

COVID-19 intra-action review (IAR)



**Final report : Pillar 10, COVID-19 vaccination
23 September 2021**

COUNTRY COVID-19 INTRA-ACTION REVIEW (IAR)

COVID-19 VACCINATION

REPORT

**[SOMALIA]
[MOGADISHU, 25/07/2021]**

1. EXECUTIVE SUMMARY

*Provide an overview of the **key findings, recommendations and way forward** for implementing the recommendations.*

The IAR meeting provided a chance for the Federal member state technical team to assess campaign performance at both the national and state levels. Additionally, to exchange best practices and brainstorm solutions to some of the issues. Participants highlighted three critical issues as contributing to low vaccination coverage initially. These challenges are pre-campaign demand generation, planning, and data reporting, and each difficulty is frequently the result of a collection of more minor problems that were not adequately handled earlier. Several major proposals emerged from the debate aimed at addressing the inadequate coverage. Where 91% of the doses of AstraZeneca were consumed with a minimum wastage rate and close vial remains. The first recommendation was to create a detailed micro plan at the district and state levels which will address the target population according to the SAGE recommendation, however the plan viability was changed with the quantity and made of the vaccine supplied as explained in the NDVP. The said document can also help and advocate for funding to execute operational initiatives implementation for vaccination.

2. CONTEXT OF THE COVID-19 RESPONSE AND OBJECTIVES OF THE IAR

2.1 Context of the COVID-19 situation and response

Somalia reported the first COVID-19 case on March 16th, 2020, and as of July 22nd, the country has 15,085 laboratory confirmed cases with 781 reported deaths. In response to the Covid-19 outbreak Somalia developed a Country Preparedness and Response Plan (CPRP) addressing the Epidemic in early 2020, with the assistance of UN agencies and cluster partners, including non-governmental organizations (NGOs), to address the direct public health and indirect immediate humanitarian and socioeconomic consequences of COVID-19.

After the vaccine development and provision of the EUL by the WHO, One of the key components of the response to the Covid-19 pandemic is the introduction of a nationwide the country was supposed to receive vaccine from the COVAX facility for its 20% population, collaborative efforts from WHO; UNICEF; GAVI and CPI. The First allocation for vaccination campaign using the vaccine COVISHIELD of the manufacturer name Astra Zeneca. Vaccination started on March 16th, 2021 almost one year after the identification of first COVID case in Somalia. The first round of Phase1 targeted frontline workers and people over the age of 50, with eligibility criteria expanded to broaden the scope of beneficiaries. The prioritization

of target populations was due to limited doses allocation because of manufacturing limitation and also due to the epidemiological significance of these community members at higher risk of disease. Throughout the country, the campaign also provided a much-needed vaccine to vulnerable populations such as IDPs. Other response activities include increased sensitivity of the COVID19 surveillance, increased capacity of the national laboratory, and case management activities in the major health care units e.g. de Martino hospital and other similar designated isolation and case management centres across the country.

2.2. Objectives: overall objective and specific objectives (if applicable)

- To share experiences and analyse the implementation processes of the ongoing Covid-19 vaccination campaign by identifying best practices and challenges.
- To document and create solutions for recurrent challenges since the start of the vaccination.
- To outline key action points for short and long term vaccination strategy implementation.

3. METHODOLOGY OF THE IAR

Date(s) of the IAR activity	5-6/07/2021
Location(s)	Country: SOMALIA Province/State: BANADIR City: MOGADISHU
Set-up	<input type="checkbox"/> Online <input type="checkbox"/> Onsite <input checked="" type="checkbox"/> Mixed (online and onsite)
Participating institutions and entities	- Federal Ministry of Health EPI Unit - Federal Member state EPI managers - WHO EPI officers and Covid-19 Campaign Consultants -WHO and UNICEF Country offices
Total number of participants and observers (if applicable)	28
Period covered by the review	(16/03/2021 - 04/07/2021)
Response pillar(s) reviewed	<input checked="" type="checkbox"/> COVID-19 vaccination

4. FINDINGS

This is the key part of the report. Present the findings of the review and the prioritized course of actions to strengthen the response to the ongoing COVID-19 pandemic.

Focus on the root causes that explain why best practices and challenges occurred. Actions should be recommended for institutionalizing and maintaining best practices, as well as for addressing challenges. Findings can be presented as dot points in a tabular form (as below) or as a summary text based on your preference.

10.A Regulatory Preparedness	
Observations	
Best practices	<ul style="list-style-type: none"> - Development of National Deployment Vaccination Plan (NDVP) in timely manner - Facilitation of necessary regulatory and other approvals in the process, for vaccine introduction at the national and sub national levels
Challenges	<ul style="list-style-type: none"> - Competing priorities.
Prioritized actions	
<p>a. For mid to long-term implementation for improvement the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> • Developed and enhanced in COVID vaccination context the SOPs for introduction and approval into the country Health Systems. • Develop strategies to navigate the administrative challenges for Vaccine regulation, in the country by advocating with the Leadership and management involvement through different channels including ECMTs and UN Task force, National Health Cluster and other possible means, by which the oversight for the regulation by the government can be put in place. • Accelerate the process of regularization to minimum possible time consumption, keeping in view the global pandemic updated situation. 	

