

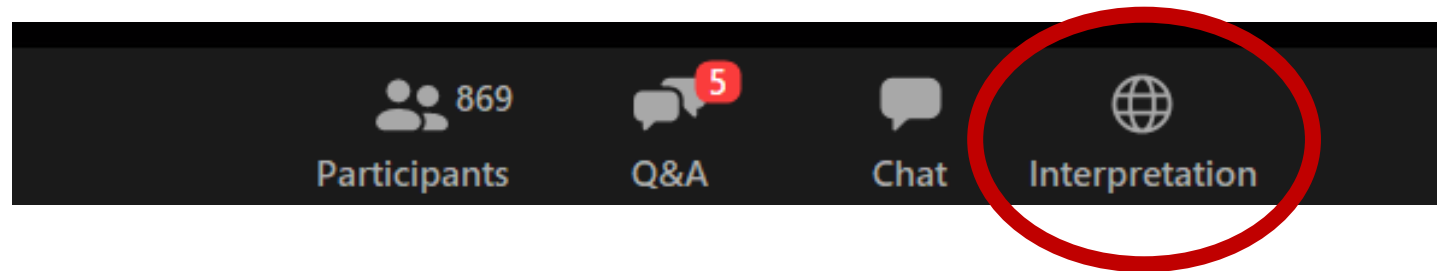


COVID-19 Vaccination: Building Global Capacity Microplanning and Supportive Supervision

4 May 2021

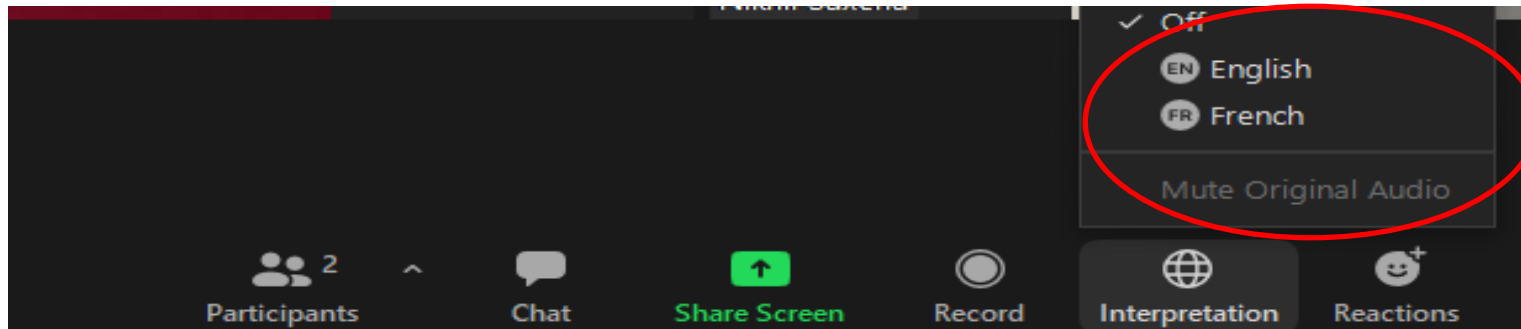
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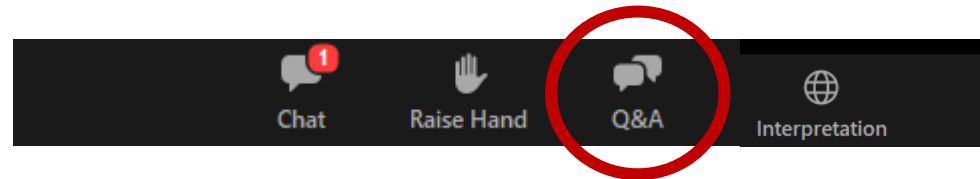
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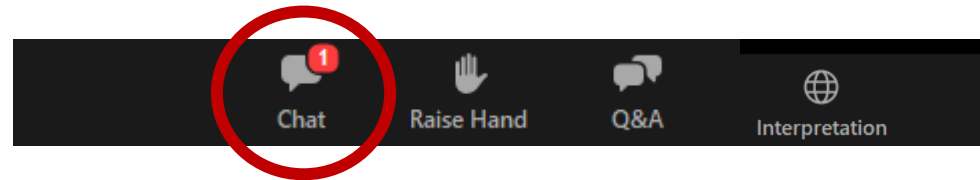


