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# The 9th Global Conference of the Alliance for Healthy Cities

“SMARTER HEALTHY CITIES BEYOND COVID-19”

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## COVID-19 VACCINATION IN RURAL COMMUNITIES OF SIMUNJAN, SARAWAK

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# INTRODUCTION

- Malaysia National Covid-19 vaccination programme rolled out in March 2021
- Common rural challenges like transportation, logistic issues and long distances to vaccine distribution sites are recognized as an equity challenge (GHPC, 2021)
- Simunjan District was having similar issue due to their limitations with regards to logistics, finances and underlying health conditions, many villagers were unable to visit PPVs to receive their Covid-19 vaccination.
- Thus we gathered a taskforce to meticulously plan and carry out this vaccination programme.
- Our main aim to cover as many as we can thereby protecting our rural community against the Covid-19 infection.



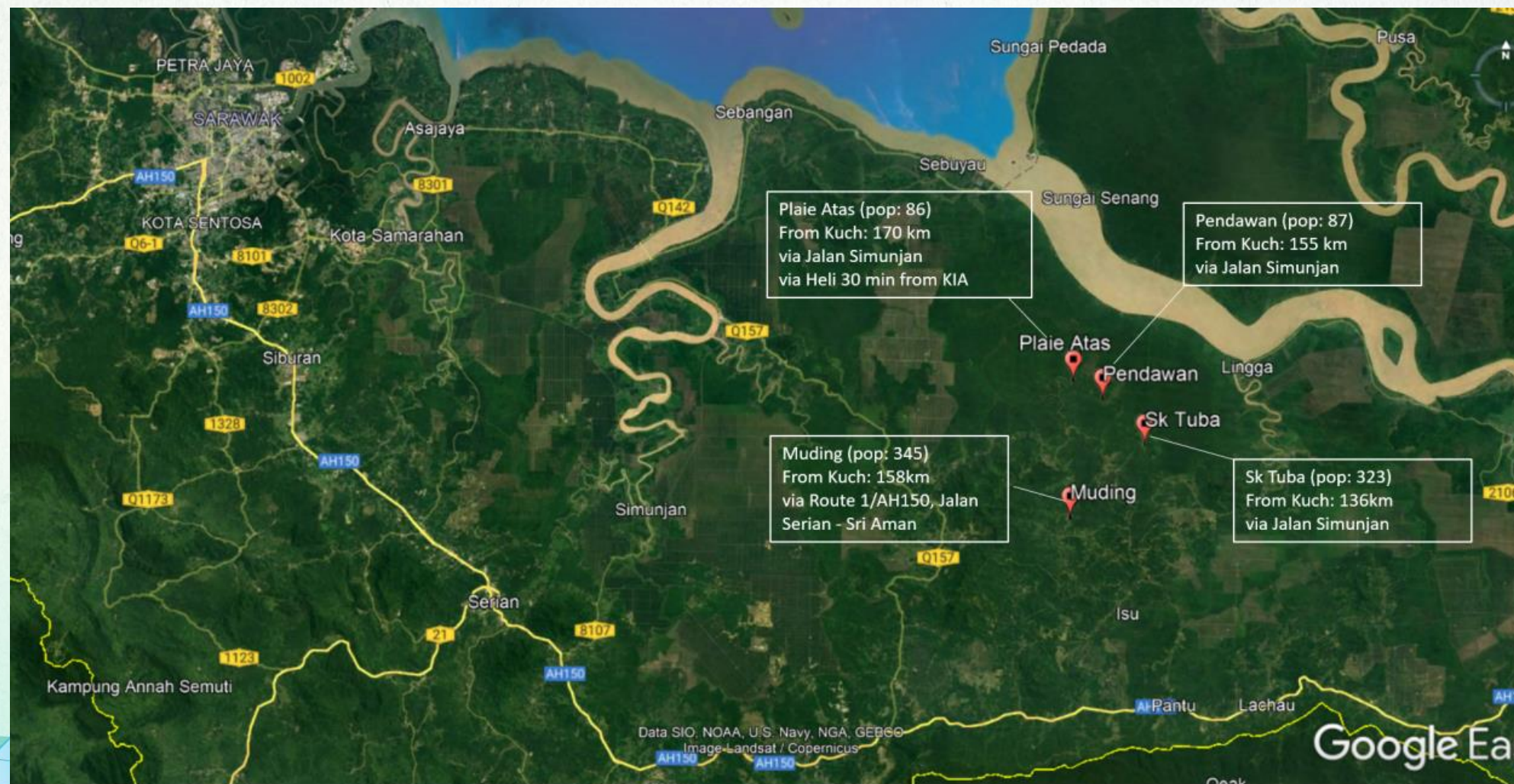
# OBJECTIVE

To share the experiences of the Samarahan Division Health Office in vaccinating the rural communities in Simunjan, Sarawak, through the Mobile Health Team.





# MAP OF SIMUNJAN DISTRICT





# METHOD

- Dissemination of information – through community leaders & multiple agencies (District Office, Welfare Department, Political Aides and Information Department)
- Setting up the date with community leaders and others
- Royal Malaysian Police Air Force Unit to assist in logistics by flying the team, vaccines and supplies in via helicopter (maintaining the cold chain of the vaccines).
- Staff training with the pharmacists on how to handle the vaccines properly. Cold boxes with thermometers and sufficient ice packs were also supplied.
- Community leaders arrangement with the community





# Mobile Health Team

- The Flying Doctor Service Team (one doctor, one medical assistant & two community nurses)
- Assisted by an additional team led by the Divisional Health Office Team that travelled through land (5 staff).
- Three day program in early August 2021 for 4 villages (Sinovac).
- The second dose was administered after 21 days by the same team.