10.B Planning, Coordination, & Service Delivery	
Observations	
Best practices	<ul style="list-style-type: none"> - Covid-19 technical meetings at federal and state level - Technical support and coordination of activities at national and state level - Daily technical meetings and updates - Supportive supervision at national and sub national level
Challenges	<ul style="list-style-type: none"> - Delivery of vaccines to several hard to reach locations - Demand generation for smooth vaccination - Timely data reporting and flow for analysis and action - Forecasting vaccine needs and distribution at lower levels - Detailed planning and mapping of possible gaps in the plans - Inadequate communication on vaccination and counter rumors - Full implementation and use of the virtual dashboard
Key indicators	
<p>a. Key indicator reviewed during IAR</p> <ul style="list-style-type: none"> - Vaccination coverage data and other indicators of interest, gender, Prioritized target group vaccination, Vaccine distribution according to the Settlements, AEFI tracking etc 	
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Consolidate data reporting to the Com-care application for planning and timely action. - Develop improved micro plan for the new expected batches of vaccines - Change the current COVID-19 phone message into vaccination encouragement: <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Improve risk communication and community engagement at national and sub national level and also to plan strategies in addressing the RCCE. 	

10.C Funding	
Observations	
Best practices	<ul style="list-style-type: none"> - Proper utilization of the allocated funds - Supervision and monitoring of activities and the attributed costs -
Challenges	<ul style="list-style-type: none"> - Unavailability of the funds especially for operational purposes - Inadequate plan of allocation and utilization of funding for the campaign preparedness -
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Advocate for additional resources to support the extension of current and future vaccination - Support to the states for priority allocation and utilization of the funds. <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Improve needs forecasting and budgeting at national and subnational levels 	

10.D Supply Chain & Waste Management	
Observations	
Best practices	<ul style="list-style-type: none"> - Monitoring of supplies and vaccine stock, on a regular basis - Relocation and sharing of extra remaining vaccine doses between states.
Challenges	<ul style="list-style-type: none"> - Supply vaccine from Nairobi to Somalia by UNICEF not in a timely manner. - Inadequate planning for vaccine distribution to several states - Difficulties in provision at sub state level / districts due to transportation and security reasons - Utilization of existing vaccines before the expiry date
Key indicators	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> - Vaccine wastage rate remains below 10% - Vaccine stock management by consumption 	
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Relocation of vaccines from the states to the federal cold chain for further distribution according to need. <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Develop proper forecasting tools and increase capacity of the contractors for distribution of logistics by UNICEF. - Use demographic and other data generated from this campaign to inform future logistic planning. 	

10.E Human Resource Management & Training	
Observations	
Best practices	<ul style="list-style-type: none"> - Team training implemented during pre-campaign activities at all levels e.g. national, state and districts - Joint training of trainers done at national level - Utilization of human resources from existing health facilities and additional surge from the private health sectors and NGOs. Which will continue on need bas under the public private partnership.
Challenges	<ul style="list-style-type: none"> - No daily vaccination team meeting at the end of the day to review daily performance; and provide feedback by the State for individual performance and weak role of team supervisors during implementation. - Inadequate coordination between vaccination and community mobilization teams
Key indicators	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> - Team distribution plans - Average team performance per day 	
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Review team distribution and adapt according to the target in each district for improved outcomes - Conduct joint daily team meetings for all involved partners in the campaign. <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Conduct joint training sessions and simulation exercises for all teams. 	

10.F Vaccine Acceptance & Demand	
Observations	
Best practices	<ul style="list-style-type: none"> - Mass media communication before the campaign - Use of elders and community leaders in some states - Technical and briefing meetings by the Minister of health on social media platforms
Challenges	<ul style="list-style-type: none"> - Poor communication and social mobilization strategy adaptation with generalized approach of community engagement. Which was in this part of vaccination is needed as the prioritized target groups are already guided by the SAGE. - Negative rumors associated with Astra Zeneca vaccine was inadequately addressed and measures to counter these rumors were inefficient which slows the progress of vaccination. - Most of Communication strategies were not coordinated with the operational plan at national and state level. They were good just for information and not really demand generation.
Key indicators	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> - Vaccination coverage in the specific target groups - vaccine hesitancy. - Vaccination by gender - Duration of vaccine consumption 	
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Review risk communication plans and propose immediate changes in strategies at all levels. - Conduct a dedicated review meeting with partners involved in communications. <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Document the success, challenges and best practices of this campaign. - Develop strategic plans on communication and risk management with the objective for demand generation with the community and focus on target group engagement. 	