Questions and Chat

Use **Q&A** feature for questions regarding the topic and presentations



Use **Chat** feature for questions regarding IT, logistics, or the Certificate of Attendance



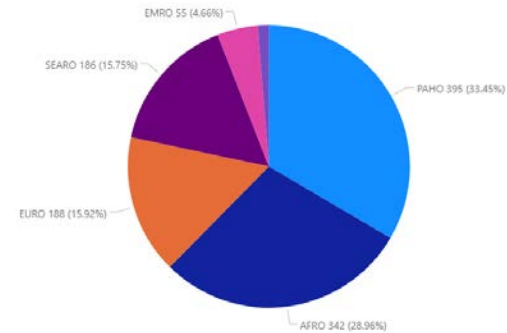
Recordings and Certificate

- **This session is being recorded** and your attendance is consent to be recorded. Recordings will be shared after the session in English, French, and Spanish.
- **A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session



Data Use

Project ECHO[®] collects registration, participation, questions/answers, chat comments, and poll responses for this program and shares with the WHO. Your individual data will be de-identified and kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, and to inform new initiatives.



COVID-19 Vaccine OpenWHO Trainings



[1. Orientation to national deployment and vaccination planning](#)

- Intended to help national and sub-national focal points in countries develop the NDVP and prepare for COVID-19 vaccine introduction

Link: <https://openwho.org/courses/covid-19-ndvp-en>



[2. COVID-19 vaccination training for health workers](#)

- Developed for health workers in-country; consists of six modules, including video lectures, quizzes, job aids, interactive exercises and downloadable presentations

Link: <https://openwho.org/courses/covid-19-vaccination-healthworkers-en>



[3. COVID-19 vaccine specific resources](#)

- Provides short instructional videos and key information on how to handle, prepare, and administer COVID-19 vaccines that have received EUL

Link: <https://openwho.org/courses/COVID-19-vaccines>

COVID-19 Vaccine Introduction Toolkit is the one stop shop for guidance, tools, and training:

<https://www.who.int/tools/covid-19-vaccine-introduction-toolkit>



Announcements, Agenda, and Learning Objectives for Today's Session

Shoshanna Goldin

Announcements

- WHO EUL updated the COMIRNATY®/Tozinameran COVID-19 mRNA vaccine (Pfizer-BioNTech) storage condition to include to storage at -25 °C to -15 °C for up to 2 weeks, after which the vaccine cannot be returned to ultra-low temperatures and must be used.
 - This may provide more flexibility for the deployment and use of this vaccine in LMICs.
 - WHO Product Information and other labelling materials, as well as training and information materials will be updated accordingly.

- Mini c-PIE (COVID-19 Vaccine Post Introduction Evaluation) slides and recordings to be added to the [COVID-19 vaccine introduction toolkit](#).

- Considerations for optimizing deployment of ChAdOx1-S [recombinant] vaccines in a time-limited constrained supply situation (AstraZeneca/AZD1222-Vaxzevria, AstraZeneca/SK Bioscience and SII/Covishield vaccines)-- 30 April Update: <https://www.technet-21.org/en/forums/discussions/considerations-for-optimizing-deployment-of-astrazeneca-axd1222-and-sii-covishield-vaccines-in-a-time-limited-constrained-supply-situation> (will be added to the [Toolkit](#))

An Overview

SUPPORTIVE SUPERVISION WORKSHOP SERIES

Boost, in partnership with **John Snow, Inc. (JSI)** and **Immunization Academy**, is excited to offer a workshop series focused on improving and enhancing supportive supervision for immunization services. The four-part workshop series will start **Tuesday, April 20**. Live 60-minute sessions will be held once per week on **Tuesdays at 1:00 - 2:00 PM GMT**.

This series hopes to provide supervisors with skills and resources to help improve the efficiency and effectiveness of the supervision process.

