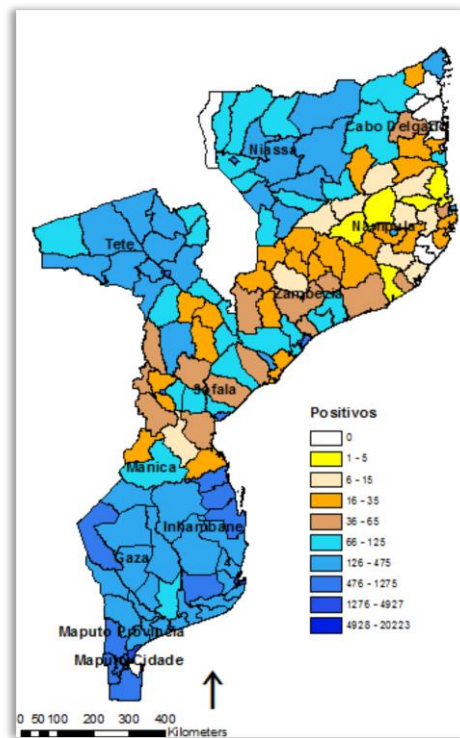




## REPORT: COVID-19 VACCINATION INTRA-ACTION REVIEW

MOZAMBIQUE, 13 – 14 SEPTEMBER 2021



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Maputo, September 2021

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## COVID-19 VACCINATION INTRA-ACTION REVIEW

### MAPUTO, MOZAMBIQUE, 13 – 14 SEPTEMBER 2021

#### I. EXECUTIVE SUMMARY

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Mozambique detected the first case of covid-19 on 22<sup>nd</sup> March 2020, currently has a total of 150067 confirmed cases, 1903 deaths (and a total of 6,928 hospitalized cases up to 20/09/21. Maputo City, capital of the country remains the epicenter of the pandemic with a cumulative of 5289.48 cases /100.000hab and 2.19% of lethality rate, higher than the national average with 1.3%.

The months of January and July marked the peak of the 2<sup>nd</sup> and 3<sup>rd</sup> waves of the pandemic in the country, characterized by an increase in the positivity rate from 28.5% in January to 50.6% and 44.2% in the provinces and Maputo City during the week of 18-24 July. These figures were accompanied by an increasing number of hospitalizations. This period was marked by the installation of chaos in the health system to ensure human and material resources to respond to the pandemic.

Therefore, several response strategies were implemented, among these, the introduction of vaccination against COVID-19, in two phases focusing on the three priority groups identified: health professionals and community health agents, trainees of health training institutions, people over 70 years old, and the third vulnerable populations with co morbidity between 15 and 69 years old, among others, until reaching the general population.

In Mozambique, 2 months after the start of the implementation of the vaccination strategy for the target groups in the 1<sup>st</sup> and 2<sup>nd</sup> phases, 92% and 95% coverage was achieved. Currently, according to the COVID-19 National vaccination plan applied to the COVAX initiative, 10% of the total planned target groups have been reached during the beginning of third phase of the vaccination campaign.

However, considering that the vaccination process is still in progress aimed at completing the second dose for the groups already started, the success factors and gaps related to the process from planning to implementation are not known, this makes necessary to bring together the stakeholders/actors to map the lessons learned and exchange experiences between the different provinces of the country, in order to implement corrective measures during the course of the vaccination campaigns against COVID-19.

The WHO African Region therefore guides countries to review the process from planning to implementation, aimed at identifying gaps, weaknesses and strengths, as well as areas for strengthening the process.

Intra-Action Review (IAR) is a qualitative review of actions implemented in response to an emergency to respond to and identify best practices, lessons learned and gaps. It requires the experience and perceptions of the responders to validate which aspects were successful or not and the factors that contributed to this, allowing the design of actions to improve these processes.

This purpose can be achieved through continuous monitoring of the ongoing activities, allowing the implementation of corrective measures during the activities.

In this context, the country, in line with the World Health Organization, presents the report of the workshop held to evaluate the implementation process of vaccination against covid-19 in Mozambique. The report is composed of 6 parts, namely: i) executive summary, ii) objectives of the work, iii) methodology applied to conduct the activity, iv) results of group discussions, v) action plan and finally the recommendations and vi) next steps to follow.

