



## Q&A for Mini-cPIE Clinic #01: Global Overview and Country Experience Sharing

Wednesday, 28 July 2021

Thank you for attending the above mini-cPIE clinic session for countries and partners. Please see below consolidated questions and answers from the session for your reference from Bhutan, Gambia, Senegal, and WHO HQ presenters.

### GENERAL QUESTIONS REGARDING MINI-CPIE

**Can mini-cPIE be conducted at the sub-national level, especially the provincial level? Some topics may not be relevant for the provincial level.**

Yes, mini-cPIE can be conducted at the national or sub-national level. Please note that the IAR process and tools are flexible and countries can tailor it based on their specific contexts and needs. Based on country needs, the relevant indicators, documents to review and trigger questions can also be pre-selected and adapted to facilitate the discussion as needed. Countries can also develop new trigger questions that may be relevant for a sub-national mini-cPIE as required.

**Does the mini-cPIE have an aspect of observation of vaccination practices as part of the evaluation?**

Regarding whether the mini-cPIE has an observation of immunization practices section, this is addressed very specifically in the classic cPIE with a dedicated questionnaire. The mini-cPIE is structured as a facilitated discussion with mainly open-ended questions, so issues related to vaccination practices may be embedded in some of these questions. As mentioned, mini-cPIE is a country-owned and country-led process, so new questions can be added as needed based on country needs. Beyond the facilitated discussion, it is also possible for countries to include other elements in their mini-cPIE as the country desire, including observation of vaccination sessions and vaccine storage.

**What does onsite format mean? Reviewers physically gathering to have face-to-face discussions or does it include field visits to institutions/sites?**

IAR or mini-cPIEs can be conducted online (all discussions taken place online), onsite (all discussions taken place face to face), or via a mixed format (some participants onsite with some participants online). Beyond the facilitated discussion, which is the basis for an IAR or mini-cPIE, countries may wish to include additional elements, such as field visits to institutions/sites, key informant interviews, vaccination session and storage observation, online survey, or a more in-depth desk review. It is possible to make IAR or mini-cPIE as light or as comprehensive based on their needs and contexts.

## QUESTIONS FOR SENEGAL

Were the tools on stock management inadequate or insufficient? I don't understand which of the two were the main challenge?

*(Les outils sur la gestion des stocks étaient-ils inadéquats ou insuffisant ? Je ne comprends pas vraiment lequel des deux était le nœud du problème?)*

The management tools did not integrate the COVID-19 vaccines and had to be updated. We had developed inventory management tools and even requested a daily inventory report.

*(Les outils de gestion n'intégraient pas les vaccins COVID-19 et il a fallu les mettre à jour. Nous avons élaboré des outils de gestion de stocks et avons même demandé un rapport journalier de stock.)*

Is the documentation of the Vaccination Caravan intervention available? It sounds super interesting. *(Existe-t-il de la documentation sur l'intervention de la Caravane de vaccination ? Ça a l'air super intéressant.)*

This intervention was a local initiative to sensitize the populations to be vaccinated. We use traditional communicators accompanied by health actors to get the message across. This intervention was not an overall strategy.

*(Initiatives locales pour sensibiliser les populations à se faire vacciner. On utilise les communicateurs traditionnels accompagnés des acteurs de santé pour faire passer le message. Ce n'était pas une stratégie généralisée.)*

I see the list of identified challenges, but I would like to know if during the IAR, you were able to agree on actions to address them.

*(Je vois la liste des défis identifiés, mais j'aimerais savoir si pendant la RIA vous avez pu vous mettre d'accord sur des actions pour les relever.)*

Yes. We even had prioritization of activities to be carried out in the short and medium-term.

*(Oui. Avec même une priorisation des activités à mener à court et moyen terme.)*

Great to see domestic funds were mobilized for operational funding needs. Could the speakers elaborate on the level of domestic funds allocated by their respective governments to cover operational funding needs? What percentage of the costed NDVP/funding needs did governments allocate as domestic funds for COVID-19 vaccine delivery?

*(C'est formidable de voir que des fonds nationaux ont été mobilisés pour les besoins de financement opérationnel. Est-ce que les intervenants pourraient préciser le niveau des fonds nationaux alloués par leurs gouvernements respectifs pour couvrir les besoins de financement opérationnel. Quel pourcentage des besoins chiffrés de financement/NDVP les gouvernements ont-ils alloué en tant que fonds nationaux pour la livraison du vaccin COVID-19 ?)*

These were initiatives from each region. The Health Development Committees have made a significant contribution to cover the operational costs. It should be noted that the COVID-19 vaccination activities incorporated routine vaccination and did not require additional costs. For the moment, figures in terms of committee and government contribution are not available.