The sessions will be interactive, participatory and will highlight common challenges and success stories from the field. *Upon attending all sessions in the workshop series, participants will receive a certificate of completion.*



Participants will strengthen skills by learning:

- ✓ How to use supportive supervision to build and reinforce competencies within your team
- ✓ Core communications competencies and techniques for successful supportive supervision
- ✓ How to use data to plan, conduct and follow up after your supportive supervision efforts
- ✓ Strategies to enhance the effectiveness of supportive supervision that is provided at a distance

REGISTER TODAY: <https://bit.ly/39YqNrd>

Useful Links

The **Supportive supervision for COVID-19 vaccination** is intended for supervisors who are supporting staff conducting COVID-19 vaccination. Use this checklist to prepare for and conduct supervisory visits, either on-site or remotely. [Click here to access this resource](#)

Additional resources

- **The COVID-19 vaccination training for health workers** provides key information and job aides for vaccinators on how to safely and efficiently administer vaccines. Access link [here](#)
- **COVID-19 vaccine simulation exercises** help countries to prepare for strategies, communications, supply and logistics, vaccine safety and regulatory aspects of COVID-19 vaccination. Access link [here](#)
- **Training on how to use COVID-19 vaccine simulation exercises** is available. Access link [here](#)
- **Global Capacity Webinars** provide helpful information on key aspects of COVID-19 vaccination for national/subnational focal points and health workers. Access link [here](#)
- The **COVID-19 vaccine checklist is for frontline health workers** planning a COVID-19 vaccination session. This checklist can help them to prepare and complete a COVID-19 vaccination session at a fixed post or outreach session. [EN](#) [AR](#) [CH](#) [RU](#)



Agenda for Today's Session

- What is microplanning?
- AFRO regional overview
- Ghana microplanning experience
- Supportive supervision
- What's next?
- Questions and answers

Goal and Learning Objectives

Goal:

Provide an overview of key information for countries to consider when conduct COVID-19 vaccination microplanning and roll out

Learning Objective:

- Provide examples of microplanning experiences and lessons learned
- Share an overview of the value and tool for virtual supportive supervision



What is microplanning?

Diana Chang Blanc

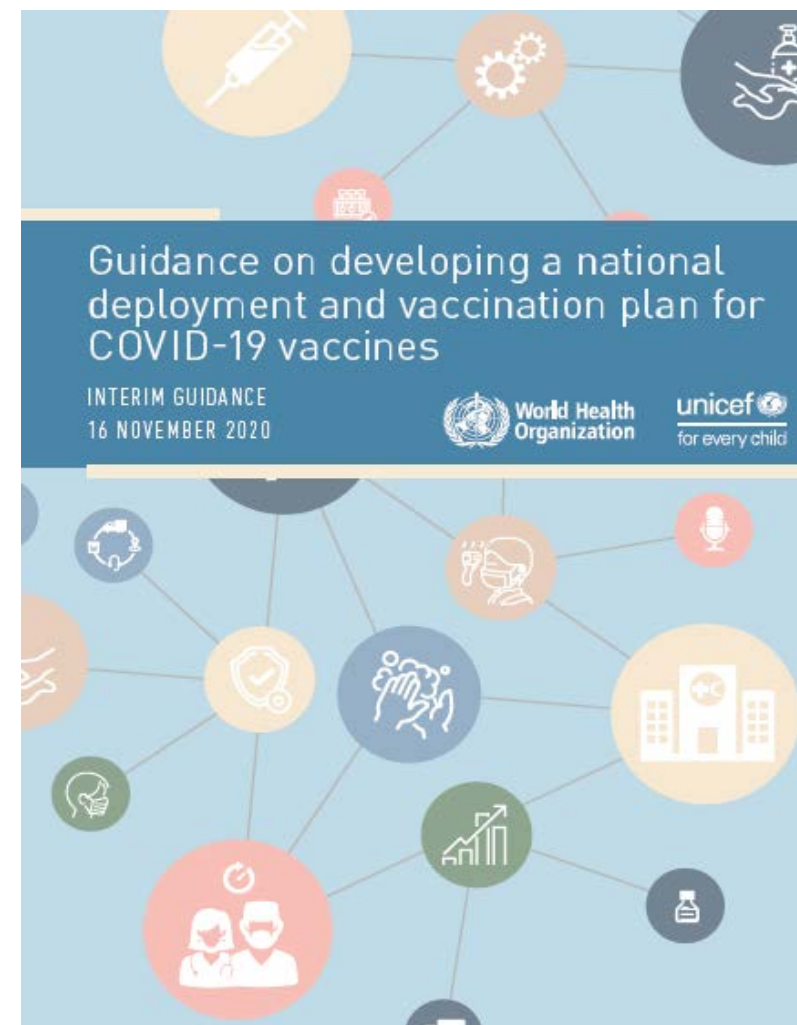
Scene setting – rationale for Microplanning guidance