# Outcome of CoVID 19 Vaccination In Rural Communities in Simunjan

LOCATION	POPULATION	ELIGIBLE	VACCINATED IN THE VILLAGE
MUDING	345	319	152*
TUBA	323	202	82*
PLAIE	86	45	73**
PENDAWAN	87	12	14**
<b>TOTAL</b>	<b>841</b>	<b>578</b>	<b>321 (55.5%)</b>

*\*Some villagers had been vaccinated earlier in other PPVs such as Kuching, Samarahan, Munggu Lallang, Ipoh and Pantu.*

*\*\*Due to migration of the villagers from urban cities back to their hometowns in view of the Movement Control Order*



# CHALLENGES FACED (1)

**Lack of response from the eligible population**

**Remedial action:**

- By involving the District Office, Welfare Department, Political aides, Information Department and community leaders in promoting the importance of vaccination.
- Communication campaigns were done to increase vaccine confidence among the community.





# CHALLENGES FACED (2)



## Lack of vaccination centres

- Remedial action:

- Identifying multi-purpose halls, schools and also “ruai rumah panjang” in villages as PPVs
- Multi-agencies, village representatives as part of organizing committees (registration, crowd control, SOP observants)





# CHALLENGES FACED (3)

## Very remote villages with poor accessibility

- Remedial action:

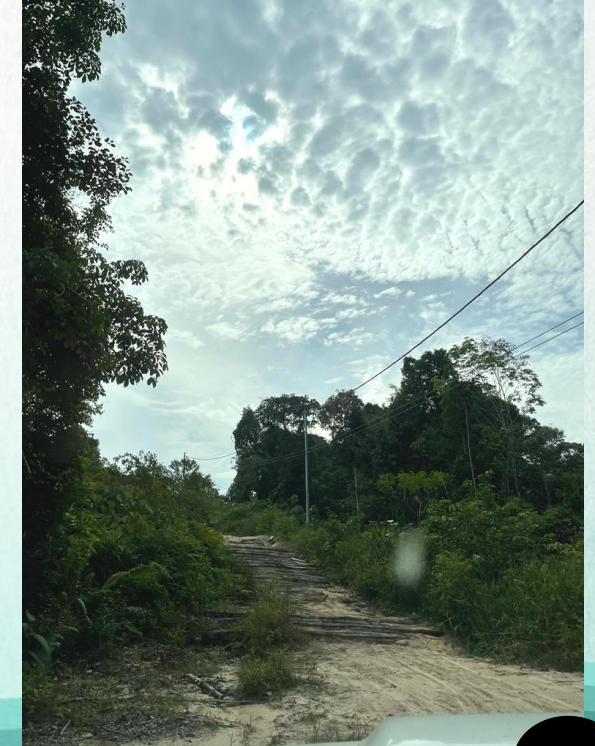
- Community vaccination outreach through the Mobile Health Team
- Engaging the help of Royal Malaysian Police Air Force Unit, to assist in logistics, thus cutting down the travel time immensely
- Informing nearby clinics and Simunjan Hospital to standby in case of any severe AEFIs
- Emergency bag on hand at all times





# DISCUSSION

- The COVID-19 vaccine administration programme in Simunjan confronted logistical problems because of its remote location and difficult accessibility.
- Nonetheless, the Samarahan Divisional Health Office had implemented a feasible vaccine distribution system that guaranteed the Simunjan rural communities had received immunisations as early as possible.
- The use of the Mobile Health Team to reach the rural communities in Simunjan for COVID-19 vaccination would rapidly increase the vaccination coverage.
- Hence improving the immunity against COVID-19 in the under-funded and remote settings.





# RECOMMENDATIONS AND WAY FORWARD

- To expand the outreach program to other remote villages in Simunjan.
- To utilize the same vaccination approach in the next phase (adolescents aged 12-17/ booster doses).
- Instead of using the 2-dose vaccines, to use the single dose vaccines for the outreach programmes.





# Community Vaccination Outreach as a Healthy Setting Approach

- The COVID-19 vaccination program of rural communities is an example of a healthy setting.
- It fulfills the Healthy Settings key principles:
  - ✓ Community participation: Community leaders were trained in promoting vaccination in the communities and registering the eligible group.
  - ✓ Partnership: HCW did not work in a silo. Instead, there was the involvement of other agencies in the registration and vaccination.
  - ✓ Empowerment: The health promotion empowered the community to be properly informed and able to make well-informed decisions.
  - ✓ Equity: The outreach program ensured that the rural communities would not be left behind as healthcare is a basic human right.





# CONCLUSION

- The community outreach vaccination program through the mobile health team is a useful tool to increase vaccination coverage in rural area.
- The path to widespread vaccination is complex which requires detailed planning, coordination, data management, and logistics support by the healthcare leaders and workers, apart from other agencies as well.





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# THANK YOU





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2. <https://www.who.int/news/item/06-05-2021-the-partnership-for-health-cities-supports-covid-19-vaccine-outreach-efforts-of-18-cities-in-africa-asia-and-latin-america>