## II. OBJECTIVES OF THE WORKSHOP

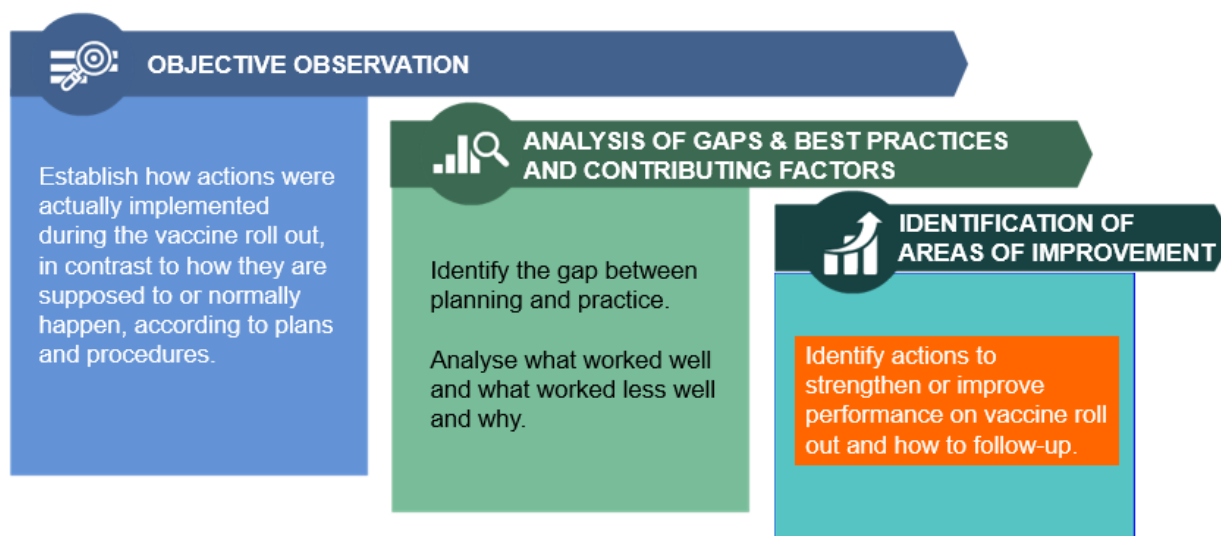
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1. To identify gaps between the COVID vaccination planning and implementation process - challenges and best practices, to compile lessons learned by various parties, drawing out the best practices that have demonstrated success and avoiding recurring mistakes;
2. Identify areas for improvement in order to strengthen or improve performance and monitoring;
3. Provide a basis for validating and updating the country's COVID-19 National Deployment and Vaccination Plan.

### III. METHODOLOGY OF THE INTRA-ACTION REVIEW

<b>Dates of the IAR activity</b>	September 13 <sup>th</sup> – 14 <sup>th</sup> , 2021
<b>Location(s)</b>	Country: Mozambique Province: Maputo Village: Macaneta
<b>Set-up</b>	<input type="checkbox"/> Online <input checked="" type="checkbox"/> Onsite <input type="checkbox"/> Mixed (online and onsite)
<b>Participating institutions and entities</b>	The meeting was attended by members of COVID-19 Vaccination National Coordination Committee, EPI Staff from Central Level, two members from Provincial COVI-19 vaccination Coordination Committee, representing 11 provinces, the National Pharmacovigilance Focal Point, UNICEF, VILLAGERICH, JSI, CHAI and ACASUS.
<b>Total number of participants</b>	<i>The workshop had a total of 52 participants</i>
<b>Period covered by the review</b>	March 8 <sup>th</sup> to September 10 <sup>th</sup> 2021
<b>Response pillars reviewed</b>	<input checked="" type="checkbox"/> COVID-19 vaccination

During the workshop, working groups were created at random according to all National Deployment and Vaccination Plan programmatic areas. The groups were composed of an average of 6 to 7 participants, with a mixed composition according to the profile of the participants in order to maximize the discussions.



