



'Learning Collective Initiative' COVID-19 Vaccine Delivery Partnership

Tuesday, October 18, 1:30 –3:00 PM CEST



SESSION 5:

COVID -19 vaccination strategies in humanitarian settings for refugees, internally displaced populations and migrants

A 'Learning Collective Initiative' established under the CoVDP to provide targeted support to 34 concerted support countries

Objectives:

- To **collect, consolidate and share lessons learned, best practices and challenges** with COVID-19 vaccination to provide targeted support to 34 concerted support countries.
- To cultivate a community of learning for COVID-19 vaccine roll-out and **directly connect countries with one another** to maximize on peer-learning.
- **Audience;**
 - Primarily directed at national authorities who (i.e., senior practitioners like state ministers, DGs, Coordinators of national COVID-19 Task Forces and program EPI managers, incident managers).
 - Secondary target audience includes partners in the One Country Team who can provide desired technical support.



Learning Collective in
Covid-19 vaccine Delivery partnership (CoVDP)



Global Compendium of Country Knowledge on COVID-19 vaccination

Available at this [link](#)

COVID-19 vaccination rollout in 2020-2021 is the largest and fastest in history; no other public health intervention compares to its speed and population breadth

The Global Compendium is an organized information space that documents and indexes country COVID19 vaccination approaches and strategies. It is continually updated.

Click the [link](#) to find

- ✓ Country experiences
- ✓ Country case studies
- ✓ Reviews of country evaluation reports and publications
- ✓ Country evaluation reports

The **purpose** of the Global Compendium is to

- Provide an opportunity for cross-country learning
- Facilitate information-sharing across partners on country success and challenges in COVID19 vaccine introduction
- Maintain a knowledge base to inform actions in future health crises that require vaccination

For further information contact Alejandro Ramirez Gonzalez ramirezgonzalez@who.int

Dates/Time	Session Topics	Presenter	Countries
31st May 2022, 1:30 – 3:00 PM CEST	Best practices on COVID -19 strategies for identifying and vaccinating priority use groups ,e.g., older adults, health workers, adults with comorbidities etc.,	Dr Lynda Farmagrant Mr Zongo Amidou	MoH Sierra Leone, MoH Burkina Faso,
June 21, 2022	Best Practices on COVID-19 Vaccination and Strategies with Integrated Immunization Services	Dr. Firas J.H Al-Mossawi, Mr. Yohannes Lekew,	MoH Iraq, MoH Ethiopia
July 19, 2022	Best practices on COVID -19 vaccination strategies on Demand generation, RCCE	Dr Mwendwa Eunice Mwenesi Dr Edwin Mungongo	HelpAge , Tanzania
Sept. 20, 2022	Best practices on COVID -19 strategies for costing and financing, 'One budget plan'	Dr. Mbianke Livancliff, Dr.Ngembus Albjerk	MoH Cameroon,
Oct. 18, 2022	Best practices on COVID -19 strategies on humanitarian and fragile settings	Hajar Samaha, Sehrish Ali	Malawi, UNICEF Malawi MoH, Sierra Leone, MoPH, Lebanon Sudan, UNICEF
Nov. 15, 2022	Best practices on COVID -19 strategies on Integration into PHC/essential immunization		TBD

We welcome participants to share country experiences in the learning collective fora

Presentation outline

Topic: COVID-19 Vaccination Strategies for Populations of Concern Including Refugees, Internally Displaced Populations (IDPs), and Migrants

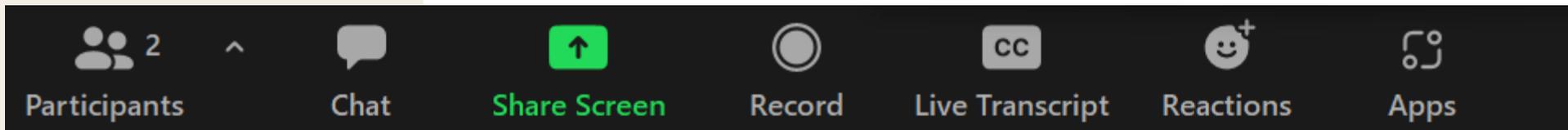
- Welcome and Objectives
- House keeping and Opening poll
- Overview of Humanitarian settings with focus on Refugees
 - **Ann Burton, UNHCR**
- Country 1 – The Lebanon experience
 - **Hajar Samaha Ministry Of Public Health**
Q&A
- Country 2: Sudan experience experience
 - **Sehrish Ali, UNICEF CO**
 - **Islam Ahmed, UNICEF CO**
Q&A
- Wrap up and closing

Housekeeping

Interpretation

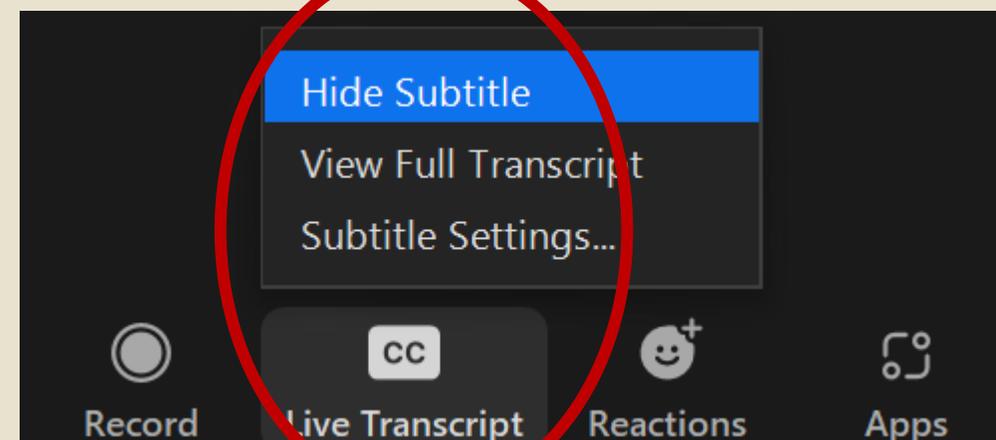
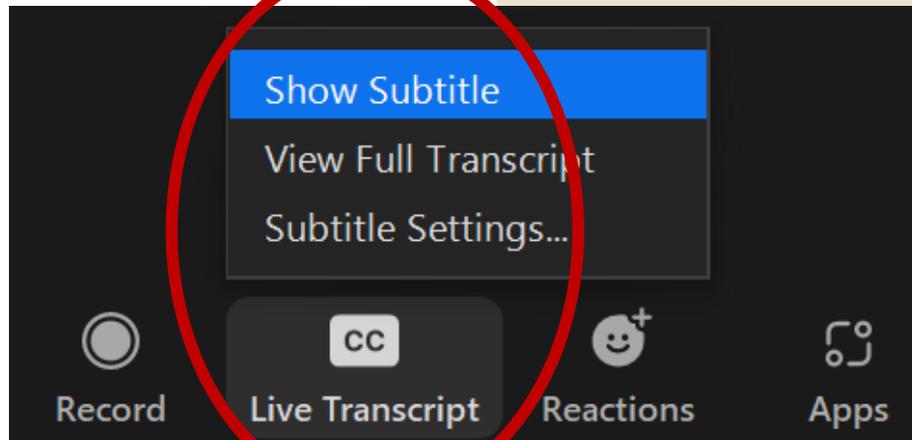
Interpretation in French is available by clicking the **Interpretation** button

Click on “Interpretation” and choose the language that you would like to hear. To hear the interpreted language only, click “Mute Original Audio”