10.G Vaccine Safety	
Observations	
Best practices	<ul style="list-style-type: none"> - Sensitization on the safety of the vaccine with health workers and community. - Training of vaccination team on AEFI reporting - Monitoring and follow up of reported AEFI's
Challenges	<ul style="list-style-type: none"> - Fears from Astra Zeneca vaccine fueled by the global news and social media
Key indicators	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> - Number of AEFI reported and also vaccine coverage against the target in specific areas roughly measuring the vaccine hesitancy. 	
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Analysis of AEFI data and reported cases causality assessment. - Intensify the communication about vaccine safety with evidence-based messages. <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Develop SOPs for risk communication 	

10. Monitoring & Evaluation	
Observations	
Best practices	<ul style="list-style-type: none"> - Supportive supervision and technical support performed at all level - Daily technical meeting including national and sub national levels - Technical reports and guidance on vaccination implementation and outcome with feedback to the states; MOH and stakeholders. - Daily data monitoring and analysis
Challenges	<ul style="list-style-type: none"> - Supportive supervision plans during vaccination were poorly implemented in some states. - Supportive visits were not feasible in some areas due to logistic, administrative or security reasons - Delayed reporting prevented timely analysis of data and provision of technical guidance
Key indicators	
<p>a. Key indicators reviewed during IAR</p> <ul style="list-style-type: none"> - Vaccination coverage data - Vaccine stock data - Vaccination teams performance data 	
Prioritized actions	
<p>a. For immediate implementation:</p> <ul style="list-style-type: none"> - Consolidate all data for analysis in Comcare application - Regular technical meeting for campaign coordination team at national and state level to review key indicators and decision making - Allocate resources for supportive supervision at state and district level by state consultants. <p>b. For mid to long-term implementation to improve the response to the ongoing COVID-19 outbreak:</p> <ul style="list-style-type: none"> - Develop state technical teams on monitoring and evaluation 	

5. THE WAY FORWARD

Overall best practices from the country's implementation of COVID-19 vaccine:

- Technical Coordination of campaign activities
- Operational plan implementation and logistics transport to most of the destination.
- Relocation of vaccine stock to minimize wastage
- Monitoring and evaluation of vaccination activities and timely change of strategies for results.
- The rest are mention in the respective sections

Overall key challenges from the country's implementation of COVID-19 vaccine (top 3-5):

PRIORITIZED ACTIONS		TIMELINE & DESIRED DATE FOR COMPLETION	RESPONSIBLE FOCAL POINT	ESTIMATED BUDGET AND FINANCIAL SOURCE	REQUIRED SUPPORT	INDICATORS
A. Prioritized actions for immediate implementation (3-5 items):						
1.	Data management	10 days	MOH HMIS officer	156,000	156,000	Number of states submitted daily data
2.	Utilization of all available soon to expire vaccines	Before 15 July	FMOH and State MOH, EPI section supported by partners	221,000	221,000	95% of vaccine utilized
3.	Development of comprehensive micro plans	10 days	FMOH and State MOH,EPI section supported by partners	70000	63000	State wise microplans developed
B. Prioritized actions for mid to long-term implementation (3-5 items)						
1.	Enhancing risk communication activities	6 months	FMOH and state MOH with partners support	900,000		
2.	Improving immunization supply chain management	6 months	FMOH EPI UNIT partners support			UCC availability

3.	Ensure uninterrupted vaccines supply	3 months	MOH with partners			
4.	Ensure availability of resources	3 months	Partners with MoH			

- Demand generation and mobilization of the target individuals for vaccination as minimum vaccination coverage noted in the target groups per SAGE guidelines the FLWs.
- Funding and sufficient financial resource allocation in timely manner to sustain the vaccination effort.
- Accountability, of all the stakeholders.

The most important piece of advice you would give another country just starting their program:

Your communication demand generation and community engagement plan should be, coherent with your operational plan.

Action plan – describe the priority activities (based on program evaluation areas from above) needed to strengthen the country’s COVID-19 immunization programme with identified focal points and timelines:

*Describe the **strategy for implementing the activities** identified during the IAR, such as:*

The national technical coordination team will monitor the implementation of critical IAR recommendations and provide regular feedback. Feedback is provided weekly for immediate recommendations and bimonthly for long-term recommendations. The recommendations will be outlined and documented in the meeting report distributed to senior leadership. The recommendations’ implementation progress will also be disseminated in a timely and accessible manner.

6. ANNEXES

- *Annex 1: List of participants and Intra-Action Review (IAR) team*
- *Annex 2: Agenda of the review*
- *Annex 3: Completed note taking template*

© World Health Organization 2021. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](#) licence.

WHO reference number: [WHO/2019-nCoV/Country_IAR/templates/report/vaccination/2021.1](#)