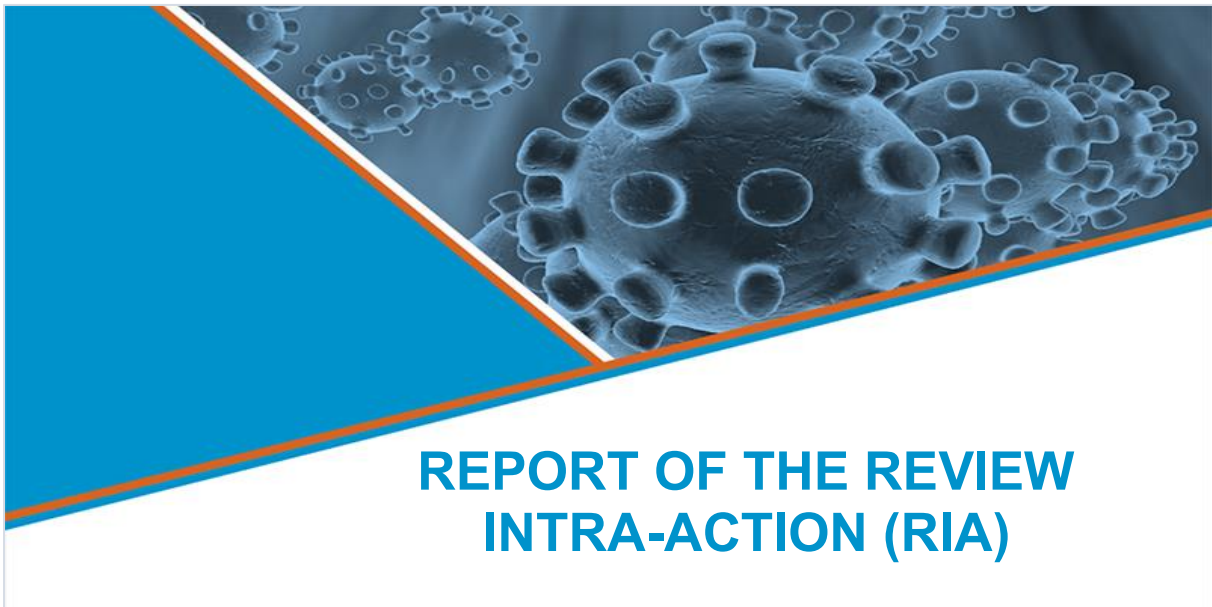


DEMOCRATIC REPUBLIC OF THE CONGO

MINISTRY OF PUBLIC HEALTH, HYGIENE AND PREVENTION

EXPANDED PROGRAMME ON IMMUNISATION



August 2021

0. List of abbreviations

APA	:	Political-administrative authority
CDC	:	Centers for Disease Control and Prevention
CNC	:	National Coordination Committee
COVID-19	:	Coronavirus disease 2019
CREC	:	Risk Communication and Community Engagement
CTCO	:	COVID-19 Treatment Centre
EHR	:	Epidemiological Surveillance Directorate
DHIS2	:	District Health Information Software 2
DPS	:	Provincial Health Division
PPE	:	Personal Protective Equipment
FOSA :	:	Sanitary Training
HTA	:	High blood pressure
INRB	:	National Institute for Biomedical Research
MCZS	:	Chief Medical Officer of the Health Zone
MNT	:	Non-communicable diseases (NCDs)
MVE	:	Ebola Virus Disease
WHO	:	World Health Organization
DTP	:	Operational Action Plan
PCI	:	Infection Prevention and Control
PDSS/WB	:	Health System Development Project, funded by the World Bank
PEC	:	Medical care
PNC	:	Congolese National Police
RDC	:	Democratic Republic of Congo
RHS	:	Human Resources in Health
RIA	:	Intra-action review
IHR (2005)	:	International Health Regulations 2005

SARS-CoV-2 : Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19

SOP : Standard Operating Procedures

EU : European Union

UNICEF : United Nations Children's Fund

ZS : Health zone

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1. RATIONALE AND METHODOLOGY OF THE RIA

Since May 2021, the Democratic Republic of Congo (DRC) has been confronted with the third^{ème} wave of the COVID-19 pandemic, whose epidemiology is evolving rapidly throughout the world and is accompanied by the emergence of new variants. As of 11 July 2021, the DRC was the 17^{ème} most affected country in the WHO-AFRO region with a total of 44,333 confirmed cases and 18^{ème} countries with the most deaths (984) with a case fatality rate of 2.2%. A total of 25 (96.2%) of the country's 26 provinces are affected. In terms of cumulative figures since the beginning of the epidemic, the province of Kinshasa is the epicentre of COVID-19 (71.5%), followed by the provinces of North Kivu (8.2%), Central Kongo (5.6%), Haut Katanga (5.2%), Lualaba (2.6%) and South Kivu (2.2%).

In response to the pandemic, in addition to other control measures, the global community is making efforts to develop new vaccines and make them available. It is within this framework that the COVAX initiative has been set up with the aim of guaranteeing equitable access to vaccines for all countries. It is within this framework that the country has been supplied with vaccine (1,766,000 doses of AZD1222) since 2 March 2021.

Since 19 April 2021, the DRC has gradually introduced the COVID-19 vaccine in the six most affected provinces, starting in the provincial city of Kinshasa. The extension of this vaccination is continuing in other provinces of the country, taking into account the epidemiological evolution of the pandemic and the level of preparation of each province. The deployment of this vaccination against Covid-19 is marked by slowness and poor adherence by the beneficiary populations, which has led to the redeployment of the bulk of the vaccine doses to other countries to avoid their expiry. As of 10 July 2021, vaccination was organised in 344 vaccination sites in 13 provinces and reached 78,871 people for the first dose and 2,513 for the second.