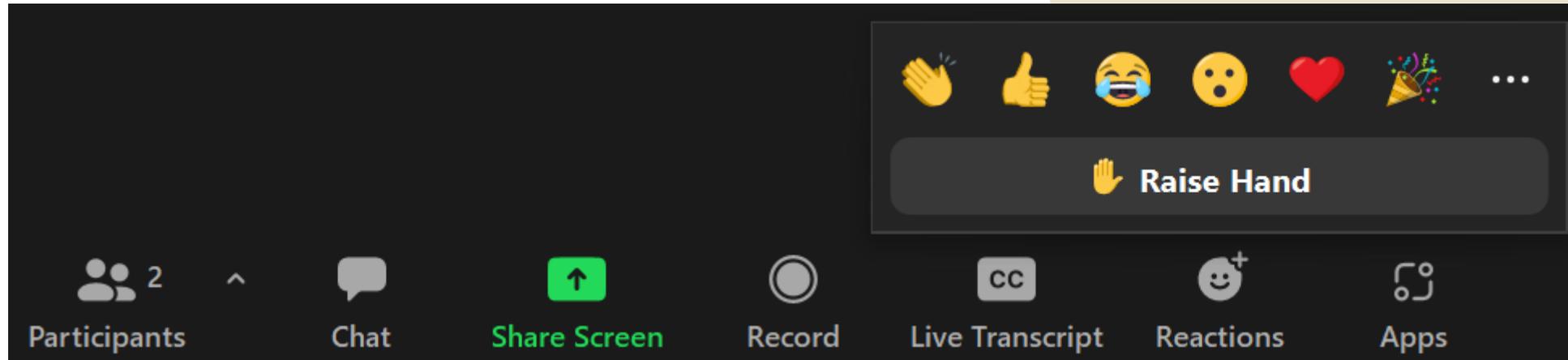
Live Transcription (ENG)

Click on “Live Transcript” and choose “Show Subtitle” and caption would appear on screen. To close the caption, click “Hide Subtitle”



Q&A

Use the Chat or Reactions > Raise Hand features for questions throughout the call

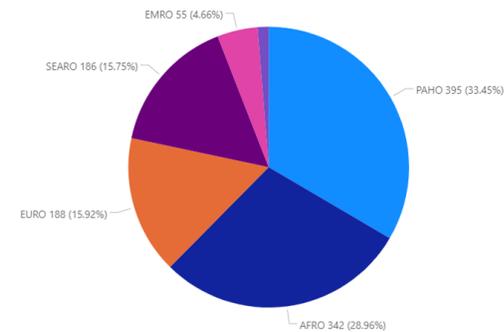


Recordings, Post session survey and Certificate

- This session is being recorded and your attendance is consent to be recorded,
- The Recordings, PowerPoint, and all resources will be shared after the call
- **A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session (5-minute survey).
 - We really value your feedback so we can improve these learning sessions, so please take advantage of the Attendance Certificate.
English: https://redcap.link/Learning_Collective_Initiative

Data Use

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your Personally Identifiable Data will be shared with the project funder. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.



Opening poll questions?



COVID-19 Vaccination in Humanitarian Settings
Learning Collective Initiative in Covid-19 Vaccine Delivery Partnership

Ann Burton
Public Health Section

OVERVIEW

Who are Populations in Humanitarian Settings?

Why reach Populations in Humanitarian settings?

UNHCR Public Health Programming

Covid-19 Vaccine Rollout in Refugees

What has been achieved

Monitoring vaccine rollout

Lessons learnt and opportunities

Populations in Humanitarian Settings

In 2022, 274 million people have been in need of humanitarian assistance and protection

Includes:

- Internally displaced
- Refugees and asylum seekers
- Non-displaced conflict-affected populations
- Migrants who are affected by humanitarian emergencies
- Populations affected by natural disasters including climate related events



Why is it important to reach humanitarian populations?

Some of the most vulnerable populations globally

Majority are in low or low- middle income countries which lack domestic resources

May not be included in national health systems

Often in remote, more underserved areas of countries

May be in insecure areas and difficult to reach safely

Substandard living conditions and pre-existing poor health status making them more vulnerable to disease and adverse outcomes

Health and WASH services may be broken down or insufficient

May be deliberately excluded particularly in areas of conflict

Will not reach national targets without specific measures to reach these populations

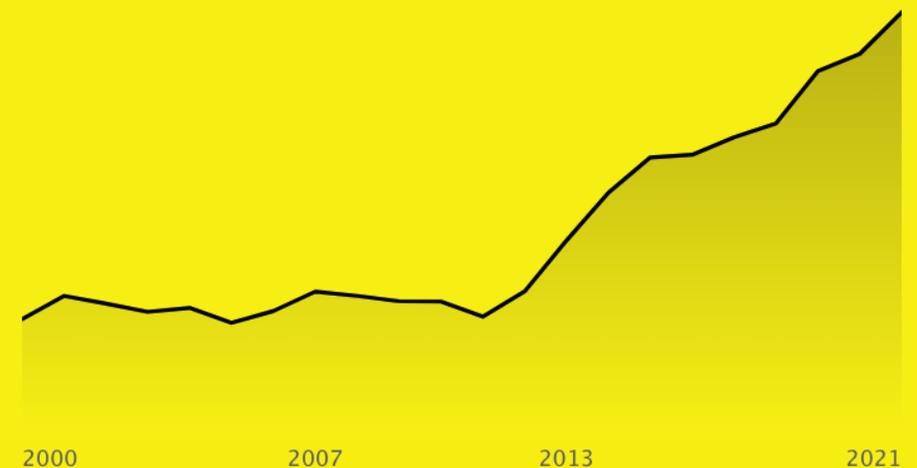
UNHCR – Our Work

- Our primary purpose at UNHCR is to safeguard the rights and well-being of people who have been forced to flee. This includes:
 - Refugees – people fleeing conflict or persecution
 - 27.1 million refugees and 4.4 million Venezuelans displaced abroad
 - Asylum-seekers – an individual who is seeking international protection
 - 4.6 million asylum seekers
 - Internally Displaced People – 53.2 million internally displaced people (IDPs)
- Stateless – do not have a nationality
 - 4.3 million stateless people

