

LESSONS LEARNT FROM ROLLING OUT A COVID-19 CAMPAIGN IN SOUTH SUDAN

Covid-19 Overview

Since Covid-19 was declared a pandemic in March 2020, more than 555 million cases have been confirmed worldwide, including 6.3 million registered deaths. No part of the world has been spared from this global pandemic. While many countries have now begun to relax rules and change policies to learn to “live with the disease” this does not mean the challenge is over as Covid-19 cases have started to increase rapidly once more due to the Omicron sub-variants.

The key to breaking the chain between infection and death has been an unprecedented global vaccination effort, which has seen over 12 billion doses administered to children and adults and 4.8 billion people fully vaccinated worldwide. However, vaccine distribution and delivery have been inequitable, and supply challenges have meant that a number of countries, particularly low-income countries (LIC), cannot afford to purchase vaccines themselves and have been reliant on high-income countries (HIC) to donate money and vaccines. The disparity between high and low-income countries has been described as one of the greatest failures of international cooperation during the pandemic.

Covid-19 vaccination in South Sudan Overview

In response to the introduction of Covid-19 vaccine to the world at the end of 2020, the Ministry of Health (MoH) in South Sudan, and its partners, developed the National Deployment and Vaccination Plan (NDVP). The NDVP was approved by the COVAX Regional body on the 16th of February 2021. The NDVP outlined three key strategies for the delivery of the Covid-19 vaccine:

1. Static vaccination (facility-based). This necessitated that the population visit health facilities to receive the Covid-19 vaccine.
2. Outreach vaccination. This necessitated that vaccinators visit communities within a 5-kilometer radius to administer the vaccine in a community-based approach
3. Mobile vaccination. This necessitated community-based outreach to distant villages outside a 5-kilometre radius.

To date, South Sudan has made great efforts to reach its target population, however the Covid-19 vaccination rate remains amongst the lowest globally. Vaccination activities have been sporadic and efforts have had mixed success resulting in disparities between States. The vulnerable populations continue to be severely underserved with some populations cut off due to logistical challenges, flooding, insecurity and distance. Moreover, vaccine hesitancy fuelled by misinformation continues to hinder Covid-19 vaccination uptake.

By February 2022, only 3.2% of people had been vaccinated nationwide through the 3 strategies, and coverage rates began to stagnate. To achieve the country’s set coverage goal of 40% by the end of 2022, new and fresh thinking was needed to overcome some of these systemic and persistent challenges.

Influenced by the positive results of neighbouring countries like Kenya and Ethiopia, who have used a campaign methodology to substantially increase the number of people vaccinated against Covid-19, the MoH in South Sudan led an NDVP review and proposed an intensification campaign strategy in addition to the three existing approaches. The intensification campaign approach works to rapidly scale up vaccination efforts and reach more populations by bringing the vaccine closer to the community. Additionally, South Sudan selected the one-dose Janssen Vaccine from Johnson & Johnson as the preferred Covid-19 vaccine for the population to ensure that the complex and costly supply chain and last-mile logistics in South Sudan do not impede attempts to expand coverage.

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Crown Agent’s – at the heart of the Covid-19 vaccine rollout

Since the start of the pandemic in early 2020, Crown Agents and HPF3 have been at the heart of the Covid-19 response in South Sudan supporting 55 counties across eight out of ten states in collaboration with the Ministry of Health, implementing partners and key donors including Gavi, USAID and FCDO. Working closely with the MoH and key partners, we helped ensure that essential health care services continued, infection prevention and control measures at health facilities were enhanced, and more recently that there was a quick roll-out of the vaccine across supported health facilities. Our work has also included recruiting and training vaccinators and Boma Health Workers (BHWs), mobilizing vaccination teams and providing supportive supervision across Health Pool Fund 3 supported states.