In November 2020, WHO-UNICEF Guidance for National Deployment and Vaccination Plan (NDVP) for COVID-19 vaccines was issued to support countries to develop their national strategies.

- undergoing updates Version 2.0 (May Release)

Provided the framework for over 100 countries to develop their NDVPs.

As multiple COVID-19 vaccine products are now licensed for emergency use, there is a need to provide national health authorities with, **operational guidance on microplanning** in line with the strategic framework of the NDVP for the effective implementation of the COVID-19 vaccination activities.



Next Steps

Certain regions have rapidly developed and adapted operational guidance for COVID19 introduction (AFR, EUR, PAHO)

- Self-learning training course PAHO

WHO HQ developing a complementary module to NDVP on operational implementation for longer-term programming, when multiple COVID19 vaccines are integrated

- Adaptable by regions and countries

In complement to and coordinated with the initiative on “**Digital Micro plans for Equitable Access and Delivery of COVID-19 Vaccine**”

WHO AFRO Draft Operational Fieldguide for COVID-19 Vaccination, Feb 2021

WHO Regional office for Africa

World Health Organization
REGIONAL OFFICE FOR Europe

JANUARY 2021

Draft Operational Fieldguide for COVID-19 Vaccination

Working draft version: 24 Feb 2021

AFR

EUR

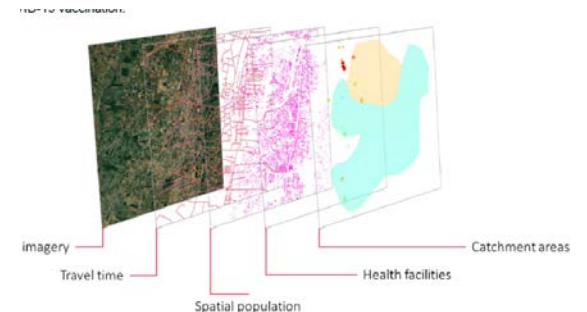
OPS

Introducción de la vacuna contra la COVID-19: Orientaciones para determinar los grupos prioritarios y elaborar la microplanificación

Introducción al curso:

A un año del inicio de la pandemia de COVID-19, científicos de todo el mundo están avanzando rápidamente en el desarrollo de vacunas seguras y eficaces para reducir las enfermedades, las hospitalizaciones y las muertes asociadas. Se espera que dichas vacunas ayuden significativamente a la protección equitativa del bienestar humano, y que permitan retornar de forma...

PAHO



WHO Regional office for Africa

**Draft Operational Fieldguide
for COVID-19 Vaccination**

Working draft version: 24 Feb 2021

AFR regional overview

Messeret Shibeshi

WHO AFR Regional Overview -Microplanning

- Experiences in the region from PEI, Accelerated disease control, new vaccine introductions informed the Development of Microplanning tool of the field guide
- The regional level developed a regional guideline to help operationalize the NDVP from Macro-plans to Microplans
- Essential tool for the COVID 19 vaccine roll out



Translating the NDVP through Micro-plan into operations – the Microplanning tool

Microplanning

- At the **health facility/ district level**
- Identifying ways of identifying / reaching the target population
- To ensure the **necessary inputs and resources** are delivered to the right place in the right amount
- Mapping **local needs against local resources**
- Accompanied by **sketch maps to indicate “what, where”**
 - clear **boundaries** of settlements and catchment areas
 - important **landmarks, vaccine depots, vaccination posts**

WHO AFRO_Draft Operational Fieldguide for COVID-19 Vaccination. Feb 2021

Micro-planning at the health facility/ district level

The micro-planning exercise is a bottom-up approach of planning that should start at the health facility and district levels. This exercise should come up with realistic estimates of the human, financial and material resource needs based on the target population and the reality on the ground. The opportunity should be maximally used to look into the cold chain status and waste management issues among others. The involvement of other Ministries, NGOs, Faith-based organisations (FBOs), civic society groups and other stakeholders in the planning stage helps to pool resources that may not be readily available for routine services.