1.1. OBJECTIVES

a. General objective

To contribute to the improvement of the implementation of the NDPV against Covid-19 in DR Congo.

b. Specific objectives

The specific objectives of the RIA of the COVID-19 vaccination were as follows:

- Present the process and results of the ongoing vaccine response;
- identify challenges and best practices in implementation in the following phases;
- Establish a realistic roadmap of critical activities to be carried out to improve the implementation of the activity.
- Reviewing the National Immunisation Roll-out Plan
- Identify lessons learned from the response to date to enable health system strengthening;

2. OUTLINE

The intra-action review was organised by the Ministry of Public Health, Hygiene and Prevention through the Expanded Programme on Immunisation with the support of its main partners: WHO, UNICEF, IOM, CDC, IMC, PATH, VillageReach.

The coordination of the IAM is ensured by the General Secretariat of Health represented by the Expanded Programme on Immunisation. The main facilitators are the Heads of Division, the heads of the commissions and the technical and financial partners including WHO, Unicef and VillageReach.

In practice, the RIA was carried out in 3 stages:

- (i) **Preparatory stage of a three-day pre-workshop in Kinshasa:**
 - Organised from 23 to 25 July 2021 in the EPI meeting room. It consisted of a literature review of
- (ii) **Stage of the 6-day RIA workshop itself in Kinshasa, from 26 July to 02 August 2021;**

The activities took place in mixed mode (face-to-face and online) according to the agenda designed by the organisers and adapted from day to day according to the progress of the activities. For 6 days, the participants, with the support of the facilitators, analysed the implementation of the first phase of vaccination against Covid-19 in DR Congo. They were divided into 6 groups; each group was composed of an average of 10 participants and was supported by 1 facilitator and 1 note taker. Each time online rooms were created to allow remote

participation; the sessions consisted of an introduction to the topic, a group work session, a plenary presentation followed by discussion.

The group work consisted of discussions on the topics in order to analyse the problems and share experiences. Media such as lap tops and LCDs were used where appropriate.

The first session led to the analysis and identification of what was done well, to identify the facilitating and limiting factors. The second session dealt with challenges, i.e. identifying gaps between planning and practice, analysing what worked well, what did not work so well, and why.

The third session proposed activities for improvement taking into account the challenges, defined the date of implementation of the activities by category and the deadlines; designated the focal points for the follow-up of the implementation of the different activities (challenges to be achieved, best practices and proposed solutions to implement these activities) and set indicators.

The work continued with the review of the National Immunisation Deployment Plan (NIDP). The discussions took place in a spirit of openness and frankness, thanks in particular to the orientation given at the beginning of the session. The chairmen of the committees moderated the group work and a secretary was appointed to take notes.

The team of rapporteurs supported by a team of general rapporteurs prepared the synthesis of the day. The prepared report was presented and discussed in plenary the next day before the start of the day's session

(iii) Compilation stage of additional comments from independent observers and drafting of the final consolidated report, from 03 to 07 August 2021.

3. RESULTS

3.1. Country-level coordination, planning and monitoring

Comments

Best Practices

- Establishment of a working group composed of 6 sub-groups;
- Coordination with the COVAX initiative with other countries for redeployment of vaccines;
- Participation in the RMC COVID-19 meeting;
- Involvement of the private sector in immunisation (establishment of immunisation sites, CDF, etc.);
- Use of teleconferencing, zoom, teams, whatsApp, DHIS2, Mail, field monitoring.
- Elaboration of the different plans and operational guidelines (PNDV, communication plan,...) involving all stakeholders;
- Flexibility in the implementation of the plan (readjustment of targets, geographical extension, adaptation of strategies).
- Strong mobilisation of local partners in financing operational costs at central level and in some provinces

Challenges

- Not all stakeholders (related sectors) were involved in the coordination;
- Weak collaboration with other coordination structures (technical secretariat, Task Force);
- Low commitment of some DPSs and SLAs.
- Lack of micro planning ;
- Lack of specific strategies to reach special populations (refugees, internally displaced persons, island populations) and populations living in highly concentrated areas (prisons, markets, military camps, old people's homes);
- Lack of a mechanism to monitor preparations at provincial level.
- Low government contribution to operational costs;
- Low mobilisation of operational costs from partners ;
- Low disbursement of resources mobilised for operational costs.

Recommended actions

a. For immediate implementation :

- Advocacy for involvement of other sectors in immunisation; including authorities in provinces under siege
- Issue a weekly newsletter for information sharing
- Set up a command post
- Update the standard operating procedures for vaccination against COVID-19
- Carry out bottom-up micro planning using the vulnerability index. Integrate cross-border activities.
- Setting up a PSO and the implementation monitoring tool
- Propose an algorithm to guide the choice of beneficiaries in the face of multiple vaccines
- Include an item on funding at each Strategic ICC meeting, especially the easing of disbursement procedures
- Sharing information on available funds with different stakeholders
- Drafting the PRS for resource mobilisation in the shortest possible time

b. For medium and long-term implementation to improve the response to the ongoing COVID-19 epidemic:

- Develop the job description of the coordination structure
- Harmonise the coordination mechanisms for COVID immunisation, between different stakeholders under the leadership of the Minister of Public Health, Hygiene and Prevention
- Develop measures for the implementation of law 18/035 of 13 December 2018, making vaccination mandatory
- Organising other IAMs

3.2. Benefit

Comments

- Best Practices**
- Regular updating of the VIRAT tool, for monitoring vaccine introduction preparedness;
 - NITAG advice obtained for introduction of Covid-19 vaccine and validation of target groups;
 - Equity in the selection of provinces to receive immunization ;
 - Installation of vaccination sites in certain prisons (Uvira, Bukavu, Ndolo), military health zones, mining sites (Likasi, KCC, Watsha), certain covid-19 treatment centres (CTCO), police camp; SOMIKA mining site in Lubumbashi;
 - The use of mobile immunisation teams in some outreach sessions;

Challenges

- The low quality of the training provided, with the result that the quality of the service is low;
- Formative supervision visits not organised in the majority of provinces;
- Low staff permanence in the vaccination site and insufficient number of providers in several sites;

- Weak implementation of prospective visits for the selection of vaccination sites
- No action plan to reach identified vulnerable groups;
- Low proportion of operational vaccination sites.

Recommended actions

c. For immediate implementation :

- Organise a validation workshop for the tools and modules developed
- Develop a micro planning framework and guide for Health Zones and Health Areas (and/or Health Structures)
- Develop training modules, guidelines, data sheets and supervision tools for new vaccines to be introduced
- Developing the Training Plan
- Develop the supervision plan (TOR, selection, briefing of supervisors and MOE timeline)...
- Elaborate the plan for the prospection visit (TOR, selection, briefing of actors and MOE timeline)
- Develop a tool for monitoring preparations at all levels of the System
- Monitoring the preparations for the 2nd^{ème} phase of the Covid-19 vaccination
- Share the updated VIRAT tool with the global level

d. For medium and long-term implementation to improve the response to the ongoing COVID-19 epidemic:

- Organise cascading face-to-face training
- Organising the micro planning process at the peripheral level
- Organise prospecting visits
- Organise supervision
- Organising independent monitoring
- Organising the RIAs at national and provincial level

3.3. Risk communication and community engagement

Comments

- Management of rumours related to misinformation about the vaccine and vaccination and related to severe cases of IPD
- The production of audio-visual media: poster, spot, banner, giant billboards;

Best Practices

- Extension of the partnership to civil society associations and professional bodies in support of COVID-19;
- Involvement of religious leaders in communication activities for COVID-19 vaccination;
- Particularly important is the support of the WHO Infodemia Consultant.

Challenges

- Late response to infodemia on vaccination ;

-
- Weak mobilization of PWAs and influencers at all levels for vaccination against COVID-19;
 - Weak implementation of interpersonal communication, outreach mobilisation (CODESA, CAC/ReCo) ;
 - Weak accompaniment of the provincial level by the central level (supervision of communication activities by the central level);

Recommended actions

- **For immediate implementation :**

- Update and popularise the communication plan taking into account new vaccines
- Develop SOPs in relation to COVID-19
- Promoting the EPI website
- Train 13 DPS/ZS in Infodemiology: Implementing data collection with the KOBOCOLECT tool
- Training users on the Info-Monitoring system in 7 cities
- Installing the system
- Support DPSs in sensitising frontline providers to adhere to and promote vaccination against COVID-19
- To support their members in raising awareness of COVID-19 vaccination in their structures
- Support technically and financially the implementation of PARTICOM structures (CAC/CODESA) for immunisation communication
- Advocacy with religious leaders, opinion leaders, special groups, public and private service providers and influencers,
- Advocacy with the ABS and military authorities
- Produce radio and television programmes on vaccination against COVID-19 with experts from the Ministry and partners on national coverage and on Canal +.
- broadcasting radio and television programmes on vaccination against COVID-19 with experts from the Ministry and partners on national coverage and on Canal +
- Produce 2-minute spots/video clips promoting vaccination against COVID-19
- Broadcast the 2 minute spots/video clips on Facebook, WhatsApp, Twitter
- To sensitize the REPACAV committee in sensitizing honourable members of parliament of both chambers for their involvement in the vaccination against Covid-19
- organise supervision at all levels
- Holding the meetings
- Hold weekly communication coordination meetings with the provinces on a monthly basis
- Publish monthly newsletters

- **For medium and long-term implementation to improve the response to the ongoing COVID-19 epidemic:**
 - Produce a documentary on COVID-19 vaccination
 - Organise a quarterly CAP survey on the demand for immunisation
 - Write activity reports Quarterly

3.4. Monitoring,

Comments

Best Practices

- Observation for at least 30 minutes after the injection of any vaccinated person;
- Sensitization of vaccinated persons and their relatives to report cases of IPD and inform the vaccination site manager;
- Completion and updating of forms and registers required for vaccine safety monitoring;
- Free treatment of IBD cases in identified facilities;
- Recording of the complete identity of the person vaccinated: name, post name and first name, age, sex, address, telephone ;
- Report on the appropriate form any PAD that occurs within 30 minutes of observation at the vaccination site.

Challenges

- Effective involvement of the SZs (SZCOs and SAs) in the activities ;
- Establishment of a team of providers at each SLA level;
- Implementation of active surveillance of IBD cases ;
- Completeness, quality and transmission of recorded data of target persons vaccinated at all vaccination sites;
- Informing immunisation providers and the local APA of the preliminary results of the investigation;
- Conversation of line listings and detailed information at the health centre;
- Functionality of the Expert Committee ;
- Functionality of MAPI's management committees (COVID-19) at all levels.