## IV. KEY FINDINGS IN THE DIFFERENT PROGRAMMATIC AREAS

- 4.1. Good practices, challenges and impact
- 4.2. Planning and coordination
- 4.3. Service delivery
- 4.4 Logistics, supply chain and waste management
- 4.5. Communication and demand
- 4.6 Monitoring and evaluation
- 4.7 Adverse events to vaccination

This section summarizes the key findings of the review according to programme areas and focuses on the root causes of why best practices and challenges occurred, considering the enabling and constraining factors for each of the findings identified. The summary of findings by programmatic area are as follows:

*Table 1: findings of good practices, challenges from different programmatic areas*

I. Planning and coordination		
II. Financing / resource mobilization		
III. Regulatory (vaccine registration)		
Good practices	Impact	Enabling factors
<ul style="list-style-type: none"> <li>- Creation COVID-19 vaccination coordination committee at all levels (Central, Provincial and District) with involvement of MoH Partners</li> <li>- Intersectoral collaboration to identify priority groups guided NITAG support and aligned to SAGE guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- Involvement of all stakeholders at all levels in the immunisation process.</li> <li>- Ownership of the process of designing strategies considering the characteristics by the sub-national levels</li> <li>- Contribution from all stakeholders in the</li> </ul>	<ul style="list-style-type: none"> <li>- Existence of MoH Partners Platform to support COVID-19 vaccination</li> <li>- Use of online communication platforms</li> <li>- Advocacy at the highest level</li> </ul>

<ul style="list-style-type: none"> <li>- Use of electronic communication platforms to hold virtual meetings with different stakeholders involved in the coordination</li> </ul>	<p>preparation and organization of the National Vaccination Plan</p>	<ul style="list-style-type: none"> <li>- Leadership commitment at all level of the implementation</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Constant changes in the pre-defined target groups in the national vaccination plan</li> <li>- Weak monitoring of the vaccination process by the central and provincial levels</li> <li>- Delaying in acquisition of vaccination related materials such as electronic recording tools and IPC;</li> <li>- Weak coordination and collaboration across COVID-19 vaccination partners</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Discredited of the vaccination process among population</li> <li>- Poor data quality in different sources (Registry Book, Summary Sheet and SISCOVI);</li> <li>- Lack of compliance with some COVID-19 preventive measures;</li> <li>- Misaligned priorities and duplication of effort and waste of resources</li> </ul>	<p><b>Limiting factors</b></p> <ul style="list-style-type: none"> <li>- Short intervals between vaccination phases to allow better assessment and preparation for subsequent phases</li> <li>- Inadequate COVID-19 vaccine rolls out operational funds</li> <li>- Lack of vaccine clear delivery dates so the country can plan properly</li> <li>- Weak mechanism to enhance clarity around COVID-19 vaccination supporting partners for a better effectiveness and efficiency</li> </ul>
<p><b>IV. Services Delivery</b></p>		
<p><b>Good practices</b></p> <ul style="list-style-type: none"> <li>- Prioritization of high-risk target groups according to the vaccine availability</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Better organization of the vaccination process (Phase I).</li> </ul>	<p><b>Enabling factors</b></p> <ul style="list-style-type: none"> <li>- Use of online platforms</li> </ul>

<ul style="list-style-type: none"> <li>- Establishment of fixed and mobile vaccination concentration points (institutions, markets, etc.)</li> <li>- Screening of target groups during vaccination in majority of vaccination posts</li> </ul>	<ul style="list-style-type: none"> <li>- Easier management of the vaccination process (Phase I)</li> <li>- Better coverage of the target group</li> <li>- Achievement of expected vaccination coverage.</li> </ul>	<ul style="list-style-type: none"> <li>- Advocacy at the highest level</li> <li>- Leadership commitment at all implementation levels.</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Lack of knowledge of some vaccination teams on the organization of vaccination sessions</li> <li>- Lack of transport for vaccination teams</li> <li>- Existence of vaccination team members not trained</li> <li>- Vaccination teams with incomplete number of staff</li> <li>- Lack of cue controllers and thermometers in some vaccination posts</li> <li>- Work overload for the vaccination team</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Discredited of the vaccination process among population</li> <li>- Poor data quality in different sources (Registry Book, Summary Sheet and SISCOVI)</li> <li>- Lack of detailed information of vaccinated in SISCOV</li> </ul>	<p><b>Limiting factors</b></p> <ul style="list-style-type: none"> <li>- Use of online platform to conduct training</li> <li>- Availability of vaccine and registration tools (books and summary sheets)</li> <li>- Access to immunization services from eligible groups</li> <li>- Involvement of local leadership for support in active and passive search of eligible target groups</li> <li>- Short intervals between vaccination phases.</li> </ul>
<p><b>V. Logistics, supply chain and waste management</b></p>		