The Health Pooled Fund (HPF3) is a multi-donor, five-year program led by the Foreign, Commonwealth and Development Office (FCDO), the Government of Canada, the Swedish International Development and Cooperation Agency (SIDA), the United States Agency for International Development (USAID), and GAVI – Vaccine Alliance. HPF currently provides health services through 577 health facilities and 4,500 Boma Health Workers across eight of the ten States of South Sudan. The South Sudan Health Pooled Fund (HPF3) is managed by Crown Agents (CA).

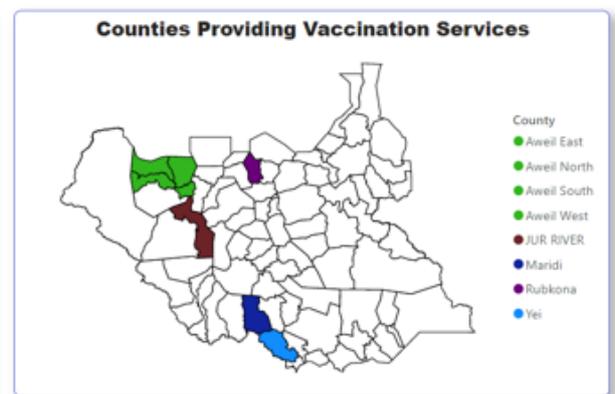
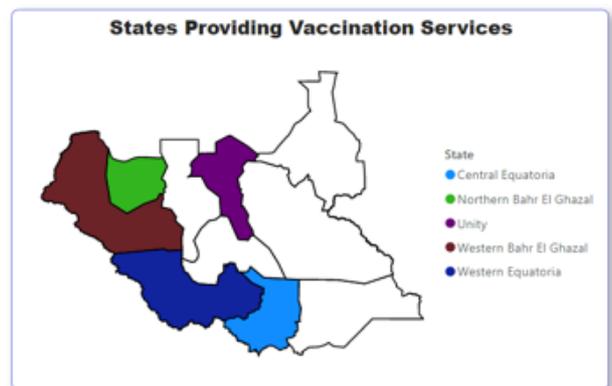
In the race to attain 40% vaccination coverage by the end of 2022, Crown Agents and HPF3 embraced a 7-day campaign approach (in addition to mobile, static, and outreach) to bring Covid-19 vaccine closer to the population and boost vaccination efforts. Through this approach, we aimed to reach at-risk populations and those who remain severely underserved, such as individuals with comorbidities and the elderly population older than 65 years. Initiatives were also designed to reach special populations such as those who are internally displaced, refugees, people living with disabilities and pastoral communities.

Crown Agents and HPF3’s intensification campaign is being implemented in a phased manner in collaboration with the MoH and implementing partners. The first phase targeted 7 counties, while the 2nd and 3rd phases will be deployed in a staggered approach across the remaining HPF3-supported 48 counties in 8 states. **This report documents the challenges, achievements, and learnings from the experiences from the first phase of the 7-day campaign.**

Phase I Covid-19 vaccination campaign

The Phase I campaign was implemented between the 23rd of May and 31st May in 7 counties across 4 States. The selection criteria for the seven counties were as follows: i) very low coverage relative to the size of the population ii) counties with a large at-risk population. Additionally, the selection of seven counties was determined by the limited Covid-19 vaccination resources at that time.

States and Counties of Phase I



Phase I was a massive success, vaccinating 92.5 % (76,025) of the targeted population at a cost of \$3.2 USD per dose. It contributed 3.61% to the country’s fully vaccinated population.



Campaign Strategy

Vaccination campaigns are a delivery strategy used to quickly reach large numbers of individuals with vaccines. Campaign approaches are by no means a new strategy for delivering routine immunizations in South Sudan, however they are a new strategy adopted by the country to administer Covid-19 vaccinations to under-vaccinated populations and raise awareness of the benefits of vaccination.