Recommended actions

a. For immediate implementation :

- Develop TORs for coordination committees at DPS and SLA levels
- Hold weekly coordination meetings with action points and share the account with all stakeholders at different levels

- Hold weekly committee meetings at all levels
- Provide sufficient management tools for reporting and investigating IPMs to all structures in the target SDAs
- Provide training in MAPI management for actors at all levels (taking into account the different components)
- Organise active collection of MAPIs from those vaccinated and in health facilities (with paper forms, telephone and electronic call on ODK (AEFI MAPI)
- Organise passive collection of MAPI from vaccinated people and in health facilities
- Share the guidelines (SOP) with the field staff in order to carry out the preliminary investigations within the required timeframe (24-48 hours)
- Hold data validation meetings at all levels and provide feedback
- Share the reports of the preliminary MAPI investigations with all stakeholders including the local ABS
- Refer severe PADI cases that require further management to the tertiary level
- Sharing information with anyone who has been vaccinated on the mapping of the nearest severe IPM facilities
- Equip health facilities with PECs and MAPIs at primary and secondary levels
- Ensure supervision of immunisation activities and monitoring of IPM by all levels
- Carrying out home visits to people who have presented IBD

b. For medium and long-term implementation to improve the response to the ongoing COVID-19 epidemic:

3.5. Logistics

Comments

- Best Practices**
- Good availability of vaccines;
 - Availability of functional cold chain equipment and required capacity;
 - Development and reproduction of the Astra Zeneca vaccine use and waste management guidelines;

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- Challenges**
- Procurement of vaccines with earlier expiry dates (i.e. 3 months);
 - Insufficient PCI materials ;
 - Insufficient logistical supervision ;
 - Low availability of management tools (hard and electronic)

Recommended actions

a. For immediate implementation :

- Advocate with the manufacturer for vaccines with a longer expiry date
- Receiving vaccines at country level
- Deploy vaccines as quickly as possible to vaccination sites
- Acquire PCI materials and MAPI Kits
- Conducting integrated supervisions taking into account logistical aspects
- Review and reproduce sufficient management tools and complete the logistics-related modules in DHIS2
- Monitor waste disposal at immunization sites,
- Hold at least 2 meetings of the Logistics Committee per week
- Update the logistics plan,
- Monitor the stock of vaccines on a daily basis
- Train providers in the use of the vaccine (Pfizer, Moderna, J&J and SinoVac),
- Update inventories,
- Review guidelines for the use of new vaccines (Pfizer, Moderna, J&J and SinoVac),
- Reproduce the guidelines documents for the use of the new vaccines (Pfizer, Moderna, J&J and SinoVac),
- Disseminate guidelines for the use of new vaccines (Pfizer, Moderna, J&J and SinoVac) at all levels.

b. For medium and long-term implementation to improve the response to the ongoing COVID-19 epidemic:

- Acquire 6020 temperature monitoring devices
- Acquire 191 refrigerators, 519 freezers, 520 coolers, 15 deep freezers, 42 Arktek and 1400 vaccine carriers for the storage and transport of vaccines

- Install 242 refrigerators
- Train technicians to install new Ultra Cold Chain equipment
- Deploying CdF and temperature monitoring equipment in storage sites

3.6. Data management and monitoring and evaluation

Comments

- Implementation of an electronic register in the DHIS2 with the possibility of printing an electronic vaccination card;
- Availability of standards (data collection guidelines, definition of data standards, monitoring and evaluation plan, availability of a user guide for the DHIS application2 ;
- Availability of a batch of 125 tablets already operational and 500 SIMs with a 6-month monthly internet package;
- Face-to-face training (Kinshasa, Haut Katanga, North Kivu) in the context of the pandemic;
- Technical support for data managers from the central and intermediate level;
- Establishment of a team from the province of Kinshasa to encode data in sites with high attendance.

Best Practices

Challenges

- Non-optimal use of DHIS2 ;
- Unavailability of tablets with SIM port ;
- Partial analysis of the data ;
- Data collection tools (tally sheet, daily summary sheet, MAPI notification and investigation sheet) are out of stock;

Recommended actions

- **For immediate implementation :**
 - Make tablets available at all sites
 - Establish teams of data managers at provincial level to support sites with delayed data entry into DHIS2
 - Follow up on the encoding of site data in DHIS2
 - Organise cascade training for data managers
 - Organise supervision at all levels
 - Produce the Covid 19 vaccination data bulletin (frequency to be determined)
 - Implement an electronic and physical reminder system for the 2nd^e dose
 - Create a pre-registration platform (manual and electronic)
- **For medium and long-term implementation to improve the response to the ongoing COVID-19 epidemic:**
 - Update data analysis and validation guidelines
 - Estimating the need for data management equipment for sites in the

expanding provinces

- Finalise the pre-registration platform for vaccinated persons (manual and electronic)