<p><b>Good practices</b></p> <ul style="list-style-type: none"> <li>- Existence of the logistics and cold chain component within the COVID-19 national vaccination plan</li> <li>- Cold chain assessment at all levels (National, Provincial and District)</li> <li>- Mapped vaccine related supplies (vaccines, vaccine carrier boxes, syringes, safety boxes)</li> <li>- Existence of vaccine distribution plans according to availability.</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Identified needed resources in a timely manner</li> <li>- Good vaccine storage capacity;</li> <li>- Identified in advance private cold rooms for additional vaccine storage</li> <li>- Availability of vaccine related supplies</li> <li>- Distribution of vaccines to provincial and districts level according to availability.</li> </ul>	<p><b>Enabling factors</b></p> <ul style="list-style-type: none"> <li>- Existence of health sector partner forum for resource mobilization</li> <li>- Application of the COVAX mechanism to the cold chain</li> <li>- Existence of routine vaccine inputs (vaccine carrier boxes, safety boxes and syringes) for COVID vaccination</li> <li>- Ability to routinely update the vaccine distribution plan.</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Late quantification and reproduction of some vaccine related supplies (COVID vaccination card, vaccine carrier boxes for repackaging according to the target groups)</li> <li>- Insufficient funds for vaccine transport at all levels.</li> <li>- Lack of materials for proper waste management and PPE in</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Shortage of vaccination cards</li> <li>- Lack of vaccine carrier boxes</li> <li>- Late arrival of vaccines and other vaccine related materials at all level</li> <li>- High risk of contamination</li> <li>- Missed opportunity for more vaccination</li> <li>- Weak monitoring of vaccine stocks at implementation level</li> </ul>	<p><b>Limiting factors</b></p> <ul style="list-style-type: none"> <li>- Constant readjustment of target group in the middle of the campaign creating shortage of vaccination cards in the first phase</li> <li>- No plan to purchase vaccine carrier boxes for repackaging</li> <li>- Lack of budgeting costs related to vaccine transport</li> </ul>

<p>all COVID-19 vaccination phases</p> <ul style="list-style-type: none"> <li>- Vaccine wastage rate above 5%</li> <li>- Poor updating of SELVs</li> <li>- Phased vaccine arrival through COVAX mechanisms</li> <li>- Short shelf life of some vaccines</li> <li>- Refusal in accepting to receive vaccines with short shelf life.</li> </ul>	<ul style="list-style-type: none"> <li>- Delayed implementation of vaccination process at national level</li> <li>- Slow pace on vaccination coverage rate.</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of budgeting for procurement of waste management supplies</li> <li>- Open of multi-dose vaccine vials with few patients</li> <li>- Lack of availability of vaccines globally</li> </ul>
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## VI. Communication and demand