*(Initiative de chaque région. Les Comités de Développement Sanitaire ont fortement contribué à la prise en charge des coûts opérationnels. Il faut préciser que les activités de vaccination contre la covid-19 ont intégré la vaccination de routine et n'ont pas nécessité de coûts supplémentaires. Pour le moment, les informations chiffrées en termes de participation des comités et du gouvernement ne sont pas disponibles.)*

**Congratulations to Senegal! Based on this assessment/ learning process, what have you and your team changed your mind about? What do you see differently today (after conducting the “mini-cPIE”)?**

*(Félicitations au Sénégal ! Sur la base de ce processus d'évaluation/d'apprentissage, sur quoi vous et votre équipe avez-vous changé d'avis ? Qu'est-ce que vous voyez différemment aujourd'hui (après avoir mené le « mini-cPIE ») ?)*

During the IAR, the teams discussed the five components (programme evaluation areas) analyzed. The report details the paths to follow.

*(Lors de la RIA les équipes ont échangé sur les 5 composantes analysées. Le rapport détaille bien les voies à suivre.)*

## **QUESTIONS FOR BHUTAN**

**The successful campaign in Bhutan means there was minimal vaccine hesitancy. Could you explain your communication approach and strategies in more detail?**

Risk communication strategies were adopted based on our context. In addition to mass advocacy to the public on vaccination, the MoH wanted to carry out advocacy and sensitization on vaccination for key targeted groups of people, who in turn will further reach out to all population groups both in urban and rural communities. Before the COVID-19 vaccine roll-out, the Honorable Prime Minister conducted separate virtual advocacy and sensitization sessions on vaccination with religious leaders, local leaders, heads of schools and institutions and district commissioners. The Honorable Health Minister also conducted vaccine sensitization to media outlets and influencers, including artists. The Ministry of Health conducted a mass media campaign through various media channels. The NITAG also participated in live panel discussions on vaccination on the national television channel.

**Were there any AEFIs recorded and how did they affect vaccine uptake?**

Yes, NITAG monitored both minor and serious AEFI in real-time using the Bhutan Vaccine System. The information regarding AEFI was shared with the media, supplemented by an explanation from the NITAG. AEFI recorded did not affect vaccine uptake.

**What is the impact of your vaccination on new cases given the high second dose coverage and have you had any breakthrough cases?**

We have had very few new cases reported after the roll-out of the two-dose regime. It may be too early to comment at the moment whether those cases are breakthrough, as most of the vaccinated people are yet to complete the 14-day period following the receipt of their second dose to be officially designated as fully vaccinated.

**Thank you for the great presentation. Could you further elaborate on how human resource needs for vaccination was planned and managed? What number/percentage of health care workers were reallocated to the COVID-19 vaccination away from their routine work? What number/percentage of health care workers had to be newly recruited to supplement needs?**

Human resource requirement was mapped out based on vaccination post assigned for the campaign by the respective district health authorities. Most districts were able to mobilize health workers from the existing pool. For larger districts, backup for human resources was mobilized from the University of Medical Science. More than 50% of health workers were deployed during the campaign. The campaign did not affect routine work since sufficient staff continued to carry out their routine work and worked extra hours during the vaccination campaign.

**Great to see domestic funds were mobilized for operational funding needs. What percentage of the costed NDVP/funding needs did governments allocate as domestic funds for COVID-19 vaccine delivery?**

The Government of Bhutan has mobilized a significant amount for the operational cost of the campaign. For the first vaccination campaign, the government mobilized 38% of the total cost incurred. A similar proportion is expected to be mobilized from the government for the vaccination campaign of the second dose.

**QUESTIONS FOR GAMBIA**

**Were there any experiences or challenges for waste management (as the COVID-19 vaccine waste management needs to follow the standard procedure like incineration of empty vials)?**

Containers were provided at the seven regions where vaccination wastes were collected and transported to the incinerator.

**How long before the launch event did you begin distributing communications about the vaccine to the public?**

We had national and regional launches. Communication materials were distributed a day before the national launch. For regional launches, communication materials were dispatched to the regions seven days before the launch.

**Could you further elaborate on how human resource needs for vaccination was planned and managed? What number/percentage of health care workers were reallocated to the COVID-19 vaccination away from their routine work? What number/percentage of health care workers had to be newly recruited to supplement needs?**

The micro plan identified the human resource needs, which was filled with EPI staff members. No HCW was reallocated for vaccination outside their routine work during the vaccination with AZ and Sinopharm vaccines, as a designated EPI team carried out vaccination. However, the above approach is no longer being used in the ongoing vaccination with the J&J vaccines. About 250 Canvassers (20.4%) (2 per team) were recruited to support social mobilization during vaccination. The total workforce for J&J vaccines is 1,223 (250 vaccinators, 250 recorders, 250 Canvassers, 250 AEFI personnel, 98 Regional Health Directorate staff, 25 Central Facilitators and 100 drivers). Please note that the J&J vaccine roll-out and its administrations were not part of the IAR workshop discussions as they were unavailable before June 2021.

**During the IAR, were you able to agree on actions to address the identified challenges?**

Yes. Recommendations in the IAR templates addressed the identified challenges

**How was the evaluation team organized? How long did it last?**

The Monitoring & Evaluation team members were mainly personnel from the Directorate of Planning and Information (DPI) of the Ministry of Health, whose purview the mandate to conduct evaluations of MoH activities. The team conducted their discussions within the allotted time during the IAR group discussions, over approximately 4 hours.