For a campaign to be successful, thorough planning, engagement and coordination is essential. Four weeks were spent on Phase I campaign preparation, coordination, and training, inclusive of ten days of demand-generating activities delivered through multi-channelled approaches

Summary of the Campaign Strategy

1. The National and State MoH, county health departments, implementing partners, and Crown Agents participated in the **planning and coordination of the campaign**. This began with an in-person consultative meeting with the Ministry of Health's Directorate of Primary Health care, Expanded Program for Immunization technical team, the Covid-19 vaccine TWG, and Boma health workers in the target communities.
2. This was immediately followed by **microplanning** at the subnational level, in which the Ministry of Health, local administration and cross-cutting ministries such as livestock departments developed thorough microplans to inform the implementation plan. Crown Agents provided coordination and support in this process when required.
3. Crown Agents developed a **demand generation** guideline for the campaign and adapted it to the context of each county. The guideline focused substantially on the participation of social group leaders, political leaders, religious leaders, the population of concern's senior administration and local administration, as well as BHWs, in order to generate demand throughout the community.
4. Further, Crown Agents and partners in collaboration with the CHD identified experienced and trained vaccinators and offered a one-day refresher training on Covid-19 vaccination, while BHWs received a one-day refresher **training** on community engagement strategies.
5. A pool of multi-agency technical EPI supervisors from the national, state, CHD, and implementing partners, as well as the technical team from Crown Agents/HPF, provided **quality assurance, leadership and oversight**.

6. Vaccines and standardized MOH HMIS tools were supplied to the health facility cold chain through the HPF **last mile delivery** system.
7. Paper registers and tally sheets were used to **collect data** at the vaccination sites, and this information was then uploaded electronically via the Open Data Kit (ODK) platform to the MoH Covid-19 dashboard.
8. Crown Agents' technical team monitored and validated the data produced throughout the campaign in a detail **data cleaning** process. It involved checking for data errors, cleaning them, performing analyses to confirm coverage achieved and reporting on the dashboard. This validation process reduced the chances of ghost data being entered into the system and errors in data entry.

Planning, Coordination and Capacity Building

The campaign planning process engaged both implementing partners and key decision makers, which cascaded from the National Ministry of Health (MoH) and the State Ministry of Health (SMoH) to County Health Departments (CHD). The Crown Agent's technical team held meetings with the Director General of Primary Health Care, the National EPI Manager, and the EPI technical working group (TWG), COVAX technical working group, and the SIA Sub-working group.

In the early stages of planning, the Crown Agent's team presented the campaign implementation strategy to the leadership and technical working groups. With the support and close collaboration of National MoH, Crown Agents engaged the SMOH, CHD, and partners to contextualize the strategy and develop context-specific implementation plans. Crown Agent's provided technical oversight while the implementing partners and the SMOH & CHD coordinated and planned activities.

At the county level, implementation committees comprised the SMOH, CHD, implementing partners, and Crown Agents oversaw the rollout. Throughout the planning, implementation, and post-implementation phases, the leadership of the MOH, with technical support from Crown Agents, was emphasized to strengthen the countries ownership. This was also an opportunity to develop leadership capacity at the CHD.

Microplanning was completed using a bottom-up approach where CHDs, Crown Agents / HPF3 technical teams, IPs, Boma Health Workers and health facility staff developed comprehensive all-inclusive microplans at the health facility levels and later submitted to the National MoH for oversight and feedback. The microplans informed the intensive approaches for remote populations, movement plans, and demand generation activities for specific groups. The planning and coordination stage took three weeks with the participation of all stakeholders.

Tailored refresher Trainings

Through the SMOH & CHD, Crown Agents / HPF3 and the IPs identified vaccinators who had been involved in the routine immunization programme and have undergone 4-5 days training on how to administer the Covid- 19 vaccines. Before the campaign, all vaccinators received a one-day refresher training delivered by the MoH's Trainer of Trainers with technical support from Crown Agents. In total, 216 vaccinators and 36 team supervisors received training on vaccine storage, handling practices, vaccine administration policies and procedures before the campaign launch at the counties. Additionally, 470 BHWs also received a one-day refresher training on Covid-19 vaccination community engagement approaches. Crown Agents further provided technical support to the MoH and implementing partners through trainings on microplanning and data management.

