillageReach employed community health workers as a part of our outreach campaign to mobilize and sensitize surrounding neighborhoods, with government further driving intensification campaigns. Conversations with trusted community health workers can facilitate a shift in beliefs and perceptions about vaccines. Each day community health workers fanned out around the vaccination sessions, discussed COVID-19 vaccines and referred interested community members to the closest session. Our demand generation case study further outlines strategies in DRC and CDI.

Community health workers adapted their approach based on the cultural, social or geographic conditions of the neighborhoods where they worked. For example, when working near a large marketplace in Masina, Kinshasa, they interacted with market vendors to share more information on the COVID-19 vaccines and vaccinodromes.

Integrating vaccinodromes with primary health centers

Following the initial, time-critical purpose of the vaccinodromes in addressing COVID-19 vaccinations, we moved to integrate sites with primary health centers (PHCs). This transition could expand routine immunization, increasing pathways to primary care, including for zero-dose and under-vaccinated children. In September 2022, three vaccinodromes were integrated in DRC into routine immunization at PHCs. In Côte d'Ivoire, we've started initial planning to integrate vaccinodromes with PHCs.

Learn more about our vaccinodrome work

Vaccinodrome guidebook
DRC blog post and CDI blog post
Data use blog post