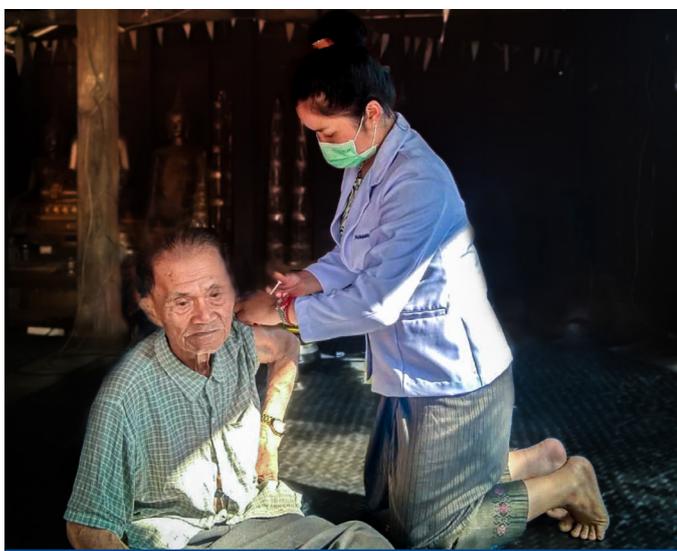


Project: Increase the coverage rate, access to the COVID-19 and routine vaccination through community engagement



About the overall consortium project

The project increases COVID-19 and routine vaccination coverage across four provinces in Laos, addressing barriers to access such as: mobility challenges, transportation expenses, and a lack of outreach services.

The consortium prioritizes gender and disability inclusion to ensure equal access to the vaccine, and achieves results by integrating three tailored approaches:

- 1) integrated activities to address gaps in communication outreach to communities and capacity of target health workforce.
- 2) rapid rollout by a consortium with unique local knowledge, established presence in target areas, and high technical expertise.
- 3) strengthening localization, from local leadership and local partners to localised implementation approaches, resulting in long-term results and capacity.

Quick fact

All Consortium	OBJECTIVE	Supporting Laos's sub-national health system to increase COVID-19 and routine vaccination coverage, especially for disadvantaged populations and districts with low immunization rates.
	GOVERNMENT PARTNERS	<ul style="list-style-type: none"> • Ministry of Health • Department of Hygiene and Health Promotion • Center of Statistic and Information for Health (prior name Centre of Information and Education for Health - CCEH)
	PARTNERS	<ul style="list-style-type: none"> • Oxfam (lead) • Catholic Relief Services (CRS) (CAN DO Network / Caritas Australia) • Community Health and Inclusion Association (CHIAs) • Association of People Living with HIV/AIDS (APL+) • Association for Rural Mobilization and Improvement (ARMI) • ABC International Development (ABCID) • Lao Disabled People's Association (LDPA) • Training on Attitude Knowledge Skill and Action Center (TAKSA)
	FUNDING	Australian Government, Department of Foreign Affairs and Trade (DFAT) 2,550 million AUD
CRS	TARGET PROVINCES	Khammuane, Savannaketh, Champasack and Salavane
	CRS GEOGRAPHICAL COVERAGE	12 districts Khammouan province - 4 districts: Boulapha, Mahaxay, Nhommalath, Xaybouthong Savannakhet province - 8 districts: Atsaphone, Nong, Outhoumphone, Phalanxai, Phin, Sepon, Xonnabuly, Vilabouli
	CRS PROJECT PARTICIPANTS	304,500 Women: 170,590 Men: 169,910 People living with disability: 51,024
	TIMEFRAME	2021-2023



Outcome 1:

People in target communities, especially women, people with disabilities, people from ethnic groups have knowledge on how to access the COVID-19 vaccine, the routine vaccine program and the benefits.



Outcome 2:

Health workforce in target districts and provinces have increased knowledge and understanding on their roles in vaccine delivery, and are providing a quality holistic and inclusive service to people receiving the COVID-19 vaccine.



Outcome 3:

People in target communities, especially women, people with disabilities, youth, people from ethnic groups have increased levels of vaccination and improved resilience to COVID-19 related impacts.

CRS Lead

Catholic Relief Services (CRS) is a key partner in the project's implementation, extending its implementation across 12 districts and into 598 villages. In partnership with the Centre of Information and Education for Health (CIEH), CRS assumed the lead in establishing the Risk Communication and Community Engagement (RCCE) components, collaborating with other ongoing RCCE initiatives, especially UNICEF and WHO, and the Vaccinate Laos campaign.

CRS is committed to promoting gender and disability inclusion in the efforts to increase COVID-19 vaccination and routine coverage in Laos, working closely with local health authorities to identify and reach disadvantaged populations, including people living in remote areas, ethnic minorities, women, children, elderly and people with disabilities.



RCCE Tailored Materials



RCCE Local Dissemination



RCCE Training District Health Office, Health Centre staff, and Village Health Volunteer/Community Health Workers



RCCE Local Uptake Feedback and Post Messages Checking



CRS's primary initiatives

- **Compiling and analyzing Risk Communication and Community Engagement (RCCE) materials.** CRS approached relevant counterparts from government and development partners to gather input on the appropriate adaptation of the existing materials.
- **In response to challenges faced by rural and remote areas,** CRS adapted existing Information Education and Communication (IEC) COVID-19 vaccination materials for use in these areas, through the development and production in local languages. These materials, including posters, videos, and radio spots, have been tailored to the specific needs and concerns of the target populations.
- **CRS has trained Risk Communication and Community Engagement (RCCE) facilitators** on how to effectively use these materials and how to build relationships with community members, ensuring that everyone has equal access to the vaccine.
- **Developing a comprehensive training module** and providing Training of Trainers sessions on effective communication skills to provincial, district and health center health staff, including village health volunteers/workers. This ensures that health staff at different level are equipped with the necessary skills to effectively communicate with communities about COVID-19 and routine vaccination.
- **Encouraging Ministry of Healthpartners to use a face-to-face approach** to community interactions, sharing firsthand experiences from trusted sources in the community to instill trust and reduce misinformation about vaccines.
- **Provide Village Health Volunteers/Workers** with Risk Communication and Community Engagement (RCCE) immunization bags designed for risk communication and community participation for COVID-19 immunization and routine vaccination.
- **Provide financial support and facilitation** for district health office and health centers to conduct immunization outreach mobile clinics to the most needy villages in each district receiving priority.
- **Supporting supplies and equipment** for the health centers (such as loudspeakers, and internet communication costs).



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