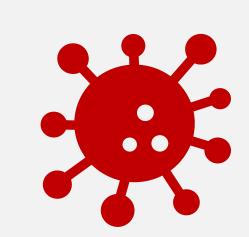


## Using Digital Tools for COVID-19 Vaccines: Perspectives from inside Ghana's Health System

Authors and Affiliations
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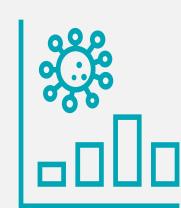
## BACKGROUND



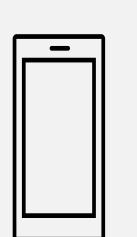
Ghana recorded the first case of COVID-19 in March 2020 and declared a national emergency



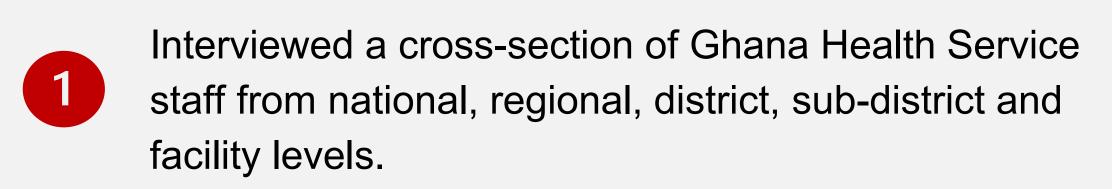
In 2021 convened a TWG to define the modalities for the 1st mass vaccination exercise in recent history



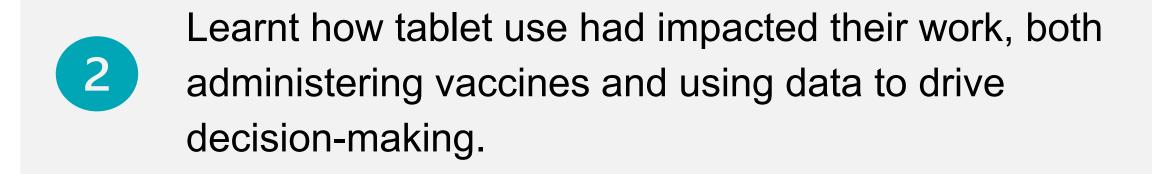
Lessons from previous vaccination exercises: inform a case-based data collection method – using digital tools

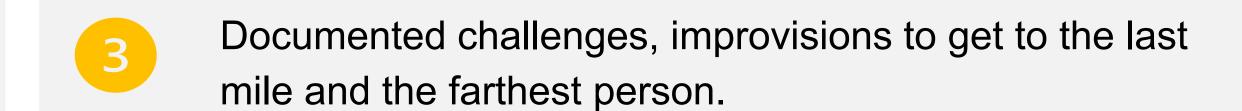


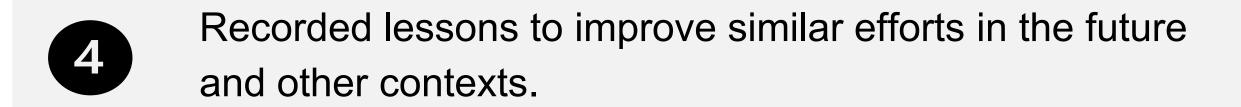
Utilised existing systems: DHIMS2 aggregate database, e-tracker patient-level data collection, and electronic tablets

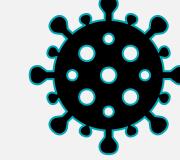


METHODS









To support Ghana's vaccination efforts, the Accelerator team facilitated procurement of over 3,600 tablets (also funded by Rockefeller Foundation), to be loaded with the e-tracker and COVID-19 tool, and distributed for vaccination teams throughout Ghana's 16 regions. Accelerator also supported training of about 1,900 health workers on the use of the tablets and digital tools.