4. THE WAY FORWARD

Pillar 1: Coordination, planning and financing

N°	Recommended activities	Desired completion date	Focal point in charge	Support needed	Indicators
a. Immediate implementation					
1	Advocacy for involvement of other sectors in immunisation; including authorities in provinces under siege	week of 09 to 13 August 2021	EPI Director	REPACAV, MSPHP, Partners	Number of advocacy sessions held
2	Issue a weekly newsletter for information sharing	one week after launching the vaccination	Head of Monitoring & Evaluation Committee	MSPHP, Partners	Number of bulletins produced
3	Set up a command post	04 August 2021	EPI Director, CDS	MSPHP, Partners	Existence of a command post
4	Update the standard operating procedures for vaccination against COVID-19	Week of 09 to 31 August 2021	Head of Monitoring & Evaluation Committee	MSPHP, Partners	Existence of algorithm
5	Carry out bottom-up micro planning using the vulnerability index. Integrate cross-border activities.	Week of 09 to 31 August 2021	Head of Monitoring & Evaluation Committee	MSPHP, Partners	Existence of micro plans at each level
6	Setting up a PSO and the implementation monitoring tool	Week of 09 to 13 August 2021	Head of Monitoring & Evaluation Committee	MSPHP, Partners	Existence of PSO tool
7	Propose an algorithm to guide the choice of beneficiaries in the	Week of 09 to 13 August 2021	Head of Monitoring &	MSPHP, Partners	Existence of algorithm

	face of multiple vaccines		Evaluation Committee		
8	Follow up so that the cost of the COVID-19 vaccination is included by the DEP and DAF in the general state budget for 2022	30 July 2021	EPI Director	DEP, DAF	Existence of a budget line in the 2022 budget
9	Advocacy to secure government (central and provincial) funding for operational costs and purchase of additional vaccines	End of August 2021	EPI Director	REPACAV, MSPHP, Partners, Ministries of Budget and Finance	Availability of funds for operational costs and vaccine procurement
10	Advocacy with partners for funding for the purchase of vaccines and operational costs	End of August 2021	EPI Director	REPACAV, MSPHP, Partners	Availability of funds for operational costs and vaccine procurement
11	Include an item on funding at each Strategic ICC meeting, especially the easing of disbursement procedures	2 times a year on average	EPI Director	MSPHP, Partners	Number of ICC meetings that addressed immunisation financing COVID-19
12	Sharing information on available funds with different stakeholders	every week	EPI Director	MSPHP, Partners	Number of newsletters with an item on available funding
13	Drafting the PRS for resource mobilisation in the shortest possible time	each quarter	EPI Director	REPACAV, MSPHP, Partners	Availability of PRS
b. Medium and long term implementation					
1	Develop the job description of the coordination structure	end of 2021	EPI Director	MSPHP, Partners	Existence of a job description document

2	Harmonise COVID immunisation coordination mechanisms between different stakeholders under the leadership of the Minister of Public Health, Hygiene and Prevention.	end of 2021	EPI Director	MSPHP, Partners	Harmonised mechanisms
3	Develop measures to implement law 18/035 of 13 December 2018, making vaccination compulsory	end of 2021	EPI Director	REPACAV, MSPHP, Partners	Existence of implementing measures
4	Organising other IAMs	timely	EPI Director	MSPHP, Partners	Existence of implementing measures

Pillar: Delivery

N°	Recommended activities	Desired completion date	Focal point in charge	Support needed	Indicators
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a. For immediate implementation :

1	Organise a validation workshop for the tools and modules developed	17 to 21 August 2021	Dr Crispin Kazadi	EPI and WHO (Dr Beatrice Mukaji)	Existence of validated tools and modules
	Develop a micro planning framework and guide for Health Zones and Health Areas (and/or Health Structures)	05 - 07 August 2021	Dr Crispin Kazadi (EPI)	Technical assistance Dr Béatrice Mukaji (WHO) Dr Trésor Zola (EPI) Dr Raoul (BMGF) Dr Nasaka Pablito (WHO)	Existence of a
3.	Develop training modules, guidelines, data sheets and supervision tools for new vaccines to be introduced	05 - 12 August 2021	Mr Brave Kassongo (EPI)	Technical assistance Prof Michel Kabamba (EPI) Dr André Tonda (JSI)	Existence of training modules, guidelines, data sheets and supervision tools

				Dr John Otomba (WHO)	
4.	Developing the training plan	12 - 14 August 2021	Mr Brave Kassongo (EPI)	Prof Michel Kabamba (EPI) Dr André Tonda (JSI) Dr John Otomba (WHO)	Existence of a training plan
5	Develop the supervision plan (TOR, selection, briefing of supervisors and MOE timeline)...	05 - 07 August 2021	Dr André Kasogo (DGLM)	Dr Jean Rirangira (UNICEF) Dr Mymy Mwika (EPI) Dr Koko Djo Roy (WHO)	Existence of a supervision plan
6	Elaborate the plan for the prospection visit (TOR, selection, briefing of actors and MOE timeline)	12 - 14 August 2021	Dr André Kasogo (DGLM)	Dr Jean Rirangira (UNICEF) Dr Mymy Mwika (EPI)	Existence of a prospecting visit plan
7	Develop a tool for monitoring preparations at all levels of the System	02-04 August 2021	Prof Michel Kabamba	Dr John Otomba (WHO) Dr Mymy Mwika (EPI) Dr Moise Yapi (WHO) Bishop Albert Mbule	Existence of a tool for monitoring preparations
8	Monitoring the preparations for the 2 nd phase of the Covid-19 vaccination	From 23 August 2021	Dr Christophe Luhata	Dr Pablito Nasaka Bishop Cédric Mwanga Bishop Arsène Kabwaya Bishop Albert Mbule	Proportion of provinces reporting in time Proportion of feedback sent to provinces
9	Share the updated VIRAT tool with the global level	From 23 August 2021	Dr Christophe Luhata	Dr Pablito Nasaka Bishop Cédric Mwanga Bishop Arsène Kabwaya Bishop Albert Mbule	Timeliness and completeness of reporting