89.3 MILLION

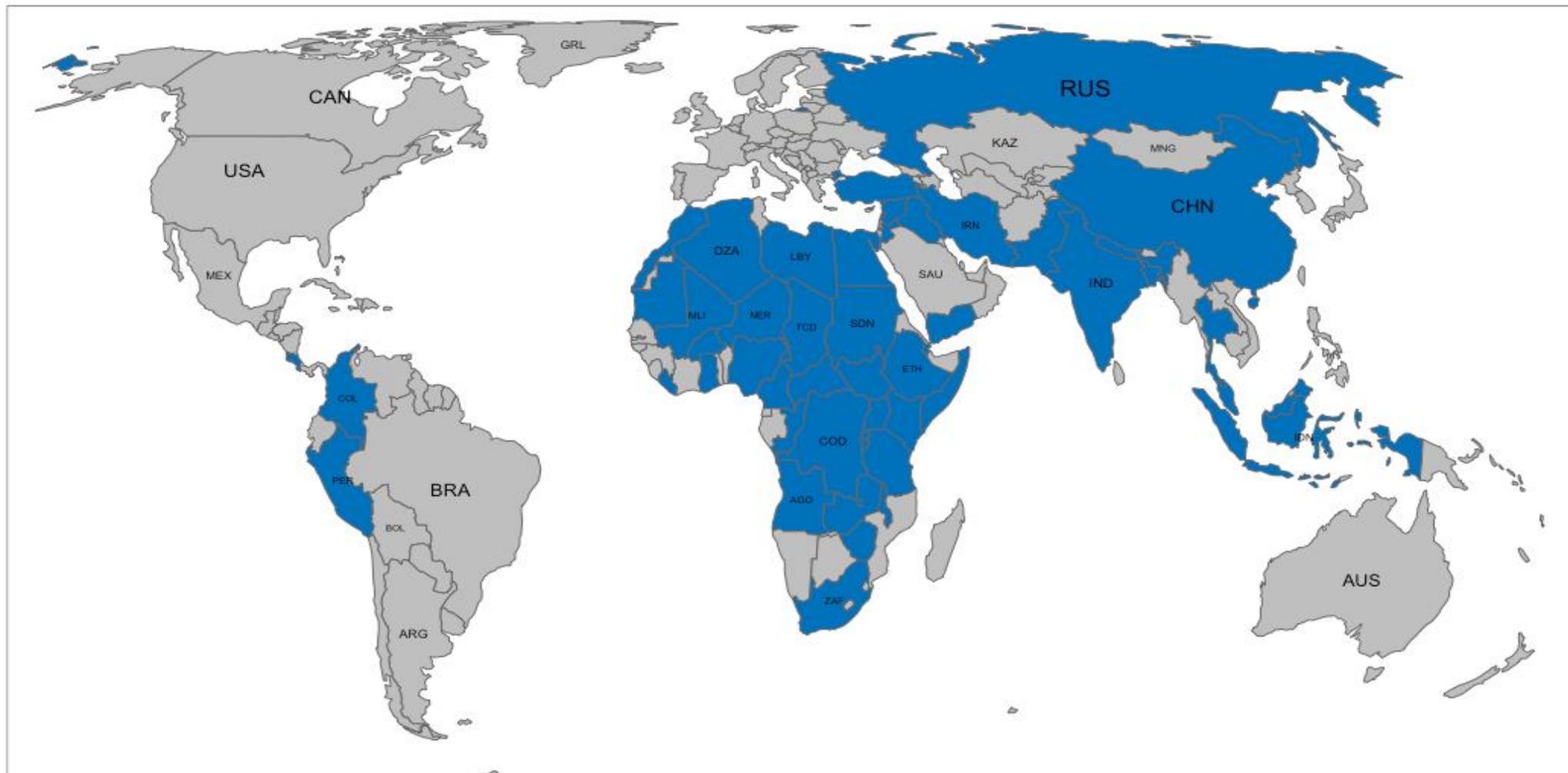
Forcibly displaced people worldwide

at the end of 2021 as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.



UNHCR – Public Health Programmes

- UNHCR currently has public health programmes in 50 countries



Approach to COVID-19 vaccine rollout

1. Inclusion in national vaccine deployment plans or equivalent
 - Same criteria as nationals
2. Participation in microplanning at district, province level and planning at national level
 - Ensure POC considerations
 - Identify vaccine delivery locations close to POCs
 - Provide numbers in vaccine target group
3. Administration of adapted vaccination introduction readiness assessment tool in UNHCR supported health programmes
 - Identification of gaps (training needs, health workforce, cold chain, logistics etc)
4. Risk communication and community engagement
 - Adapt national communication tools
 - Use all contacts with POCs for RCCE (community outreach, help desks, partners, SMS, social media, hotlines)
 - Engagement of POCs to design, deliver and promote vaccine campaigns (e.g., Lebanon example)
 - Monitor and report rumours and misinformation

Vaccine rollout (2)

5. Support health partners in vaccine administration
 - Attendance at trainings, PPE, hygiene supplies and infrastructure support
6. Last mile logistics and system support
 - Transport of vaccines, health workers, supervisory staff
 - Cold chain – fridges, cool boxes, vaccine carriers (only if MoH or UNICEF support not adequate and as a last resort)
7. Monitoring and compilation of progress and gaps at country level and visualization with internal dashboard
 - Vaccine awareness, hesitancy
 - Coverage
 - AEFI – reporting
8. Addressed barriers
 - Administrative, logistical, awareness, hesitancy, non-inclusion, humanitarian buffer applications, Delivery Partnership applications

Where relevant and needed, support extended to surrounding host communities

COVID-19 Vaccination among PoCs – Global Overview

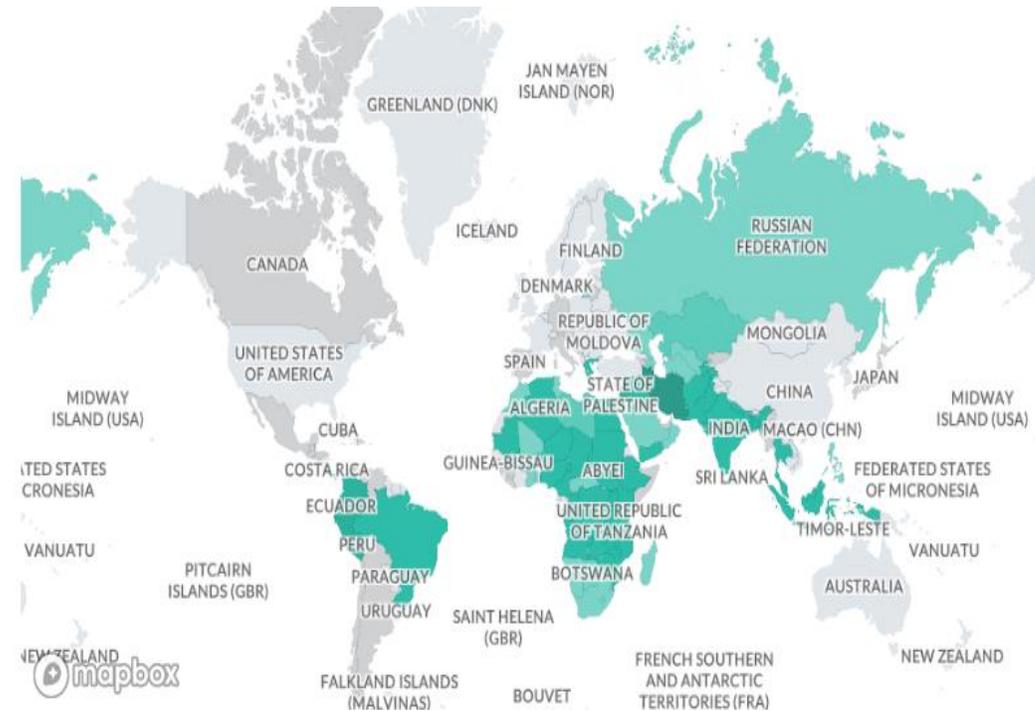
Inclusion in national vaccine plans

- In 2021, 162 countries included refugees in their national COVID-19 vaccine plans

COVID-19 Vaccination Doses Given

- UNHCR has confirmed vaccination of POCs in 153 countries, of which 70 countries have reported a total of **10.6 million** vaccine doses administered to approximately **6.1 million PoCs**

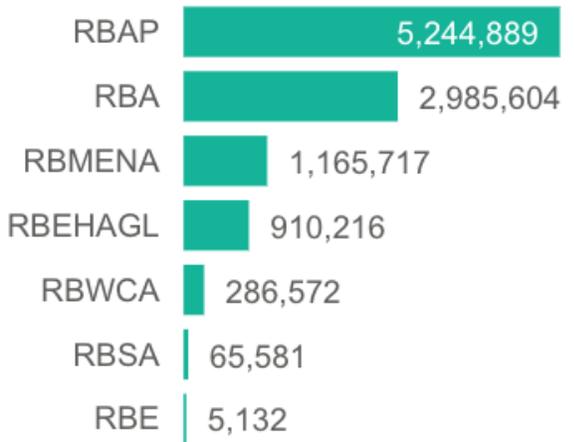
Geographic distribution of COVID-19 vaccine administration among refugees and asylum seekers