Evidence-informed social mobilisation and demand generation

A successful Covid-19 vaccination campaign requires not only efficient vaccine supply and logistics infrastructure, but also community acceptability and demand. For this campaign, the Crown Agents/ HPF3 technical team developed a context-specific demand generating strategy. It was designed to be community-owned and led, hence the emphasis on community participation. The activities were delivered via multiple channels, though heavily focused on community engagement (interpersonal communication). It generated widespread community acceptance and uptake.

Myths, rumours, and public concerns around the Covid-19 vaccine were countered by intensive community engagement and other context-adaptive methods. Through the involvement of Boma Health Workers and vaccination and supervision teams, a two-way communication channel was maintained to regularly address concerns raised through active offline listening. Crown Agents, supported by the SMOH and IPs, identified community champions and, through advocacy and sensitization, they promoted vaccination in the community.



Targeted Champions

- MOH at National, State, County levels
- Boma Health Workers
- Health Care workers
- Administrative leadership at County, Payam and Boma
- County Commissioners
- Paramount Chiefs, Boma chiefs
- Community influential individuals
- Leaders of Social Groups e.g. Youth, Women, Business, Persons with Disability, Pastoral communities
- Inter-religious leaders-Bishops
- Traditional healers
- Local Artists (traditional composers and youthful composers)

Targeted Groups for vaccination

- Christians, Muslims, women groups, youths, shop owners, small traders, boda boda operators (motorbike operators), casual laborers, community in the market places or seeking health care, villagers, pastoralist at cattle dips, IDPs, refugees persons living with disabilities, elderly above 65 years old, general target population

Some Impactful Measures

- Business owners and boda boda riders required to SHOW PROOF of vaccination (idea from the business team)
- Integration of vaccination with general food distribution activities

Close involvement of Boma Health Workers

At all stages of the Covid-19 vaccine initiative in South Sudan, Boma Health Workers (BHWs) have been involved in spreading awareness about Covid-19 and generating demand for the vaccine. Initially, BHWs received context-specific training to improve their risk communication, social mobilization, and community engagement skills. This training enabled BHWs to inform communities, create a favorable environment, and mobilize target beneficiaries to accept and take the Covid-19 vaccine, resulting in a successful introduction of the Covid-19 vaccine at the community level. During the training, the function of BHWs were clearly stated and the teams were well-oriented.

Stages of BHW engagement in the vaccination campaign

Before the day of vaccination

- Develop a mobilisation roster for BHWs for targeted mobilization
- Attend training /orientation on COVAX vaccination
- Engage in community mobilization efforts
- Debunk misconceptions concerning the COVID 19 vaccine and the campaign

On the day of vaccination

- Mobilize the targeted beneficiaries and the entire community for vaccination
- Provide health talk on Covid-19 vaccination at the vaccination site and instructions on activity flow reminding the community of the 30 minutes wait period after vaccination to monitor for AEFIs

Post- vaccination

- Notify the EPI Manager, and BHI supervisor of any AEFI cases in the community

Targeted service delivery

The goal of the vaccination campaign is to administer the Covid-19 vaccine safely and efficiently. For this reason, each of the engaged vaccinators were mandated to have tailored Covid-19 vaccination training and experience in administering and managing the vaccines prior the campaign launch.

Each vaccination team comprised of two trained and experienced vaccinators, two data recorders, one crowd controller and one BHW for social mobilization. The vaccination team worked to achieve a daily set target. Throughout the duration of the campaign, a multi-sectoral vaccination supervision team offered continuous on-the-job training and close supervision.

A multi-agency AEFI committee, led by the MoH at the CHD and SMOH, activated and closely monitored the exercise. Vaccinators were also trained on primary AEFI management, and clinically trained AEFI focal persons were linked to the teams for rapid response. Teams were informed that health facilities would manage serious AEFIs. Throughout the campaign, a total of 19 minor AEFIs and 1 suspected serious case were reported. The AEFI committee investigated these cases and found them unrelated to the vaccine.