b. Medium and long term implementation

1	Organise cascading face-to-face training	31 August - 14 September 2021	Dr Crispin Kazadi	Partners and EPI (central and provincial levels)	Number of central level staff trained; Number of provinces that organised the training; Number of SLAs that organised the training
2	Organising the micro-planning process at the peripheral level	31 August - 14 September 2021	Dr Crispin Kazadi	Partners and EPI (central and provincial levels)	Proportion of SZs with micro plans; Proportion of provinces with micro plans
3	Organise prospecting visits	21- 25 September 2021	Dr Crispin Kazadi	Partners and EPI (central and provincial levels)	Proportion of vaccination sites surveyed
4	Organising supervision	To be specified	Dr Crispin Kazadi	Partners and EPI (central and provincial levels)	Proportion of supervisions organised (supervised sites, supervised SZs,...)
5	Organising independent monitoring	To be specified	WHO		
6	Organising the IAMs at national and provincial level	To be specified	EPI		

Pillar 3: Demand generation

N°	Recommended activities	Desired completion date	Focal point in charge	Support needed	Indicators
a. For immediate implementation :					
1		S1 AUGUST 2021	CS Communication	ALL PARTNERS	Existence of an updated and popularised communication plan

2	Develop SOPs in relation to COVID-19	AUGUST 2021	EPI	ALL PARTNERS	Existence of SOPs
3	Promoting the EPI website	August and ongoing	EPI and GAVI	EPI and GAVI	existence and functionality of the EPI website
4		S4 AUGUST 2021 in the 7 DPS (kinshasa, central kongo, Haut katanga, lualaba , Ituri, north and south kivu)	CS COMMUNICATION	MRITE, IMC, UNICEF	Number of DPSs who have received infodemia training Number of DPSs who collect data with the KOBOCOLLECT tool
5		S1 AUGUST 2021 in the 7 cities (kinshasa, Matadi, lubumbashi, kolwezi , Bunia, Goma and bukavu,)	CS COMMUNICATION	MRITE, IMC, UNICEF	Number of cities that have installed the Info-Monitoring System
					Number of cities that have been trained in Info-Monitoring systems
6	Support DPSs in sensitising frontline providers to adhere to and promote vaccination against COVID-19	AUGUST & SEPTEMBER 2021	COMMUNICATION	MRITE, IMC, UNICEF	Proportion of DPSs and ZSSs that have organised awareness-raising sessions for front-line providers
7	To support their members in raising awareness of COVID-19 vaccination in their structures	AUGUST 2021	CS COMMUNICATION	MRIT,IMC,UNICEF	Number of professional associations and corporations that have benefited from support in raising awareness about vaccination against COVID-19 Number of professional

					associations and corporations ORGANISATION that have drawn up their roadmap
8		SEPTEMBER 2021	COMMUNITY	SANRU, IMC, RED CROSS, UNICEF	Number of community participation structures that have benefited from technical and financial support for implementation in the SLAs/SAs
9	Advocacy with religious leaders, opinion leaders, special groups, public and private service providers and influencers,	AUGUST 2021	CS COMMUNICATION	Villae Reach, MRITE, UNICE, WHO...	Number of faith leaders, opinion leaders and influencers reached Number of public statements or actions in support of immunization made by target leaders and influencers Number of influencers reached
10		AUGUST 2021	COMMUNICATION PEV	VillageReach, MRITE, UNICE, IMC...	Number of ABS/authorities reached Number of declarations/gesture Public

11			COMMUNICATION PEV		Number of radio broadcasts on COVID-19 vaccination with ministry experts and partners with national coverage produced
12	broadcasting radio and television programmes on vaccination against COVID-19 with experts from the Ministry and partners on national coverage and on Canal +		COMMUNICATION PEV		Number of radio programmes on vaccination against COVID-19 with experts from the Ministry and partners broadcast nationally and on Canal+ broadcast
13	Produce 2-minute spots/video clips promoting vaccination against COVID-19	AUGUST 2021	COMMUNICATION PEV	MRITE, UNICEF, VillageReach, IMC	Number of 2-minute spots/video clips in support of COVID-19 vaccination produced
14.	Broadcast the 2 minute spots/video clips on Facebook, WhatsApp, Twitter	AUGUST 2021	COMMUNICATION PEV	MRITE, UNICEF, VillageReach, IMC	Number of 2-minute spots/video clips promoting vaccination against COVID-19 broadcast
15.	To sensitize the REPACAV committee in sensitizing honourable members of parliament of both chambers for their involvement in the vaccination against Covid-19	Sept. 21	COMMUNICATION PEV	MRITE, UNICEF, VillageReach	Number of REPACAV members reached Number of MPs and Senators reached

...1 6	organise supervision at all levels	Cfr Service provision for date harmonisation	COMMUNICATION PEV	all partners	Number of supervisions carried out
17	Hold monthly communication coordination meetings with the provinces	AUGUST 2021	COMMUNICATION PEV	all partners	Number of meetings held with minutes
18	Hold weekly communication coordination meetings	AUGUST 2021	COMMUNICATION PEV	all partners	Number of meetings held with minutes
19	Publish monthly newsletters	S1 SEPTEMBER	COMMUNICATION PEV	PARTNER	Existence of the monthly EPI newsletter
b. Medium and long term implementation					
1.	Produce a documentary on COVID-19 vaccination	Nov-21	ENP/PARTNER	PARTNERS	Existence of a documentary on vaccination against COVID-19
2.	Organise a quarterly CAP survey on the demand for immunisation	SEPTEMBER 2021 (September, October and November)	EPI	ALL PARTNERS	Number of surveys conducted on planned
3.	Write activity reports Quarterly	T3, T4,...	ENP/PARTNER	ENP/PARTNER	Number of reports written
Pillar 4: Monitoring					
N°	Recommended activities	Desired completion date	Focal point in charge	Support needed	Indicators
a. Immediate implementation					
1.	Develop TORs for coordination committees at DPS and SLA levels	Immediate	EPI	TF partners	TRDs developed and shared