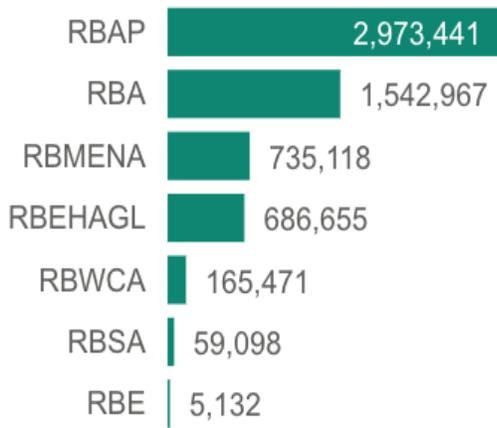
COVID-19 Vaccine Administrations: 1 2,000 8,000,000

COVID-19 Vaccination among PoCs – Regional Breakdown

Number of Vaccination Doses Administered

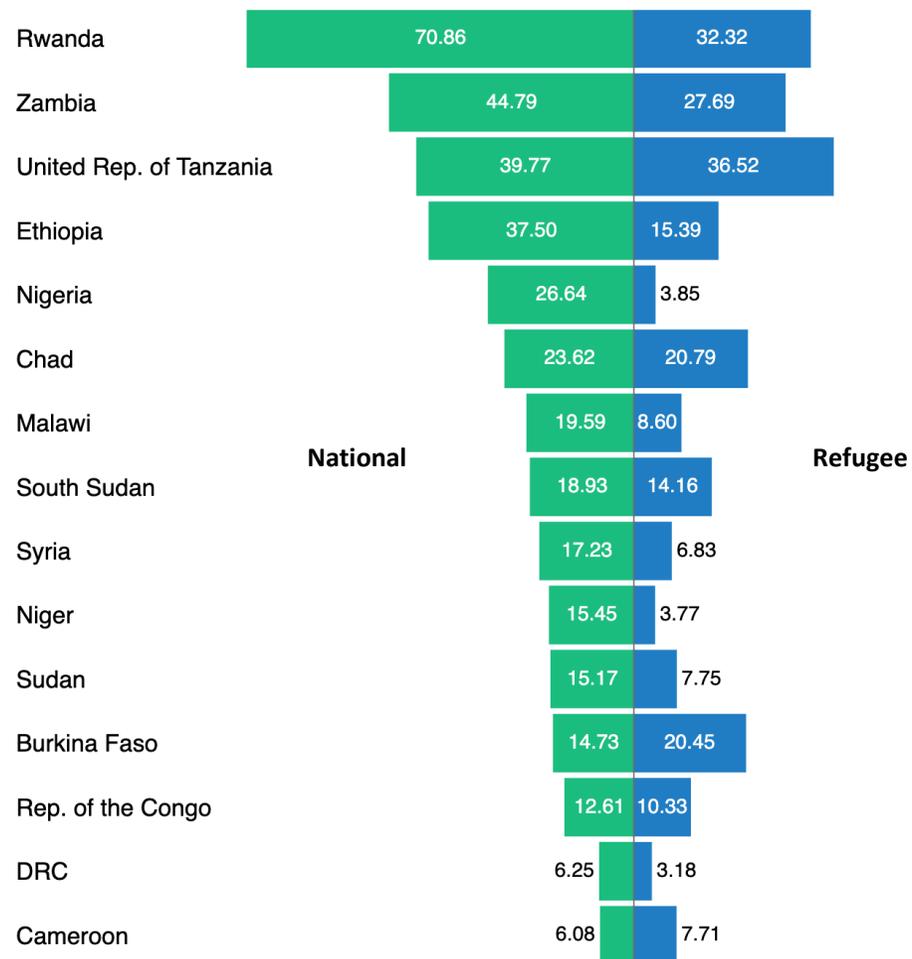


Number of Persons Vaccinated with at least 1 dose



Persons Vaccinated – National vs Refugee

Number of persons vaccinated per 100 population with at least one dose



*UNHCR data as of Week 40 (Oct. 9th)

*National data per WHO [COVID-19 Dashboard](#) (Oct. 14th)

Summary table of methods and tools to assess vaccination coverage

	Monitoring method	What does it measure	Limitations	Recommendations for use	Resources/ tools
1	Routine monitoring				
	Administrative/ health facility data from UNHCR/ partners or MoH	Number of doses administered (1 st , 2 nd , 3 rd /booster and coverage)	Relies on accuracy of data. Limited use for out of camp settings, unregistered refugees	All countries for routine monitoring	https://enketo.unhcr.org/x/AGDNhNCE
	Self-reported data from refugees/asylum seekers	Number of doses administered (1 st , 2 nd , 3 rd /booster and coverage)	Relies on self-reporting, not systematic, limited accuracy	Countries with limited access to administrative data, high out of camp population	
2	Surveys				
	SENS survey Covid-19 module	Coverage and reasons for not receiving vaccine		All countries implementing nutrition surveys	https://enketo.unhcr.org/x/cnMqtyRp
	HAUS survey Covid-19 module	Knowledge, attitude, practices and coverage		Countries conducting HAUS plus any other country	https://enketo.unhcr.org/x/ZQL27IAI
	Standalone Covid-19 module for rapid convenience survey	Knowledge, attitude, practices and coverage	Lack of statistical significance and potential bias but provides useful info	For rapid sampling, can use the Covid-19 module from HAUS alone through call centres, at registration sites, etc.	https://enketo.unhcr.org/x/61ZnwJVE

Assessing COVID-19 Vaccination Coverage

- **Pakistan:** Conducted a HAUS survey in July of this year. Approximately 65% of Afghan refugees (18+) surveyed had received at least 1 dose and 55% were fully vaccinated
- **Iran:** Afghan refugees. Of the 1,314 adults surveyed in February 2022, 92% had received at least one dose and of those 92% (again) had received at least two doses
- **Malaysia:** In April 2022, 63% of refugees were fully vaccinated (2 doses) (to conduct HAUS survey in coming weeks)
- **Panama:** High Frequency Phone Survey (December 2021), 75% of PoCs reported receiving a 2-dose regimen
- **Egypt:** 10% of refugees had been vaccinated (at least 1 dose) compared to 20% of nationals in November 2021
- **South Africa:** Of the 209 refugees surveyed in November 2021, only 10% were vaccinated (national rate of 26%)

Lessons learned and Opportunities

- Majority of governments adopted inclusive policies and approaches but needed support to reach refugees

- Self financing countries hosting refugees and other POCs required to pay for vaccines
- AMC countries also required to support some vaccine rollout costs



- Vaccine hesitancy is present but don't assume sub-optimal vaccine coverage is due to hesitancy

- Understand why populations are not being vaccinated and address other barriers such as administrative and logistic barriers first



- Geographical and other differences should be considered

- Aggregate data may not show disparities in access
- Afghans in more isolated parts of Pakistan seem to have less access and additional measures needed to reach them



Lessons learned and Opportunities (2)