In the case of COVID vaccination, considering that the required vaccines will not be available all at once, the microplanning exercise for the different phases pivots around the estimated number of persons in the priority groups identified per phase, and the vaccine allocation per phase. The microplanning exercise needs to be implemented in a very flexible manner, with a view to put the required elements on the ground and implement the vaccination activity within a very short period of time after the arrival of the vaccines in country. This is important since the COVID vaccines have short shelf lives.

A successful microplanning exercise is expected to clarify questions related to who, what, where, when, how. (Table 2) The Health facility/district microplans should provide the best available information on the following:

- Target population by district/subdistrict/health facility catchment area per phase of planned campaign
- Enumeration of health workers and other priority groups to be vaccinated in phase 1 of the campaign
- Number of health workers, local volunteers to be members of the vaccination teams
- Cold chain equipment: existing equipment and functionality, locations, gaps and possibilities from the private sector and other sources
- Required supplies: vaccine doses, syringes, safety boxes, IPC supplies, emergency drugs for the management of anaphylaxis (Annex 2), monitoring tools, communications products

The tools allow capturing estimates at the operational level according to the standards

Info needed for micro-planning

- Detailed map (population, Health facilities, schools, distances)
- Population data – by districts, urban/ rural proportions...
- List and description of underserved / special populations
- Cold chain inventory, waste disposal facilities
- Vehicle inventory
- Human resources – health workers, volunteers, etc
- Financial resources from all sources
- List of community leaders, potential partners and stakeholders
- Knowledge of the local context
-

- Vaccinations being rushed, teams did not have enough time to finalize Micro-plan process therefore improvised
- Pre-listing of Health care workers in Phase 1

Observations

- Pre-registration in some worked well
- Where it did not work well , challenge of IT (printed appointment list did not match with health facility list etc...)
- Phase 2 – revision & adjustments to ensure appropriate MP guides Service delivery

Micro-planning standards

Requirements for a vaccination session

Item	Requirements for a vaccination session:
Vaccine doses:	target number x wastage factor
Vaccine vials:	vaccine doses ÷ 10 (number of doses per vial)
Cold boxes;	2 per team
Ice packs to line the cold box;	24 ice packs per cold box
Vaccine carrier	1 per team in temporary site/ mobile team
Ice packs to line the vaccine carrier;	4 ice packs per vaccine carrier per day
Auto disable (AD) syringes (22-25G):	1 per vaccine dose
Safety boxes	total number of AD and reconstitution syringes ÷ 100
Cotton wool balls	depending on the size of the target population
Tally sheets (or other reporting forms)	
severe AEFI management kit	
AEFI reporting forms (specific for COVID-19 vaccine)	
Infection prevention and control kit	type and number of items depending on the venue, the size of the team and the target population

NB: 1 liter of cold chain space holds approximately 470 doses of AZD1222 vaccine (at 2.1 cm³ per dose in secondary packaging)

Estimated workload and human resource requirement per vaccination team

	Permanent and temporary fixed sites)	Mobile teams
Urban centers/ dense population	100 per day	50-80/day
Rural areas/ sparsely populated areas	80/day	60/day
Vaccination of Health workers	100 per day	
Size of vaccination team	6 (1 vaccinator, 1 for vaccine preparation, 1 recorder, 2 for crowd control/screening and 1 mobilizer)	2 (1 vaccinator and 1 mobilizer/recorder)
Team supervisors	7 teams/supervisor	5 teams/supervisor

Examples ; Costed items using micro-plan simplifies the requirement at each level for resources allocation and mobilization