Data Management, Monitoring & Supervision

Crown Agents/ HPF3 collaborated with MoH-established structures (recorders, county M&E officers, and county EPI supervisors) to manage the Covid-19 vaccination campaign data. Support provided to the MoH and implementing partners included data management trainings before campaign, on the job training, remote technical support and supervision. As part of the transition plan, an emphasis was placed on building the MoH and IP local staff's capacity to manage vaccination data moving forward.

Crown Agents/ HPF3 also utilized MoH-approved systems for data gathering and reporting, as well as for trainings. MoH tools included registers, tally sheets, immunization cards, verbal consent forms, AEFI forms, and line-lists. In addition, the widely established ODK system was utilised to report campaign information from the field to the national level.

Last mile delivery

Vast areas of South Sudan are distant with poor infrastructure, which means last-mile delivery can be extremely costly. In this campaign, UNICEF facilitated the distribution of vaccines to state and county cold chains. From the central cold chain, Crown Agents/HPF3 supported implementing partners and CHDs distribute the vaccines to the health facility cold chain through the HPF3 last mile delivery system. Additionally, transport was provided to the teams in form of vehicles, local canoes and boats in flooded counties, where applicable. In other areas, the vaccines were even carried by foot for up to 2 hours to vaccination sites in areas inaccessible by any other means of transport. UNICEF provided freeze-free vaccine (FFV) carriers and vaccinators were trained on how to handle FFV carriers. In addition to waste management, they were also trained in vaccine handling and waste reduction. WHO delivered standardized MoH HMIS equipment, which were then packaged and distributed to the counties.



Summary of Lessons Learned and Best Practices

PLANNING AND COORDINATION

Lessons Learnt and Best Practices

- Ensure inclusive planning under the leadership of the Ministry of Health.
- Ensure strong participation of all stakeholders in the county and health facilities in bottom-up microplanning. The development of highly informative and efficient microplans should guide the movement plan, resource allocation, and implementation process.
- Transparency regarding available campaign resources strengthened the planning and implementation process.

Description, Impact, Solutions

- Crown Agents / HPF3 provided technical oversight while the MoH coordinated and planned with the implementing partners. The SMOH, CHD, implementing partners, and Crown Agents /HPF3 served on implementation committees at the county level to oversee the deployment.
- Throughout the planning, implementation, and post-implementation phases, the leadership of the MOH was highlighted for ownership, with technical help from the implementing partners and HPF3. This was also an opportunity to continue building the capacity of the SMOH in the various county health departments.
- Crown Agents / HPF3 conducted a one-day training on microplanning for the Sub-national MOH team and the implementing partners. This was followed by the preparation of comprehensive microplans at the facility through the CHD, engaging all subnational stakeholders. It allowed for the development of context-specific plans for the implementation of the campaign and resource mapping for demand generation, logistics, cold chain management, and service delivery.
- The microplans informed the intense approaches for special groups, such as recommending mobile vaccination for Payams in distant areas or bordering Sudan.

CAPACITY BUILDING

Lessons Learnt and Best Practices

- Over time, the technical assistance and training provided to the MOH workers produced a pool of technically skilled staff to implement the campaign. An additional training refresher bolstered the vaccination team's capacity to deliver a safe and successful campaign.

Description, Impact, Solutions

- The vaccination team and BHWs received training to enhance their capacity to conduct the campaign. Additionally, MOH M&E and data management staff were trained on data management systems and data flow in anticipation of the campaign's generating bulk data.

→ As a result:

- Vaccines were administered safely to all recipients no serious vaccine linked AEFI reported.
- Very minimal wastage reported from the sites.
- There were reduced cost and time wastages.