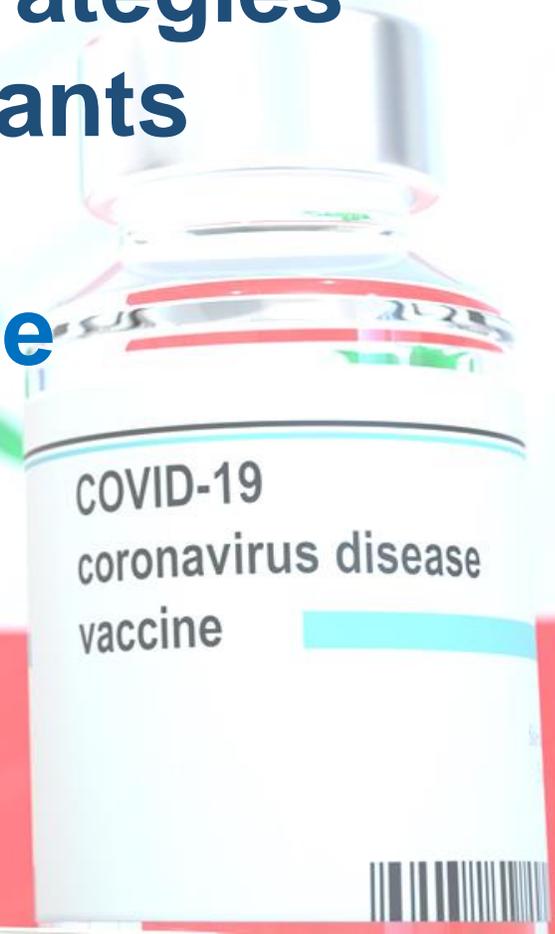
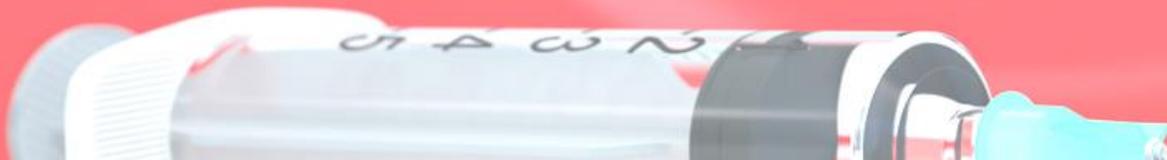
- Humanitarian Buffer application greatly assisted to overcome supply shortages and supported government's efforts in Iran and Uganda 
- Engaging at national, subnational and field levels a key factor in final effective vaccine delivery to refugees 
- Continue to monitor vaccine coverage 
 - Include Covid vaccine coverage in other population-based surveys e.g., SENS, Health Access and Utilisation Surveys 
 - Convenience sampling of POCs accessing hotlines, help desks etc.
 - Advocate with MoH for disaggregated data on refugee numbers vaccinated

Thank you



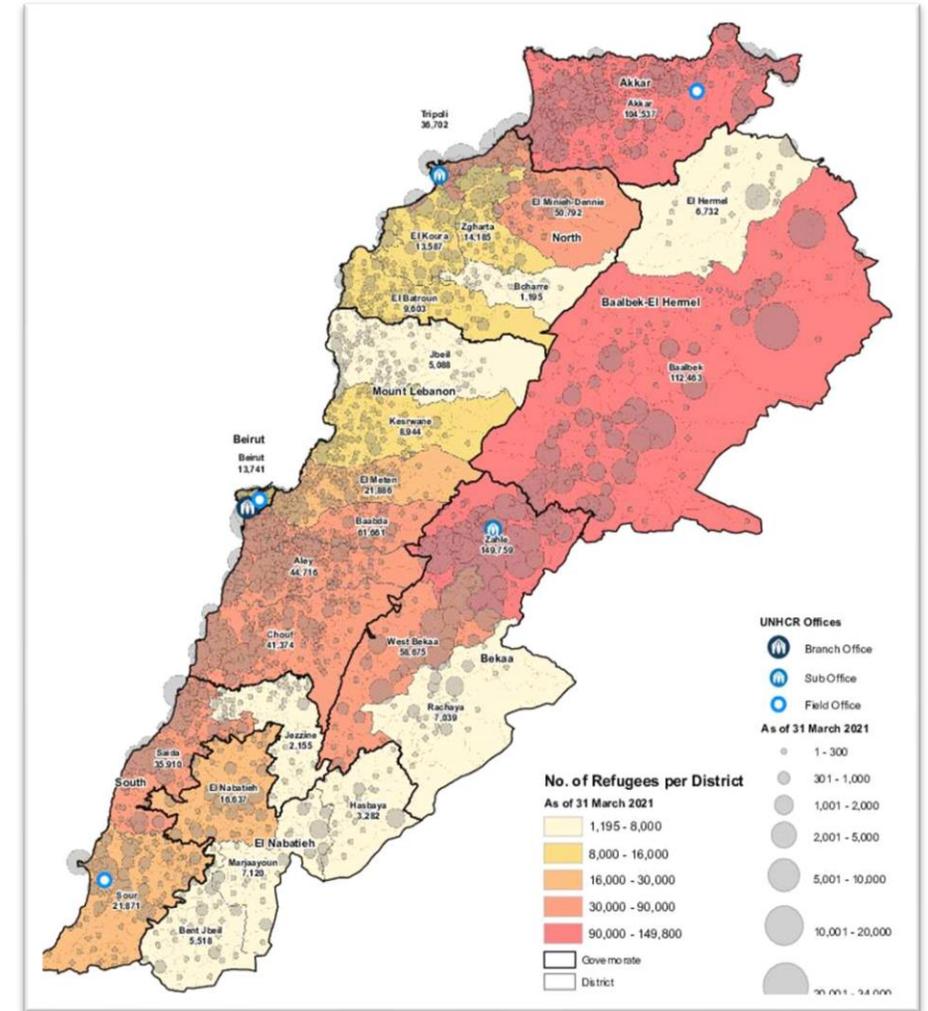
COVID -19 Vaccination Strategies for Refugees and Migrants

Lebanon Experience



Background: Lebanon

- Lebanon is a country of 10,452 km² that hosts 5.6 million inhabitants, of which around one-third are refugees (Palestinians and Syrians) and migrants
- Lebanon hosts around 1.5 million Syrian (since 2011) and 400,000 Palestinian refugees (since 1948), which is the largest refugee population per capita in the world, and 210,000 migrants.
- Lebanon's healthcare system is characterized by:
 - ✓ A dominant, private for-profit sector that offers up to 75 % of all health services
 - ✓ The public-private non-for-profit network covers the rest of the population, namely the economically deprived and the most vulnerable inhabitants.



Map of Syrian Refugees in Lebanon Registered 31 March 2021

Overview: Lebanese Situation

The country is witnessing an unprecedented severe **complex emergency**

- ✓ Financial and sociopolitical crisis (Political instability),
- ✓ Explosion of Beirut Port, compounded by the current COVID-19 outbreak,
- ✓ Electricity and fuel crisis



- All resulting in fragility of the healthcare system.

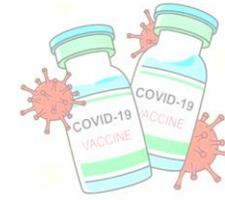
COVID-19 Vaccination: Lebanon

- Lebanese government is committed to the Sustainable Development Goals, and to “leaving no one behind”
- Ministry of Public Health (MoPH) has also committed into ensuring Universal Health Coverage, with focus on most vulnerable
- Preventive Medicine Department at MoPH is responsible for the deployment of COVID-19 vaccination; not part of EPI Program
- Vaccine deployment started in February 2021 with Pfizer vaccine through bilateral agreement funded by World Bank (WB) loan
- Lebanon also joined COVAX facility as a self-financing country but **did not receive through humanitarian buffer**
- Lebanon received many vaccine donations from various countries (near expiry was an issue)
- MoPH also encouraged the private sector to ensure enough vaccines for the corporate sector