<b>Good practices</b>	<b>Impact</b>	<b>Enabling factors</b>
<ul style="list-style-type: none"> <li>- Coordinated Involvement of different sectors at various levels including religious leaders</li> <li>- Evidence-based strategy and messages developed</li> <li>- Testimonies of influential people who survived COVID-19.</li> <li>- Use of many strategies and communication channels for demand creation.</li> <li>- Regular monitoring and management of rumors,</li> </ul>	<ul style="list-style-type: none"> <li>- All actors aligned with the plan and objectives</li> <li>- Increased achievement of plan objectives</li> <li>- Pertinent messages and effective changes (vaccination adherence)</li> <li>- Locally appropriate interventions and messages</li> <li>- More people aware and motivated</li> <li>- Increased risk perception and susceptibility</li> <li>- Increased prevention practices</li> </ul>	<ul style="list-style-type: none"> <li>- Focal points identified</li> <li>- Availability and commitment of those involved</li> <li>- Existence of various channels</li> <li>- Available resources</li> <li>- Willingness and acceptance of people to testify</li> <li>- Absence of stigma</li> <li>- Existence of channels for dissemination messages</li> </ul>

<p>through a digital platform and a technical group.</p> <ul style="list-style-type: none"> <li>- Use of digital platforms (Aló Vida, PENSA, 116) to clarify doubts.</li> </ul>	<ul style="list-style-type: none"> <li>- Increased reach of messages</li> <li>- Redundancy and saturation of messages</li> <li>- Timely identification and debunking of rumors and misinformation</li> <li>- Better informed and enlightened population</li> <li>- Increased adherence to the campaign</li> <li>- More informed and enlightened population</li> <li>- Greater adherence to the campaign.</li> </ul>	<ul style="list-style-type: none"> <li>- Awareness raising by media and other channels</li> <li>- A viable system for identifying and collecting rumors</li> <li>- An active and committed working group</li> <li>- Strategic partnerships with message dissemination mechanisms</li> <li>- Human and technological resources</li> <li>- Well-trained technicians with access to resources</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Late sharing of dates of vaccination phases and priority groups</li> <li>- Communication actions for demand generation implemented at the same time as vaccination occurs</li> <li>- Locations without media coverage, including community radio</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Confusion, discredit and misinformation among population</li> <li>- Distrust, hesitation and refusal of vaccination</li> <li>- Low level of knowledge about the vaccination calendar and cycle</li> <li>- Low level of knowledge about the importance of the vaccine</li> </ul>	<p><b>Limiting Factors</b></p> <ul style="list-style-type: none"> <li>- Decisions taken at the highest level with little time left for implementation</li> <li>- Centrality of decision making</li> <li>- Time for final communication of dates and other details of the vaccination campaign</li> </ul>

<ul style="list-style-type: none"> <li>- Introduction of new target groups during the vaccination process and outside the plan</li> <li>- Little investment in community engagement and mobilization activities, including with community and religious leaders</li> </ul>	<ul style="list-style-type: none"> <li>- Low adherence to the vaccination campaign</li> <li>- Population without the necessary information</li> <li>- Low adherence to vaccination campaign</li> <li>- Constant changes in the plan</li> <li>- Poor dissemination of messages.</li> <li>- Increased exposure and influence of negative socio-cultural and traditional practices</li> <li>- Limited outreach to specific community groups</li> <li>- Low adherence to vaccination campaign</li> </ul>	<ul style="list-style-type: none"> <li>- Lightning capacity of the media.</li> <li>- Availability of vaccine</li> <li>- Limiting factor: Availability of resources</li> <li>- Limiting factor: Weak involvement of community-based organizations (CBOs)</li> </ul>
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## VII. Monitoring and evaluation

<b>Good practices</b>	<b>Impact</b>	<b>Favourable factors</b>
<ul style="list-style-type: none"> <li>- Piloting of electronic pre-registration (EPR)</li> <li>- Creation of the SIS-COV platform</li> <li>- Regular discussion on coverage and vaccine logistic data at all levels</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced waiting time and crowding at vaccination posts where EPR was functional</li> <li>- Accessibility and timely availability of data at all levels</li> <li>- Facilitated coverage rate reporting of target groups</li> </ul>	<ul style="list-style-type: none"> <li>- Engagement of people to pre-registration</li> <li>- Allocation of a specific team to carry out pre-registration of target groups</li> <li>- Training of all teams responsible for data entry and reporting</li> <li>- Strong collaboration between DIS and EPI</li> </ul>