2.	Hold weekly coordination meetings with action points and share the account with all stakeholders at different levels	Weekly	CD/MCZ	EPI National/Provincial Governor and local ABS and TF partners	Number of meetings held
3.	Hold weekly committee meetings at all levels	Each week	CD/MCZ	EPI National/Provincial Governor and local ABS and TF partners	Number of meetings held
4.	Provide sufficient management tools for reporting and investigating IPMs to all structures in the target SDAs	Continue	EPI	Government Prov and Partners	of SZs with sufficient tools for monitoring IPM
5.	Provide training in MAPI management for actors at all levels (taking into account the different components)	S1 and S2 August 2021	EPI	Partners	Number of people trained
6.	Organise active collection of MAPIs from those vaccinated and in health facilities (with paper forms, telephone and electronic call on ODK (AEFI MAPI)	Continue	MCZS/IT	EPI/CD Director	of activity reports submitted
7.	Organise passive collection of IPMs from vaccinated people and in health facilities	Continue	MCZS/IT	EPI/CD Director	of activity reports submitted
8.	Share the guidelines (SOP) with field staff in order to conduct preliminary investigations within the required timeframe (24-48 hours)	S1 and S2 August 2021	EPI Directorate	Partners	% of SZs with directives

9.	Hold data validation meetings at all levels and provide feedback	Every month/week/day	EPI (national and provincial), MCZS/IT/immunization site team	TF partners	Number of validation meetings held
10.	Share the reports of the preliminary MAPI investigations with all stakeholders including the local ABS	Continue	Dir EPI/CD/MCZS/IT	TF partners	Number of reports shared
11	Referring severe PADI cases that need further management to the tertiary level	Continue	EPI (national and provincial)	TF partners	
12.	Sharing information with anyone who has been vaccinated on the mapping of the nearest severe IPM facilities	Continue	Vaccination site manager	Community relays	Number of informed vaccinees
13.	Equip health facilities with PECs and MAPIs at primary and secondary levels	August 21	DPM and PFT		
14.	Ensure supervision of immunisation activities and monitoring of IPM by all levels	Monthly/weekly/ daily	SG/CD/MCZS/IT	Minister of Health (nat and prov), Gov and others ABS	Proportion of supervisions carried out
15.	Carrying out home visits to people who have presented IBD	Continue	Epidemiological Surveillance Focal Point/IT/Co DESA/REC O Chair	MCZS (ECZ)	Number of VADs carried out

Pillar 5: Data management, monitoring and evaluation

N°	Recommended activities	Desired completion date	Focal point in charge	Support needed	Indicators
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1	Make tablets available at all sites	9 August 2021	Dr Christophe and Arsène	Partners	Proportion of sites with tablets
	Follow up on requests for the acquisition of 4G modems	44407	Arsène and Steve / DAF	Unicef	Number of modems acquired on time
2	Establish teams of data managers at provincial level to support sites with delayed data entry into DHIS2	3 August 2021	Arsène, Cédric and Steve	EPI and partners	Proportion of sites that are up to date
3	Follow up on the encoding of site data in DHIS2	30 July 2021	Arsène, Cédric and Steve	EPI and partners	Completeness and timeliness rate
4	Follow up the request for the purchase of printers, accessories and consumables (Specifications)	30 July 2021	Arsène, Steve / DAF	Sanru	Number of printers acquired on time per branch
5	Organise cascade training for data managers	10 August 2021	Dr Christophe, Cédric, CDC and M-RITE	EPI and partners	Proportion of training courses organised on the planned ones Number of data managers trained on the planned one
6	Organise supervision at all levels	15 August 2021	Dr Christophe and Dr Christelle, CDC, RTI and M-RITE	EPI and partners	Number of supervisions carried out out of those planned per level
7	Monitoring the payment process of additional data managers	30 July 2021	Dr Christophe and CDC	EPI and partners	Number of paid claimants out of total number
8	Monitoring the process of reproduction and distribution of collection tools	15 August 2021	Dr Christophe	EPI and partners	Number of sites with collection tools

9	Produce the Covid 19 vaccination data bulletin (frequency to be determined)	8 August 2021	Dr Christelle, Steve and CDC	EPI and partners	Number of bulletins published
10	Implement an electronic and physical reminder system for the 2nd ^e dose	15 August 2021	Arsène, Dr Perry and Cédric	Framework for cooperation between delivery, logistics, monitoring and data management	Existence of the system
11	Create a pre-registration platform (manual and electronic)	1 October 2021 (subject to vaccine availability)	Arsène, Dr Perry and Cédric	EPI and partners	Existence of the platform

b. Medium and long term implementation

1.	Update data analysis and validation guidelines	2 weeks	Dr Christophe, Dr Angèle Dr Pitchou and Dr David	EPI and partners	Existence of updated guidelines for data collection and analysis
					Data analysis
2.	Estimating the need for data management equipment for sites in the expanding provinces	15 August 2021	Dr Pitchou, Dr Christelle, Arsène and Cédric	Framework for consultation between data delivery and management	Existence of the extension plan
3.	Finalise the pre-registration platform for vaccinated persons (manual and electronic)	15 September 2021	Dr Christophe, Dr Perry, Arsène and Cédric	EPI and partners	Existence of the platform