COVID-19 Vaccination: Lebanon -1-

- Since the start of COVID-19 vaccination process, Lebanon used the following vaccines:
 - Pfizer 80% of total administered doses ,
 - Astrazeneca 12.5%,
 - Sputnik V 2%,
 - Moderna 1% &
 - Sinopharm 0.4%
- Vaccines were administered for free for all people residing in Lebanon following priority guidance set by WHO at the beginning of the vaccination
- All people were asked to have a pre-registration on online platform (IMPACT)
- Current vaccination coverage with 2 doses is 44% of the target population (those who are 12 years and above) & 79% for elderly 65 years and above & 70% for HCWs



Current Vaccination Policy In Lebanon

The only current vaccine used is Pfizer vaccine based on walk in basis (no need for appointments any more) All persons who are 12 years and above are eligible for: first, second, third and fourth doses

Second Dose to be taken three weeks after receiving first dose

Third Dose to be taken five months after receiving second dose

Fourth Dose to be taken six months after receiving third dose

Pediatric Doses are available and offered for those who are between 5 and 11 years; very low intake

All individuals are eligible for free vaccination irrespective of nationality

Vaccination is regularly provided at Hospitals (most are private hospitals) and some PHCs (total of 72), vaccination marathons are conducted,

Vax Busses are deployed in low uptake areas for community vaccination & mobile units for elderly homes

Key Partners of MoPH: UNRWA, UNHCR, IOM, WHO, UNICEF, WB, INGOs, local NGOs, vaccination sites (public and private hospitals, PHCs) and municipalities

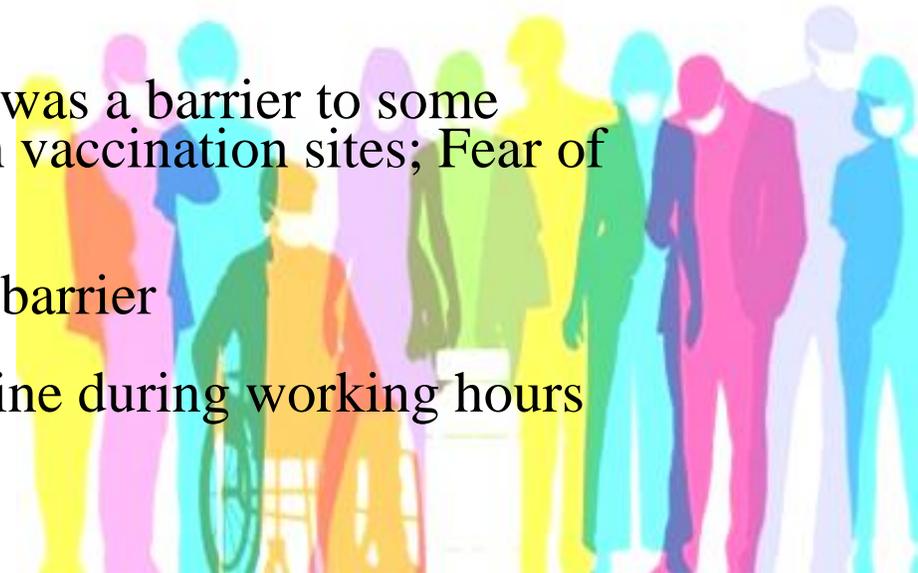
COVID-19 Vaccination among Refugees & Migrants

Nationality	Registered	% Out of Registered	Total Doses Administered	% of Doses Administered	Gender Ratio
Lebanese	2,877,625	74.4%	4,557,401	82%	Females 51% vs. Males 49%
Syrian	595,850	15.4%	605,153	10.9%	Females 40% vs. 60% Males
Palestinian	122,957	3.2%	152,545	2.75%	*Data Extracted from IMPACT Platform on October 6, 2022
Others	273,252	7.1%	241,970	4.4%	

COVID-19 Vaccination among Refugees & Migrants -1-

Specific Challenges:

- ✓ 52% of Syrian refugees in Lebanon is under the age of 18 years old; this is one of the reasons for low coverage
- ✓ Based on Priority Groups at the beginning of the vaccination and due to age: Syrian refugees had specific vaccine hesitancy towards Astrazeneca due to safety of vaccine (Pfizer was made available for HCWs and elderly only)
- ✓ Some Palestinian refugees were not able to leave camps due to security reasons
- ✓ Transportation cost to vaccination sites was a barrier
- ✓ Registration online that required internet and smart phones was a barrier to some concerns about personal information shared online and with vaccination sites; Fear of Deportation
- ✓ Need to have a valid ID to receive the vaccine was a major barrier
- ✓ Migrant workers can not take days off or go to get the vaccine during working hours





Role of MoPH & Key Partners

Concrete Strategies

MoPH

- Provided vaccines for free to all regardless of nationality, first based on priority groups based on SAGE recommendations then to everyone
- Issued detailed document on identification documents to be allowed (expired documents, identifications papers from embassies, municipalities, UNHCR, UNRWA cards among others were all accepted)
- Ensured the confidentiality of information collected by online platform
- Organized Marathons during weekends and allowed walk-ins (no need for pre-registration)
- Running Vax Bus with support of INGOs in rural areas and coordination with municipalities

UNRWA

- Secured extra vaccines earmarked for Palestinian Refugees
- Conducted massive registration campaign with Lebanese-Palestinian Dialogue Committee
- Opened a vaccination clinic in Ain el Helwe Camp
- Asked teachers in UNRWA schools either to get vaccinated or provide a negative PCR once per week

UNHCR

- Community engagement activities with Local NGOs
- Supported in online registration
- Establishment of vaccination sites at PHCs in rural areas
- Run mobile units
- Supported some vaccination hospitals with fuel to avoid risk of cold chain disruptions
- Vaccination in schools during second shift dedicated for refugees to vaccinate teachers, parents & students



Role of MoPH & Key Partners

	Concrete Strategies
IOM	<ul style="list-style-type: none">- Coordinating with embassies; mainly Ethiopian and Banglادish embassies- Coordinating with Ministry of Labour- Provided operational support in terms of awareness, support online registration, provide transportation, paying hospitals to dedicate weekends to migrant workers, setting up pop-up vaccination events in specific hospitals- Advocacy support- Outreach activities and providing incentives talks- Supporting Beirut municipality mobile clinic for vaccination with dedicated day per week for migrant workers in a fixed point
WHO	<ul style="list-style-type: none">- Provide financial support to vaccination sites at hospitals for each dose administered regardless of nationality- Provide support to the national Pharmacovigilance center to facilitate the reporting of adverse events
UNICEF	<ul style="list-style-type: none">- Co-leading with MoPH and other partners the RCCE task force- Production of awareness material; leaflets, Q&A, videos, posters and social media posts- Initiation of Community and social listening Info Tracker to detect and address rumors and hesitancy- Outreach activities and ToT among youth and other specific groups- Social mobilization of volunteers for marathons- Coordination with religious leaders and faith-based organizations to re-emphasize that vaccination during Ramadan is not prohibited
WB	<ul style="list-style-type: none">- Support the development of an offline platform for registration to facilitate door to door activities- TPA audit on vaccination sites
NGOs	<ul style="list-style-type: none">- Support in marathons, mobile units, vax bus and mega centers