	<ul style="list-style-type: none"> <li>- Increased involvement of all parties in monitoring of COVID-19 vaccination</li> <li>- Timely availability of information</li> </ul>	<ul style="list-style-type: none"> <li>- Implementation of COVID-19 response plan</li> <li>- The need to be accountable to government and partners</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Introduction and implementation of electronic pre-registration</li> <li>- Lack of testing of registration tools (manual and electronic registration)</li> <li>- Delay in setting up the SIS-COV platform</li> <li>- Constant updating of the target groups.</li> <li>- Low user ownership regarding the digital platforms (all levels)</li> <li>- Use of digital platforms for training professionals in data management</li> <li>- Unavailability of logistical data for the management of COVID-19 vaccination information at the highest level</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- The pre-registration on the same day as vaccination has led to delays in vaccination at the site</li> <li>- Delay in filling in registration tools</li> <li>- increased waiting time</li> <li>- Crowding at vaccination posts</li> <li>- Use of parallel databases at all levels</li> <li>- Timely unavailability of vaccination data</li> <li>- Delay in reporting and discrepancy between electronic and paper-based data</li> <li>- Lack of detailed information of data of vaccinated people and generation of summaries into the system</li> </ul>	<p><b>Limiting factors</b></p> <ul style="list-style-type: none"> <li>- Short time for preparation to respond to emergency</li> <li>- Short time allocated for registration</li> <li>- Shortage of tablets for electronic registration</li> <li>- Limitation on the time of data extraction on the platform for discussion at the daily debriefing with the Minister</li> <li>- Unavailability of data/Delay in updating information</li> <li>- Training carried out using the online platform, difficult access for trainees;</li> <li>- Unstable network in some districts</li> </ul>

	<ul style="list-style-type: none"> <li>- Weak perception of the training contents by the data staff</li> <li>- Dissemination of information about covid-19 vaccination to the public</li> <li>- Low visibility of vaccine stock</li> <li>- Parallel data reporting</li> </ul>	<ul style="list-style-type: none"> <li>- Short time for planning and training regarding the reporting of logistics data</li> </ul>
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#### VIII. Vaccines Safety / AEFI

<p><b>Good Practice</b></p> <ul style="list-style-type: none"> <li>- Existence of a national committee for AEFI causality assessment</li> <li>- Existence of updated AEFI notification forms</li> <li>- Existence of a hotline for all people</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Existence of funds for reproduction and distribution of notification forms</li> <li>- Causality assessment of all reported severe cases</li> <li>- Report of AEFI</li> </ul>	<p><b>Favourable factors</b></p> <ul style="list-style-type: none"> <li>- National Committee members trained on causality assessment</li> <li>- Qualified human resources</li> <li>- Funds availability</li> </ul>
<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- Shortage of staff for monitoring AEFI</li> <li>- Lack of integration of pharmacovigilance technicians for AEFI monitoring into the immunisation teams</li> <li>- Lack of submission of all AEFI notified cases to provincial and central level</li> </ul>	<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>- Under-reporting of AEFI cases</li> <li>- AEFI data quality issues</li> <li>- Decrease on vaccine acceptance</li> </ul>	<p><b>Limiting Factors</b></p> <ul style="list-style-type: none"> <li>- Lack of coordination between DPS and SPS</li> <li>- Lack of clarity on vaccination team composition regarding the integration of AEFI technician</li> <li>- Poor understanding on AEFI data flow</li> </ul>

<ul style="list-style-type: none"> <li>- Poor completion of HAPV notification forms</li> <li>- Delay in publication and sharing of AEFI feedback after causality assessment</li> </ul>		<ul style="list-style-type: none"> <li>- Lack of training of staff involved in the vaccination process</li> </ul>
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## V. ACTION PLAN

This session of report presents the actions prioritized by each working group according to the National Deployment and Vaccination Plan programmatic area, divided by immediate actions and those that can be introduced in the mid and long term. All of which will serve to correct the implementation process during the following phases of vaccination in the country. The following are the prioritized actions in each programmatic area:

**Table 2:** Action Plan of COVID-19 vaccination intra-action review

Activities	Period	Responsible	Support	Indicators
<b>I. Planning and Coordination and Service Delivery</b>				
<b>A. Immediate Actions</b>				
Ensure monitoring of the COVID-19 vaccination process by the Central and Provincial levels	All subsequent campaign phases	Central EPI	Partners	Number of supervisions carried out  Number of reports produced
Increase the number of vaccination teams by 33.3%.	All phases of subsequent campaigns	Central EPI	Partners	Number of teams increased

Ensure the availability of tablets for the registration of vaccination against covid-19	All phases of subsequent campaigns	Central EPI	Partners	Number of tablets acquired
Ensure the availability of funds for different activities	All phases of subsequent campaigns	Central EPI	Partners	Amount of funds available
Ensure active operation of the COVID-19 vaccination committees and subcommittees	All phases of subsequent campaigns	Central EPI	Partners	Number of functional committees and subcommittees Number of meeting report shared
Ensure mechanisms to enhance clarity around supporting partners for better effectiveness and efficiency	All phases of subsequent campaigns	Central EPI	All COVID-19 vaccination partners	Number of COVID-19 vaccination coordination and collaboration meetings led by EPI held and report shared
<b>B. Mid and long-term actions</b>				
Continue to develop a plan for quantification, reproduction and distribution (COVID-19)	All phases of subsequent campaigns	Central EPI	Partners	Number of vaccination cards produced based on vaccination plan in a timely manner



vaccination card according to the phases of the national vaccination plans)				
Develop of vaccine carrier boxes purchase plan	Continue	Central EPI	Partners	Existence of a plan and number of vaccine carrier boxes purchased
Budgeting for vaccine transport costs considering the different phases of the vaccination plan.	Continue	Central EPI	Partners	Number of provinces that received vaccines in a timely manner
Procurement of material PPE (aprons, masks, caps, plastics) for PCI and correct waste management at vaccination post	Continue	Central EPI	Partners	Number of items purchased according to plan Number of vaccination posts complying with waste management SOPs
<b>II. Logistics, supply chain and waste management</b>				
Integrating SELV into general logistics training at the EPI	To December 2021	Central EPI	Partners	Number of trainings; No of graduates; Number of districts using SELV

III. Acceptance and demand for vaccines				
A. Immediate Actions				
Organize an advocacy meeting to sensitize the sharing of dates and target groups in advance	20-24.09.21	EPI and Department of Health Promotion (DEPROS)	–	Meeting held Meeting minuts
Draw up a SOP for communication during campaign	20 – 24.09.21	EPI and DEPROS (central, provincial and district)	Partners	SOP produced
Hold community meetings with leaders to raise awareness	Two weeks before the start of the campaign	EPI and DEPROS (central, provincial and district)	Partners	Number of meetings held
Dissemination of messages through mobile brigades with ICS support	Two weeks before the start of the campaign	EPI and DEPROS (central, provincial and district)	Partners	Number of mobile brigades carried out
B. Mid and long-term implementation				
Ensure the introduction of new target groups at the end of each planned phase	October	EPI and DEPROS (central, provincial and district)	Partners	Updated target groups
Organize meetings to present the vaccination plan to CBOs at all levels.	October	EPI and DEPROS (central, provincial e distrital)	Partners	Number of meetings held

Organize training and planning meetings	Continue	EPI and DEPROS	Partners	Number of training sessions and planning meeting held
Carry out actions to monitor the progress of each CBO	Continue	EPI and DEPROS	Partners	Number of supervisions carried out
<b>IV. Vaccine Safety / AEFI</b>				
Hold an advocacy meeting for better coordination between DPS and SPS on the integration of pharmacovigilance technicians in vaccination teams	Two weeks before the campaign	Director of the COVID-19 Vaccination Campaign	-	Advocacy meeting held
Conduct training for pharmacovigilance technicians at provincial level	Two weeks before the campaign	MoH (Pharmacovigilance Focal Point) (MISAU)	Partners	11 Provincial Pharmacovigilance Technicians trained
Conduct pharmacovigilance training of district-level technicians involved in the vaccination process	Two weeks before the campaign	Provincial Health Services (Pharmacovigilance Focal Point)	Partners	All district focal points formed