DEMAND GENERATION

Lessons Learnt and Best Practices

- At the heart of this campaign's success was an intense, community-driven strategy for generating demand.
- 1 to 2 weeks prior to the launch, demand generation activities were initiated, including advocacy and sensitization with political leadership, county administration, SMOH, CHD, and the interreligious leadership.
- Targeted community dialogues at various community levels/structures were coordinated by local chiefs with the assistance of Boma health workers.



- Infotainment-Engaged respected artist and traditional music groups composed thematic songs like Adungu Peace Club.
- The launch of the campaign throughout the counties was officiated by County commissioners and legislative leadership.
- A two-way communication channel was maintained between Boma health workers, vaccination and supervision teams, and the community in order to regularly address issues, misinformation, and myths identified through offline active listening.
- Engagement of special groups helped to target specific groups, for example women groups and businesses.
- The religious leaders rallied powerful mobilization messages in response to anti-vaccination campaign ideology.

Description, Impact, Solutions

- The emphasis on community engagement was intended to develop community ownership and leadership in order to mobilize acceptability among community members.
- Informed by context, additional multi-channel approaches were implemented, including road drives and public address systems, to raise awareness of vaccination, location, time, and dates.
- The engagement activities were structured as follows:
 - Advocacy with leadership - Consultative sessions to prioritize strategize, explore methodologies, and identify social groupings, mobilise support with the overarching objective of gaining buy-in and intensifying vaccination campaign as a priority.
 - Sensitization - Bridging knowledge and awareness gaps regarding Covid illness, pandemic impact and ongoing threat to the country, population vulnerability; necessity of the vaccination campaign to boost population coverage.
 - Community dialogues at the Payam and Boma levels with the objective of listening to and addressing community issues that impede vaccination. In addition, the community advised BHWs and vaccination teams on the timing and location of vaccination. BHWs and chiefs addressed the concerns and fears of the men who were opposed to women receiving immunizations by working together to find a solution.
 - Social mobilization- Mobilization by road drives, church and mosque announcements, integration with the general food distribution, door-to-door, via public address system, and via local radio stations with a large audience.
- Infotainment events featuring thematic songs and dances were conducted alongside road drives two days before the start and throughout the campaign to attract the interest of youths.
- The campaign was mainly launched by the county commissioners and the senior leadership. The presence of the commissioner and legislative representatives drew a huge number of community members. During the ceremony, several of the leaders received the vaccine, which capped off this achievement. In other counties, army generals received the vaccine that contributed to community acceptance. At a time when interest in vaccination is waning, these ceremonies served as an effective springboard for the vaccination; an immediate momentum is established.
- Observable was a shift in the community's attitude and acceptance of the vaccine. The Chiefs appreciated their recognition and involvement and graciously championed vaccination in their Bomas (villages).
- Due to the important position of chiefs in the community, communities enthusiastically adopt the message.
- BHWs were equipped with the information and skills necessary to facilitate community ownership.
- Through participation with women's groups, there was a considerable increase in women's vaccination coverage relative to the beginning of Covid-19 vaccine. Through their trusted, powerful women's organizations, they are able to discuss infertility-related worries and fears in their safe zone, which has been extensively addressed. Banners depicting women breastfeeding were strategically placed during road drives and at vaccination sites to demonstrate the safety of Covid-19 vaccinations for women, particularly pregnant and breastfeeding women.

SERVICE DELIVERY

Lessons Learnt

- Daily review of stationaries, cold chain and vaccine supply allowed for quick replenishment to avoid rupture and interruption of service delivery.
- Intensified daily supportive supervision to vaccinators allowed for on-job trainings and fast identification of challenges.
- Vaccination team had set targets per day.
- Selection of vaccination teams was based on previous skills and experiences.