COVID 19: Human resources requirement and training plan and costing, Ethiopia															
Background information															
Phases	Structure				Total Popn			Target population		Target population	No of Vaccination Postes/team s	National coordinators and supervisors	Regional coordinators +supervisors	Zone coordinators	Wored coordinators
	No of Regions	No. Zones	No. Woredas	No. PHCUs	Target population	Population in Refugees	Total Population	Target popln (host community)	Target popln in refugees, 93% of total	Total target popln	Target popln/(200/ dayx 7 days)	(Regionx2 from FMOH)+regionx2 from partners	(3Coordinators/Region)+ (1Supervisor/Zone)	(3 Coordinators/Zone)	(3 Coordinators/Woredas)
Phase 1 (3%)	12	130	1,200	5,000	116,566,022	-	116,566,022	3,496,981	-	3,496,981	2,498	48	166	390	3,600
Phase 2 (17%)	12	130	1,200	5,000	116,566,022	935,000	117,501,022	19,816,224	514,250	20,330,474	14,522	48	166	390	3,600
Phase 3 (80%)	12	130	1,200	5,000	116,566,022	-	116,566,022	93,252,818	-	93,252,818	66,609.16	48	166	390	3,600
TOTAL	11	390	3,600	15,000	349,698,066	935,000	350,633,066	116,566,022	514,250	117,080,272	83,629	144	498	1,170	10,800
								1750							

Summary

- Utilised country experiences to develop the standard AFR Field guide
 - Micro-plan is basis in operationalizing the NDVP
 - Whom to vaccinate , where, when , how , what is needed, who will do it ?
- Observations
 - Some countries did not have adequate time; others had limited funds to support the bottom-up micro-plan development ;
 - For Phase 1: most countries did pre-listing of Health workers
 - 2nd phase being guided with microplanning
 - Costed micro-plans being used to mobilize estimated resources and address gaps in service delivery
 - Rushed implementation of COVID vaccine roll out – led by the highest political leadership and so standard guidelines not followed in initial launch
 - Population groups to be reached can only be identified and reached with appropriate MPs



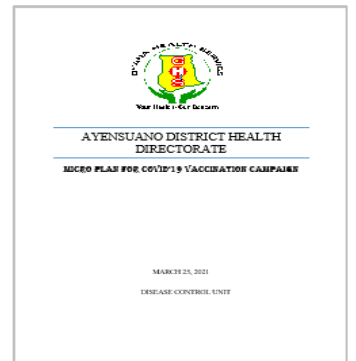
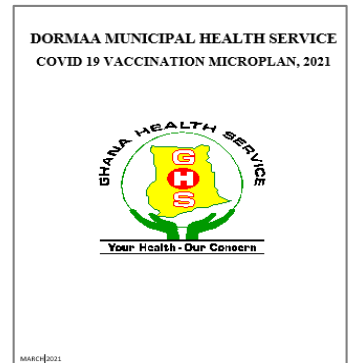
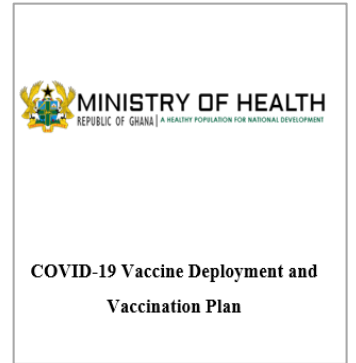
Ghana microplanning experience

Fred Osei-Sarpong

Ghana's microplanning experience

From plans to microplans

- The NDVP served as the strategic document that informed the development of microplans (MPs) at the operational levels
- Experience from the planning and implementation of campaigns guided the development of MPs
- Context for MPs development:
 - New vaccine develop amidst conspiracy theories
 - Non-traditional target: persons 18+ segmented into risk groups
 - Strategies to identify and verify persons in high-risk population segment
 - Generating demand in the era of misinformation and disinformation especially on social media
 - Estimating realistic denominators for the segmented population groups
 - High population movement; are we likely to cover all persons in transit? ...markets, funeral etc.