Carry out technical support supervision to districts with low AEFI reporting rate in 11 provinces	Two weeks before the campaign	Provincial Health Services (Provincial Focal Point on Pharmacovigilance)	Partners	Number of supervision reports
<b>V. Monitoring and Evaluation</b>				
<b>A. Immediate Actions</b>				
Pre-register before the start of the vaccination campaign against COVID-19;	Two weeks before the campaign	EPI and DIS	Partners	Number of pre-registered techniques
Carry out electronic self-registration to be complemented by face-to-face registration before the COVID-19 vaccination campaign	Two weeks before the campaign	EPI and DIS	Partners	Number of persons pre-registered
Carry out specific refresher training for technicians for a better electronic registration	Two weeks before the campaign	EPI and DIS	Partners	Number of technicians trained
Train health technicians in the correct filling of	Two weeks before the campaign	EPI and DIS	Partner	Number of technicians trained

the registration books				
Develop a dashboard for monitoring vaccine uptake and overall campaign implementation at real-time	In subsequent vaccination phases	EPI and DIS	Partner	
<b>C. Mid and long-term actions</b>				
Acquire tablets to be used at vaccination posts	1 Tablet per vaccination Post	EPI e DIS	Partners	Number of tablets purchased
Acquire internet vouchers for data management	1 Tablet per vaccination session	EPI e DIS	Partners	Number of vouchers purchased and allocated to technicians

## VI. RECOMMENDATIONS AND WAY FORWARD

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- Present the results of the intra-Action review in the technical monitoring groups of the Expanded Programme on Immunisation
- Present the final report at the COVID-19 Vaccination National Coordination Committee
- The IAR findings and recommended actions will be used to inform discussions on updating the current COVID-19 National Deployment and Vaccination Plan
- Draw up terms of reference for pharmacovigilance technicians allocated to vaccination posts
- Carry out activities costing and identify partners to support on the implementation of the current action plan.

ANNEX1: Photos from the Intra-Action Review workshop



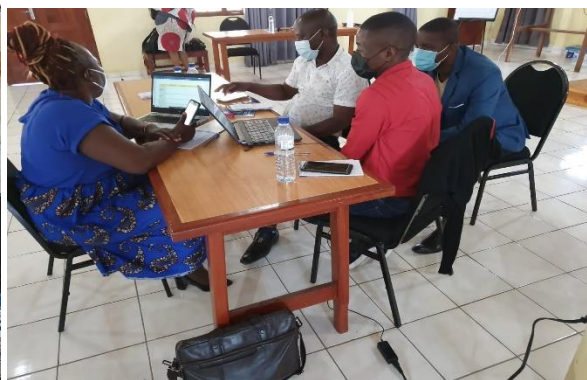
**Photo1: Working group, service delivery**



**Photo2: Working group, Acceptance and demand for vaccines**



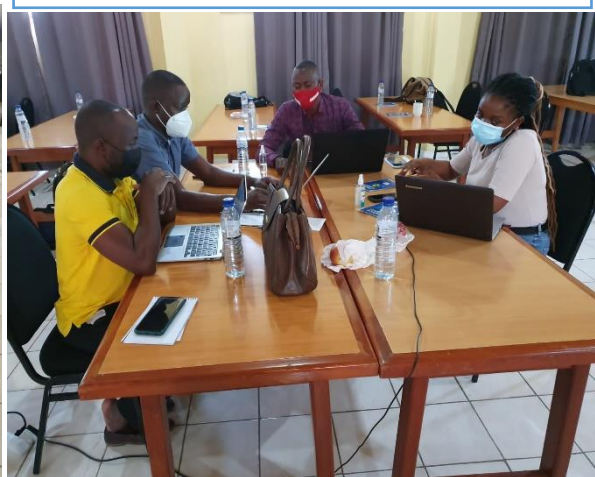
**Photo3: Working group, Monitoring and evaluation**



**Photo 4: Working and planning group: human resources management and training**



**Photo5: Working group, Planning and coordination**



**Photo6: Working Group, Supply Chain and Waste Management**





*Photo7: Plenary presentation: action plan: Supply Chain and Waste Management*