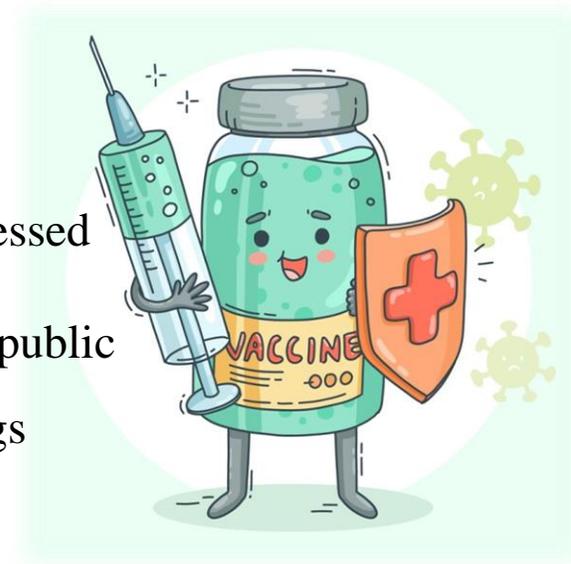
Current Challenges

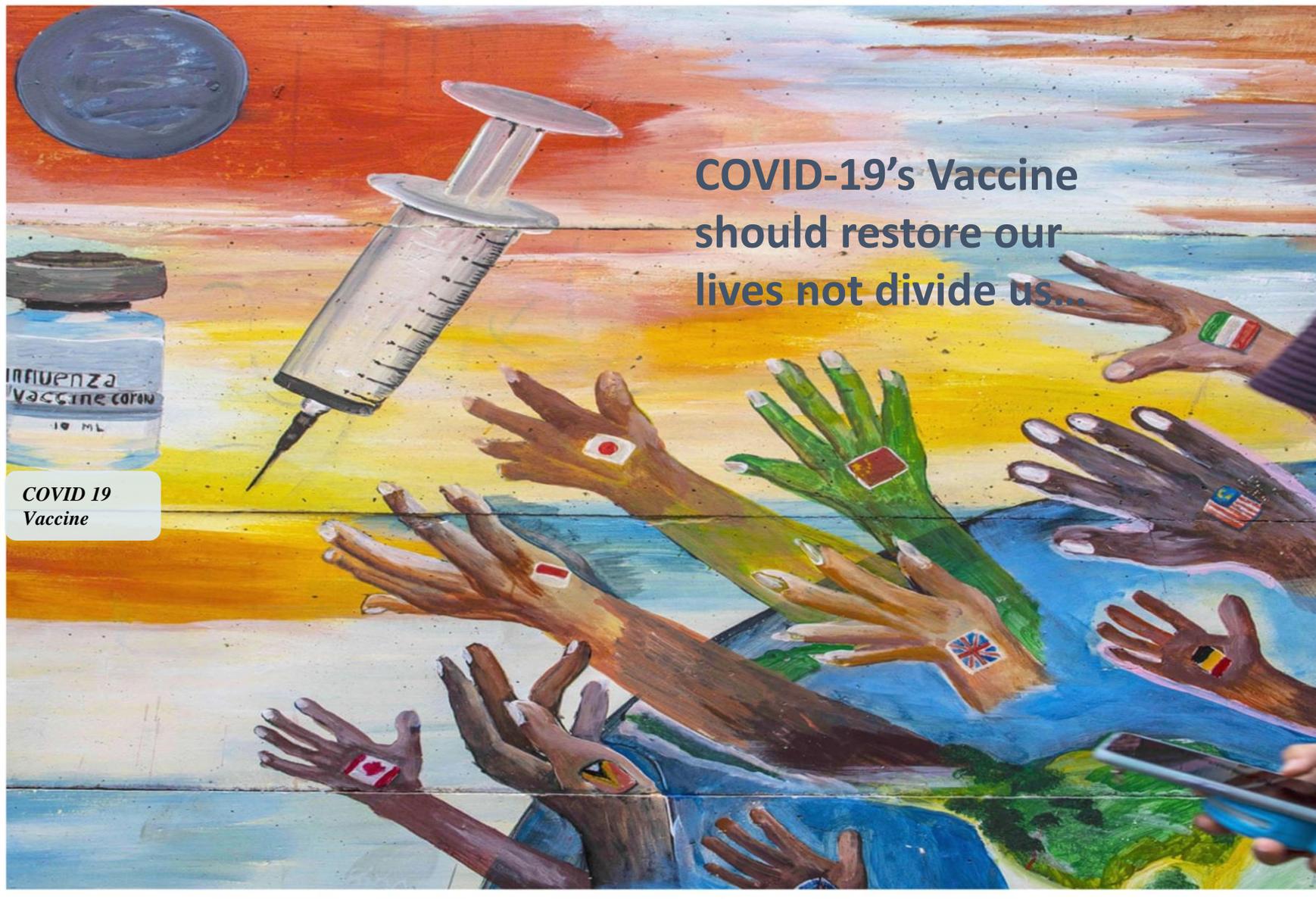
- Lebanon is currently witnessing a significant decrease in COVID-19 vaccination:
 - Mis/Dis/Mal information
 - Competing priorities (elections, daily economic concerns, etc.)
 - Relaxation of COVID-19 control measures worldwide and in Lebanon
 - Decline of daily COVID-19 deaths and cases
 - Safety concerns of the vaccine and symptoms across some groups (youth)
 - Introduction of new COVID-19 vaccine “brands”, paving the way to new discussions/queries/fake news
 - Breakthrough infection
- Fatigue of Vaccination sites
- Transportation costs; consider expanding vaccination sites to selected PHCs at rural areas
- Need more mobile units to vaccinate people (booster doses) in confined places like prisons, elderly homes and long-term facilities



What Worked Well

- Having a National Vaccination Deployment Plan (NDVP) with clear Priority Groups
- Having detailed SOPs for vaccination teams for each vaccine type administered
- Having an independent consultative committee and an executive committee
- Vaccination being done at Hospital setting (more public Trust)
- Centralized storage of vaccines with transportation secured from vaccination centers
- Having audits done by a Third Party; from storage to administration to identify gaps to be addressed
- Having a centralized online registration with standardized vaccination certificate; access to the public for accurate number of doses administered per age, location, occupation type among other things
- Clear communication strategy under NDPV; continuous media posts
- MoPH close coordination with all relevant partners





COVID-19's Vaccine
should restore our
lives not divide us...

COVID 19
Vaccine

Thank You



Sudan C-19 Mega-Campaign Readiness

Dates: 22nd October-December 2022
3 campaigns, 2 weeks /month

انا مطعم
ضد كوفيد-19
جرعة ثانية



حملة التطعيم ضد الكورونا
Corona vaccination campaign

هانتا

“Bridge the Gap”

“Bridge the Gap”

- Informed by previous learning and best-practices
- Evidence-based- informed by perceptions survey and Rumour tracking app at in 2nd and 3rd campaigns
- Campaign slogan developed and endorsed in National Technical Committee for
- Designed to stimulate collective action and community ownership to bridge the gap in uptake targets
- Nuances Sudanese saying that refers to coming together to support as a community in times of need
- Audiences made aware that we need to achieve 52%- together and where we are as nation through 360 campaign message updates on progress in real-time
- Uses rewards and behaviour incentive through bundling activities, events, and product and service incentives
- Strong coordination between demand and supply- integrated approach with partners
- Entertainment for behaviour incentives- Roadshows, activation sites in low coverage states
- Gender-sensitive incentives- mobile cinema, need for privacy, female vaccinators to close intention-action gap for women
- Partnerships for awareness and action- commitment to vaccinate all members supported by campaign activities
- Use of ambassadors/champions/influencers
- Youth as very strong partners for reach, access, creativity and digital capacities
- Evaluation for pre- and post campaign reach, engagement and impacts on uptake



Social Behaviour Change Related C-19 Mega Campaign Preparations

- **Advocacy Communication and Social Mobilization** plan in NDVP is updated and revised.
- **Field supervisors meeting and After-Action review** conducted with Federal and sub-national HP directorates.
- **Micro planning guidelines** developed based on the feedback, lessons learnt, and challenges mentioned during after action review.
- **Social media workshop** conducted for federal social media influencers and will be cascaded for state social media influencers supported by UNICEF regional office.