Ghana's microplanning experience

Population segmentation - risk of exposure, disease severity, business continuity and national security

- **Group 1: Persons at the highest risk**

Health Care Workers, Frontline Security Personnel, Persons with known underlying medical conditions, 60+ year old persons, Frontline members of the Executive; Legislature; Judiciary; Teachers >50 years, other essential service providers

- **Group 2: Other Essential Service Providers including the rest of the security agencies**

Water supply services; Electricity supply services; Teachers & students; Supply and distribution of fuels; farmers and food value chain; telecommunications services; development partners (DPs), refugees, Air traffic and civil aviation control services;(h)Meteorological services; Air transport services Waste management services; Media; Public and private commercial transport services.

Securities and Intelligence Agencies: the Police Service; Armed Forces; Prisons Service; Immigration Service; National Fire Service; CEPS Division of the rest of Ghana Revenue Authority

Rest of the Arms of Government: Executive; Judiciary; Legislature.

- **Group 3: Rest of General Public**

- **All persons 18 years and over excluding pregnant women**

- **NB: Pregnant mothers & persons under 18 years (when safety data becomes available)**

Ghana's microplanning experience

Preparing for the roll-out

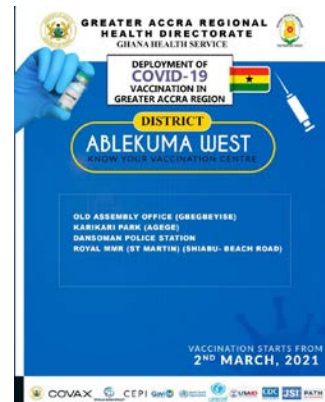
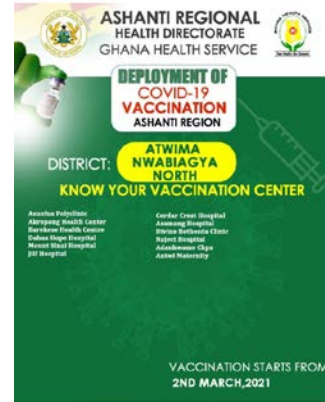
- Phased introduction (3 Phases) beginning with the first segmented population groups
- Multi-sectoral planning committees (MMDAs and partner organizations)
- Personnel required for the roll-out were identified and trained: virtual and in-person. All trainings included demonstrations/illustrations
- Vaccines, devices and other logistics were estimated and distributed based on the target population
- Target population: MOH, national security, statistical service, presidency, judiciary, parliament
- Advocacy and demand generation: proven strategies at community level were used (radio, interpersonal, churches & mosques). Engaged organized groups: market women, fishermen association, farmers etc
- CC capacity was significantly improved (2 to 8°C) through the implementation of CCEOP



Ghana's microplanning experience

Delivery strategies

- Infographics on designated vaccination centers were developed and shared on social media platforms and announced on radio stations and community information centers
- Different delivery strategies were implemented: static, outreach, mobile, campout or combination
 - re-strategized to meet needs
 - Designated teams deployed to government institutions, schools, persons on national assignment
 - House-to-house strategy used in places with low patronage + persons unable to visit the post
 - Vaccination teams: 1 vaccinator, 1/2 recorder(s), 1 mobilizer & 1 supervisor
- National IDs were used to confirm the age of persons above 60 years. Proof of having an underlying co-morbidities were also shown at vaccination sites
- Electronic data collection using DHIS2 (reminder function) and ODK; both with offline function
- VaccineUpp was introduced at some point to enable clients pre-register and scheduled for vaccination. This became necessary when the e-registration process was found to be slow



Ghana's microplanning experience

Successes and challenges

- 24 February 2021: Ghana was the first country to receive COVID-19 vaccines through the COVAX Facility
- Campaign launched: 1 May 2021 | Roll-out: 2 May 2021
- So far, 966,850 doses of vaccines have been received with 846,588 persons vaccinated (as of 29 April 2021) | 2% wastage



Key Successes

- High level political support from the presidency to local authorities
- Strong immunization systems provided the platform for the roll-out
- Adherence to COVID-19 prevention protocols

Challenges

- High level of misinformation and disinformation
- Target population for the segmented groups was difficult to estimate: e.g. persons with co-morbidities are in either of the other groups
- Global vaccine supply challenges

Way Forward

- Advocacy and demand generation
- COVAX Facility | Explore cost-sharing through COVAX
- Other bilateral arrangements