Pillar 6: Logistics

N°	Recommended activities	Desired completion date	Focal point in charge	Support needed	Indicators
a. Immediate implementation					
1	Advocate with the manufacturer for vaccines with a longer expiry date	EPI	1 August 2021		Availability of vaccines with a longer expiry date (i.e. more than 6 months)

2	Receiving vaccines at country level	CD Logistics	23 August 2021		Number of doses received/expected
3	Deploy vaccines as quickly as possible to vaccination sites	CD Logistics	30 August 2021		Number of sites that received the vaccines on time/
4	Acquire PCI materials and MAPI Kits	WHO Logistics	44406		Number of PCI materials received/planned Number of MAPI Kits received/planned
5	Conducting integrated supervisions taking into account logistical aspects	CD Logistics	From 16 August to 30 September 2021		Number of integrated supervisions carried out
6	Revise and reproduce sufficient management tools and complete the logistics-related modules in the DHIS2	CD Logistics	From 2 to 16 August 2021		Number of tools revised and reproduced/expected; Number of logistics items found in DHIS2/planned
7	Monitor waste disposal at immunisation sites	CD Logistics	44454		Number of vaccination sites that have disposed of waste according to the guidelines (destruction report)
8	Hold at least 2 meetings of the Logistics Committee per week	CD Logistics	continues		Number of minutes of meetings
9	Update the logistics plan	CD Logistics	44407		Availability of the updated logistics plan
10	Monitor the stock of vaccines on a daily basis	CD Logistics	Continue		Number of days available

11	Train providers in the use of the vaccine (Pfizer, Moderna, J&J and SinoVac)	CD Logistics	16 August 2021 (to be harmonised with other groups)		Number of trained providers
12	Updating inventories	CD Logistics	From 29 July to 09 August 2021		Updated database of CdF equipment inventories
13	Review guidelines for the use of new vaccines (Pfizer, Moderna, J&J and SinoVac)	CD Logistics	From 02 to 16 August 2021		Availability of revised guidelines
14	Reproduce guidance documents on the use of new vaccines (Pfizer, Moderna, J&J and SinoVac)	CD Logistics	16 August 2021		Quantity of documents reproduced / planned
15	Disseminate guidelines for the use of new vaccines (Pfizer, Moderna, J&J and SinoVac) at all levels	CD Logistics	20 August 2021		Number of structures with guidelines / existing structures
b. Medium and long term implementation					
1	Acquire 6020 temperature monitoring devices	CD Logistics	44440		Number of materials received / planned
2	Acquire 191 refrigerators, 519 freezers, 520 coolers, 15 deep freezers, 42 Arktek and 1400 vaccine carriers for the storage and transport of vaccines	CD Logistics	44470		Number of materials received / planned
3	Install 242 refrigerators	CD Logistics	From 16 August to 30 September 2021		Number of refrigerators installed

4	Train technicians to install new Ultra Cold Chain equipment	CD Logistics	From 01 to 05 October 2021		Number of technicians trained
5	Deploying CdF and temperature monitoring equipment in storage sites	CD Logistics	From 9 August to 30 September 2021		Number of materials shipped

5. LESSONS LEARNED

- The importance of having secure funding to meet the operational cost of activities improves delivery in the field;
- The involvement of political and administrative authorities at all levels is an important strategy for ensuring public support for immunisation;
- The adherence of health personnel to vaccination is a prerequisite for convincing the vast majority of the population to adhere to vaccination;
- active leadership is a guarantee of success in a crisis situation;
- the readiness of some partners to meet operational costs in a context of lack of funds

6. RECOMMENDATIONS

N°	Recommendations	Responsible for	Deadline
1	Clarify the equity approach in prioritising target persons.	Delivery Group.	When planning.
2	Share working group presentations with the coordination for centralisation.	Chairs of the working groups.	At the end of each day of the RIA. (Immediate)
3	Consider how to readjust the micro planning process for Covid-19 vaccination.	Groups performance.	When planning.
4.	Identify all sites or facilities for monitoring diabetic patients and share with the EPI.	Directorate for Non-Communicable Diseases (diabetes)	In a fortnight.
5.	Continue to monitor the activity of identifying people with co-morbidities.	Delivery group.	Continue.
6.	Identify focal points and assign responsibilities.	Coordination and group chairs.	After the RIA.

7.	Adapting training courses to the country's vaccine portfolio.	All working groups.	Before the cascade formations.
8.	Create a slot during the RIA for the WHO expert to present the Costing tool to be used for budgeting.	Coordination.	During the RIA.
9.	Include a column in the consultation register with information on immunisation status to enable the system to search for immunisation information at this level.	Data Management Group.	Continue.
10.	Take into account the need to organise the workshops face-to-face to allow effective and easy participation of all stakeholders, insisting on respecting barrier gestures. (adopt a residential method to make the work easy)	EPI Directorate.	Continue.
11.	Work with the delivery group to discuss strategies, modalities for the rate of loss to be taken into account and aspects of estimating needs taking into account 25%.	Logistics group.	Immediate.

7. ANNEXES

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Data Management Working Group :



Logistics Working Group :



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