## 4

## THE STORIES & LESSONS LEARNT

8-8

Monitoring from the Regional Level: Coastal Ghana. By December 2022, this region had received over 1,000 tablets which had been shared with the districts throughout the region. Kofi Ntim\*, a health information officer, is using the data reported from the districts to monitor vaccination coverage in his region, respond to challenges as they arise and provide support where needed.

"The tablets have been a good data capture tool for real-time decision-making and planning interventions. We know which of the 29 districts are vaccinating more, and if a district has a low rate of vaccination, we can zoom in to see what the challenge is and decide if they need to do more social mobilization, create more awareness for people to get vaccinated based on the data coming from the tablets."

At the Frontline: A Health Centre

Naa Kwaley Quartey\*, a midwife at

vaccinator on mobile teams during

There are six team members: two

a Health Centre in inland Ghana,

COVID-19 immunization days.

works on the frontlines as a

midwives, one nurse, three

community health nurses plus

volunteers from the community.

An Urban Perspective:
A Bustling and Crowded
City. In a densely populated
sub-district on the coast of Ghana,
20 mobile vaccination teams have
served a population of 78.600

served a population of 78,600 people with 15 tablets. The sub-district Disease Control and Surveillance Officer (DSO), Mariama Abdul\* said she receives tablets from the regional office and shares them among staff working in facilities, and those traveling out in the community.

"Seeing you're not just writing their details on paper, but rather you're entering it in the server, they know that in the future they can retrieve their details later. It makes the people have that confidence that those coming around to vaccinate, they are not just vaccinating but they are very particular about the data they are capturing."

Outside the City Centre: in a Rural District on the Coast.

Sixty kilometres from the bustling city centre, in a more rural district, Anowa Boateng\*, the District Health Information Officer (DHIO), says her district has 15 tablets in use. The mobile vaccination teams consist of two (2) people: a vaccinator and the person capturing the client data, who sometimes doubles as the social mobilizer.

Central Ghana: A District far from Accra. In this district, 385 kilometres inland, mobile vaccination teams travel in groups of 4: a vaccinator, a social mobilizer, a data recorder, and a volunteer from the community. The vaccinators are nurses, midwives or others with a clinical background and the social mobilizers are other health staff who can answer questions, provide

information, and report any

adverse events.

"Initially, when we started, we were challenged with logistics, as in inadequate tablets and laptops to use for data entry, and we would have to sometimes work in turns with one device. But since the tablets came in, it has been very helpful. So now all the data officers have access to tablets, and they can do the data entry in their free time."

"For us, continuity of the COVID vaccine is a concern... If somebody takes the first jab in location A then moves to location B, it becomes very easy to capture the person's details and to match the two... When the community members come, and you can tell them, 'I realize you took your first jab at this location,' it builds their confidence, they are able to tell the other people that look, they are recording what we're doing, so it's good you go and take your vaccine."

Municipal Health Information Officer (HIO),
 Boadu Asenso\*

"We encountered a challenge during one of the vaccination exercise. A community decided not to vaccinate because we were strangers who didn't know their culture. The volunteer led us to the assemblyman so we could talk to him and educate him. The volunteers help a lot. They help us talk to their people, they know the roads, the landmarks and everything and guide us

where we need to go."

Closing the Loop: Using Digital
Data to Inform Decisions at the
National Level. As data from the
tablets flow back to GHS officials at
the district, regional and national
levels, it is used to track the
progress of fully vaccinated citizens
and direct support to the districts
that need it most. Pascal Adu, a
national-level Systems Analyst
explained,

"I had to ana
proportion for
Once we can
districts need
visualization
partners to the
support, all the
because the
gone beyon

"I had to analyse district-level data to visualize proportion fully vaccinated and categorize. Once we categorize, we can determine which districts need additional support. These visualizations informed the push of development partners to the northern zone. With additional support, all the northern zones have turned green because the proportions fully vaccinated have gone beyond 50%."



\*Names were changed to protect identity and encourage open dialogue