- **Rumor tracking app** under development for data collection and visualization with MoH.
- **M&E workshop conducted** in 3 phases for Federal and States M&E personnel, M&E tools for Health Promotion under finalization
- **Perception survey** – led by Acasus through MoH data collection completed for low performing states (Kassala, Red Sea, South Darfur, North Kordofan and Khartoum), final report shared with NTC and findings are used to update the campaign messages



Social media influencer training(15 October)

40 influencer trained on social media strategy and campaigning



Social media for states social media platforms admin training (16-18 October)

28 participants (states and federal) trained on social media strategy and campaigning

Preliminary findings from the Perception survey

Are you willing to get the COVID-19 vaccine?

Willingness to get the vaccine	Kassala	North Kordofan	South Darfur	Khartoum	Red Sea	Total
Yes	44.21%	58.94%	68.42%	41.48%	48.72%	50.75%
I don't know	20.19%	14.19%	17.79%	27.49%	17.28%	19.40%
Only if required for school/work or other activities	2.14%	2.76%	0.13%	2.83%	0.85%	1.88%
Definitely will not get it	33.46%	24.11%	13.66%	28.20%	33.15%	27.97%

Communication strategy

- 5 posters designed(elderly, women, youth, AEFI, Vaccination table including the mix and match)
- Billboard designs for elderly, women, youth
- Campaign announcement Audio and animation completed
- Script for youth and operate song reviewed and endorsed
- Youth song recorded as an audio and videoclip shooting is scheduled on the 19th October
- Influencer video shot with Obs and Gyn(Prof. Elsir Abulhassan) and footballer(Altish) today shooting with Dr. Shadoul ,Tariq Al-labib, Elsheikh Alyagoot)
- Attached are the animation video, song , posters and billboards





Private Sector engagement



Private Sector engagement

GO

- 1- Go Will Use LBS feature "Location based promotion" and offering discounted trips to all predefined vaccination centers across Khartoum
- 2-GO will target user base (+500K) with regular vaccination messages via in-app notifications & SMS
- 3- GO will utilize their social media platforms to communicate vaccine educational messages

MTN

- 1- MTN Offers to send Bulk SMS (if it is not free they have to check with corporate services and digital team to see the amount and how it will arranged)
- 2-Giveaways(will give a quota soon)

Savola

Savola will provide their social media platform, specifically Sabah FB page since it is a health-related campaign.

Tirhal

- Tirhal offers their Social media dissemination of messages with the hashtag at their Social Media Platforms (FaceBook , LinkedIn & Instagram)
- will send Broadcasting SMS for internal customers
- will send Broadcasting SMS - Telco ,amount of 1 Million SMS for both MTN & Zain Subscribers.
- will send Flash Message for (Drivers & Passengers) & this would be above 3 Million across the App
- Staff Vaccination day



Microplanning workshop for MedSIN Sudan for youth engagement

- Evidence generation on COVID-19 vaccination among students
- Campaigns In-campus and out-campus campaigns
- Volunteerism: community engagement and events
- Social Media: Use Talkwalker, Create youth hashtags and trends on Facebook and Tiktok
- Rumour tracking on social media platforms
- A tournament for the best achieving university on COVID-19 vaccination
- Advocate with their university administration to enforce vaccination policies

Cross Cutting Interventions for C-19

- Social Listening for gender equity- Talkwalker
- Partnerships with universities, **UNMST, DAL Foods** and the **Sudanese Medical Specialization Board** (11,000 registered doctors) and **MesDIN Medical students International board, (90,000 students in 37 universities across Sudan)** agreed to coordinate on vaccination campaigns.
- Plans for collaboration on immunization surveys using digital engagement, provided trainings on UNICEF tools including U-Report and loGT.



Challenges:

- Decreased demand due to competing priorities (political instability/security/access, monkeypox, floods etc
- COVID-19 communication fatigue and low risk perception-locally and globally
- Timely and regular data, visualization and sharing of social data
- No dedicated Human resources in HP for Routine Immunization.
- Inadequate COVID-19 vaccine policy enforcement to support social behavioral change communication efforts especially for health workers
- High turnover of HR especially in states, resulting in losing trained staff.
- Weak M&E system, to resolve this issue substantial efforts are done including capacity building and M&E tools roll out.
- Competing priorities, monkeypox, floods and multiple emergencies
- Security and political unrest days around and within the timing of the campaign (21st and 25th October) are of major political significance

Thank You

unicef 

Closing poll questions?

What's Next?

- Recordings from this session will be available in English, French
- Next session:

Date	Topic	Registration Link
Tuesday November 15, 2022 1.30 PM CEST	TBD : Country to present best practices on COVID - 19 strategies on Integration into PHC/essential immunization	Register here

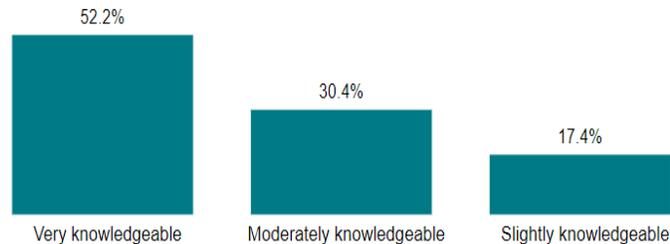
Post session survey feedback from May-July sessions,



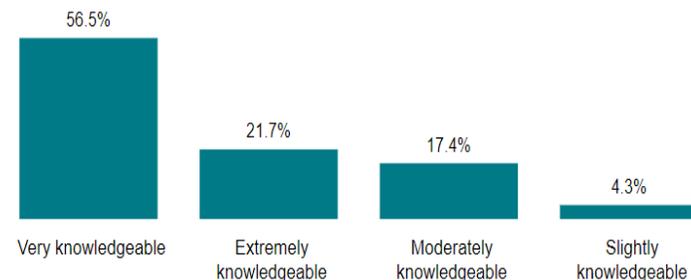
'Learning Collective Initiative' in Covid-19 Vaccine Delivery Partnership - Survey

Overview

Knowledge of the session topic BEFORE the session.



Knowledge of the session topic AFTER the session.



Total Number of Responses

23

Select Session Dates

All

Select Occupations

All

Summary Ratings

83% Session relevance

Rated "Extremely relevant" or "Very relevant"

91% Lecture and interactivity

Rated "Right amount of both"

96% Will recommend session to colleagues

Rated "Definitely yes" or "Probably yes"

87% Will further use what was learned

Rated "Definitely yes" or "Probably yes"

- **A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session (5-minute survey).
 - At the end of this survey, you will be able to print a certificate of attendance or just submit your feedback.
 - We really value your feedback so we can improve these learning sessions, so please take advantage of the Attendance Certificate.
 - English: https://redcap.link/Learning_Collective_Initiative

Webinar materials and Continuing the Conversation



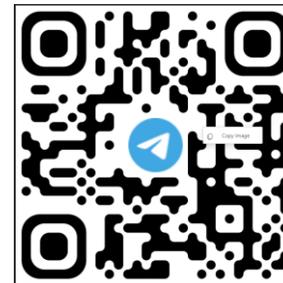
On TechNet-21: <https://www.technet-21.org/en/topics/covid-vax-learning-collective>
Webinar materials will be available on this page after each session.

On Telegram in EN <https://t.me/+yQ2mCZDWsmRmY2Fk>



Please scan this QR to join the Telegram “ COVID-19 Vaccine Introduction”
This is a messaging platform for you to:

- Receive **notification** of the next sessions
- Receive updates on **tools and resources**
- **Share ideas** with each other



THANK YOU

For more information and technical support on any of the material presented, please contact:

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