Supportive Supervision for COVID-19 Vaccination

Jhilmil Bahl

How to conduct supportive supervision for COVID-19 vaccination

A combination of **remote and on-site supervision** may be planned. Successful supervision (on-site or remote) can start with these steps:

1. Determine the **frequency** of supportive supervision sessions based on your context.
2. Explain the **purpose, objectives and duration** of the sessions in advance.
3. Acknowledge **difficult times and compliment staff** on their professionalism and achievements.
4. **Listen carefully**, take notes, and ask clarifying questions.
5. Ask staff about their **well-being** (do not focus only on technical issues).
6. Encourage **peer learning and messaging** between meetings to share questions or concerns.
7. If doing remote supervision, **test the communication method and equipment- be patient**
8. Provide **remote learning opportunities**, such as recording or sharing short training messages.

Supportive supervision checklist for COVID-19 vaccination

<https://www.who.int/publications/m/item/supportive-supervision-for-covid-19-vaccination>

- √ COVID-19 vaccination planning- microplanning, social mobilization, staff training
- √ COVID-19 vaccine service delivery and monitoring- session planning, defaulter tracking
- √ Availability of vaccines, supplies, infection prevention and control items, AEFI kits, recording tools
- √ Observation of vaccination session- IPC measures, session site, cold chain, injection technique, waste disposal, interaction with beneficiaries
- √ Discussion with the vaccination teams

Supportive supervision checklist for COVID-19 vaccination, continued

	Description	Yes	No	Comments
4. Observation of vaccination session				
19.	Does the vaccination site have adequate ventilation (mechanical, natural, or combination of both)?			
20.	Is the vaccination site set up to have a one direction flow of vaccine recipients and to maintain physical distance of at least 1 meter in all directions?			
21.	Is there clear signage to remind vaccine recipients about: reporting COVID-19 signs and symptoms, mask wearing, hand and respiratory hygiene, physical distancing (e.g. floor markings, tape, ropes, etc.)?			
22.	Does the waiting area allow for physical distancing of at least 1 meter in all directions?			
23.	Are vaccinators always performing hand hygiene before putting on and removing PPE (e.g. mask), before preparing the vaccine, and between each vaccine administration, preferably using alcohol-based hand rubs?			
24.	Are all staff wearing a medical mask?			
25.	Is there an area (separate from vaccination area) to screen people coming for vaccination?			
26.	Is regular environmental cleaning and disinfection of vaccination area conducted at least twice daily, with special attention to high-touch surfaces?			

Going beyond checklist

1. How are you feeling physically and emotionally?
2. Do you feel safe when doing your job? If no, what can be done to make you feel safer?
3. How confident do you feel in managing COVID-19 vaccination and your other job responsibilities? Any challenges?
4. How confident do you feel in answering the questions raised by those coming for vaccination or community on COVID-19 vaccination? What support do you need?
5. Are there aspects of COVID-19 vaccination that you would like to learn more about?
6. What can I do to support your work?



What's Next?

Shoshanna Goldin



Webinar materials and Continuing the Conversation



Find all the webinar materials
(recordings, slides...)



Ask your questions and share your
experiences



On TechNet-21: <https://www.technet-21.org/en/topics/covid-19-vaccine>



On TechNet-21: <https://www.technet-21.org/en/forums/discussions/covid-19-vaccination-webinar-12-microplanning-and-supportive-supervision>



On Telegram in EN :
<https://t.me/joinchat/UOZ7Mn9foylDdDfp>

Sur Telegram en FR:
https://t.me/joinchat/SydS_ySfQYEebEt0

What's Next?

- Recordings from this session will be available in English, French, and Spanish.

Upcoming sessions:

Date	Topic	Registration Link
18 May 2021	Private sector engagement	Register here
1 June 2021	Monitoring and evaluating COVID-19 vaccine introduction	Register here
15 June 2021	Adaptive leadership for COVID-19 vaccine introduction	Register here



Thank you!

Please type your questions to the presenters in the Q&A feature.

Questions related to the session topic that are not answered during the session will be shared with the technical experts, answered, and shared via email.