Description, Impact, Solutions

- Comprehensive microplans informed the accurate mapping of vaccination sites and the plan for movement. There was the flexibility to shift to alternative locations in order to reach additional populations/groups that could not access the sites. The vaccination sites were carefully chosen based on areas where people tend to congregate, including schools, markets, and churches.
- In addition, the daily analysis of performance allowed for the adaptation of solutions to the circumstances, particularly with regard to access issues:
 - Some teams had to be relocated owing to flooding-related access issues.
 - Some teams were relocated in order to target large crowds.
 - Some vaccine workers used bicycles to reach remote places.
 - Some teams had to walk two to three hours to reach the sites because no vehicle could traverse the muddy terrain.
 - Some teams need to use local canoes to navigate the flood waters.
- Proactive on-site meetings were held to discuss emerging hurdles.
- Vaccines and supplies were available in sufficient quantities at all vaccination sites for the duration of the campaign.
- Infection Prevention and Control measures were employed at every vaccination site. There was a planned waste management system that included waste segregation at vaccination locations and reverse logistics to facilities where waste from vaccination sites was managed by trained EPI staff.

DATA MANAGEMENT

Lessons Learnt and Best Practices

- Crown Agents / HPF3 worked with the MoH established structures (recorders, County M&E officers, County EPI Supervisors) to manage COVID-19 vaccination campaign data. The Ministry of Health and implementing partners are given with data management trainings prior to the campaign, on-the-job training, remote technical support and supervision in anticipation of the generation of large volumes of data and the restriction of network coverage and distance.

Description, Impact, Solutions

- As a result of layered supervision by team supervisors, county state and implementing partner, and national supervision, we were able to submit data with a maximum delay of two days.
- Crown Agents / HPF3 utilized the MoH-approved tools for trainings, data gathering, and reporting in accordance with national guidelines. MoH tools include registers, tally sheets, immunization cards, verbal consent forms, AEFI forms, and line-lists. The ODK software was utilized to transmit field-level campaign data to the national level.
- Before submitting daily reports to the county's data clerk, team leaders verified their accuracy and completeness.

- Team supervisors compiled daily vaccination team data linked to health facilities and shared it with CHD for entry into the ODK program. IP M&E focal person was linked to the CHD to provide technical support in data management
- For remote locations vaccinators submitted data via text messages, while the monitoring team collected data sheets the following day for submission to the CHD.
- During their visits to locations without network connection, the supervision team also collected data sheets and submitted them to the CHD.
- There was daily data update during the daily review meeting to assess the challenges in uploading data on ODK software to be able

LAST MILE DELIVERY, VACCINE AND COLD CHAIN

Lessons Learnt and Best Practices

- Crown Agents / HPF3 established last mile delivery of the J&J vaccines HPF
- Vaccine projections informed by microplans, preventing stock-outs.
- With support from Crown Agents / HPF3, implementing partners the MOH cold chain assistance took the lead in early vaccination preparation and distribution.
- And in reverse logistics and environmentally responsible waste management

Description, Impact, Solutions

- Crown Agents / HPF3 and implementing partners have already established Routine Immunization last mile delivery system in each county that has been effective in the delivery of covid-19 vaccines and HMIS tools and materials for campaign and regular vaccination.
- Similarly, HPF3 supported partners and the CHD distribute vaccines, campaign materials, and tools from the state/county cold chains to the vaccination teams for this campaign. Throughout the pre-campaign, during the campaign, and after the campaign, the County cold chain assistants, under the supervision of the State Cold Chain Supervisor, supported the daily distribution of vaccines to the teams and transported the balances and physical reporting tools to the SMOH/CHD EPI offices. With the assistance of the Crown Agents technical team for vaccination verification, the CHD and its partners accounted for all materials and vaccine doses received for the campaign.
- Availability of adequate cold chains, cold boxes, vaccine carriers and icepacks.
- There was no disruption in the cold chain.
- Vaccines and ice packs were always delivered on time whenever the need arose
- Vehicles, motorbikes, boats, and local canoes were hired to support the campaign, facilitating team mobility and the transport of vaccines and other campaign supplies.

Crown Agents and HPF3 look forward to building on the successes of the phase 1 COVID-19 campaign rollout, taking onboard these learning and continuing to support the Ministry of Health attain 40% vaccination coverage by the end of 2022