VillageReach- MTaPS Joint COVID-19 Vaccinodrome Initiative

Fixed Site and Mobile Advance Strategy Team Implementation and Management Guide

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Context

In Côte d'Ivoire, as of January 6, 2023, the efforts of the Ministry of Health, Public Hygiene and Universal Health Coverage (MoH) have contributed to the administration of 24,173,754 doses of the COVID-19 vaccine to the target population. There is still a lot of work to be done to reach the 70% target declared by the Minister of Health. Given this situation, it is essential to design and implement plans that include several immunization strategies to accelerate immunization in Abidjan and in the countryside. The use of standard vaccine delivery strategies will likely result in slow immunizations, lower than expected uptake, and the expiration of several hundred doses.

Since late December 2021, VillageReach supported the country's COVID-19 vaccination activities by deploying a Vaccinodrome in Yopougon East, a district with historically low vaccination rates. The Vaccinodrome began as a COVID-19 fixed vaccination site at the BAE sports complex. By January 2022, the fixed site had vaccinated 2,116 people. Ongoing monitoring of Vaccinodrome service delivery data allowed VillageReach to identify opportunities to improve the model to maximize impact while controlling costs. VillageReach expanded from a single fixed vaccination site to an outreach-focused model to better engage with communities, increase demand for COVID-19 vaccines, and make vaccine access more convenient. The model is now a multi-modal strategy that includes a fixed vaccination site combined with outreach and mobile activities.

Since the shift to an outreach and community mobilization strategy in February 2022, the VillageReach Vaccine Center team vaccinated approximately 50% more people each month. Cost-effectiveness analysis led to a shift in July 2022 from a fixed, high-capacity vaccination center to an advanced strategy with mobile units deployed in the community. This led the team to reduce the site size from 600 m^2 with 8 vaccination boxes to 200 m^2 with 2 vaccination boxes, with the rest of the teams deployed to sites scattered throughout the health district. By October 2022, the Yopougon Vaccinodrome team vaccinated almost 100,000 people, more than 95% of whom were vaccinated during advanced strategy vaccination activities.

In December 2022, MTaPS in collaboration with VillageReach - with funding from USAID and support from the MoH, Public Hygiene and Universal Health Coverage – sought to replicate the Yopougon model to reach all 10 districts of Abidjan.

This operations guide is intended for the Government of Côte d'Ivoire and project stakeholders to describe the standardized operating procedures for managing immunization activities developed and implemented by VillageReach in the Vaccinodrome project.

The Vaccinodrome

GEOGRAPHIC FIXED SITE LOCATION

The Abidjan Vaccinodrome fixed site is located at the BAE Toit Rouge complex in the commune of Yopougon. It is close to a COVID-19 testing facility. The coordinates of the site are 5.330968498896131, -4.055634188648041.

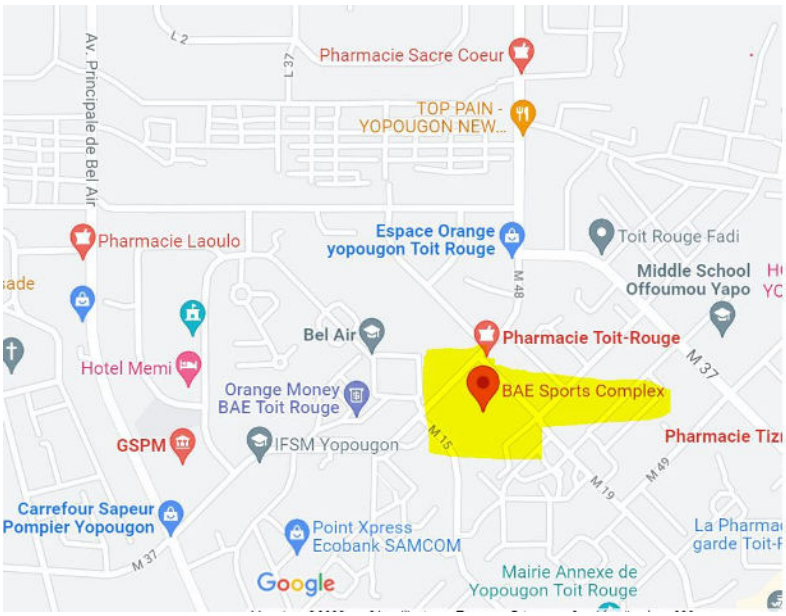

Figure 1: Vaccinodrome location

VACCINODROME OPERATION

The Vaccinodrome was initially a 600 m^2 tent with the following compartments:

- Reception and orientation
- Waiting area
- Registration area
- Vaccination boxes
- Observation area
- Site director offices
- Storage office
- AEFI consultation and observation area
- Hygiene and waste management office
- Staff break room

Outside the marquee are:

- Visitor and staff toilets
- Parking

DESCRIPTION OF SITE SECTIONS

Reception and orientation area: Just past the entrance door inside the Vaccinodrome is the reception and orientation area. Its purpose is to welcome patients and guide them to the registration line.

Registration waiting area: The space near the Vaccinodrome's entrance serves as the registration waiting area. It has chairs set up so that patients can wait while getting registered. According to the FIFO procedure mentioned in the "Queue operation" section, the chairs are occupied.

Registration area: Before receiving their immunization, patients must register in the area in front of each vaccination box. There is a registration official sitting at a table there. The patient at the front of the line enters the space as soon as a registration table becomes available.

Vaccination box: The area where the patients are vaccinated is known as the vaccination box. There were 8 immunization boxes on the site. The location is set up to administer every COVID-19 vaccine available in Côte d'Ivoire (Pfizer, Johnson&Johnson, Sinopharm, and AstraZeneca). Any patients that show up in the box are immunized and given their immunization card.

Observation area: The observation area is where vaccine recipients go after receiving their shots to be observed for any unfavorable post-immunization reactions before leaving the vaccination location.

Consultation and observation room: The emergency medical service (SAMU) agents are stationed in the consultation and observation room, which is outfitted with an emergency kit and an ambulance for the evacuation of the patients in the event of an emergency.

Offices: The offices serve as the workspaces for Villagereach, the partners (FHI360), and the government officials that manage the site's activities. Additionally, there is a place for employee breaks, a waste management office, and material storage.

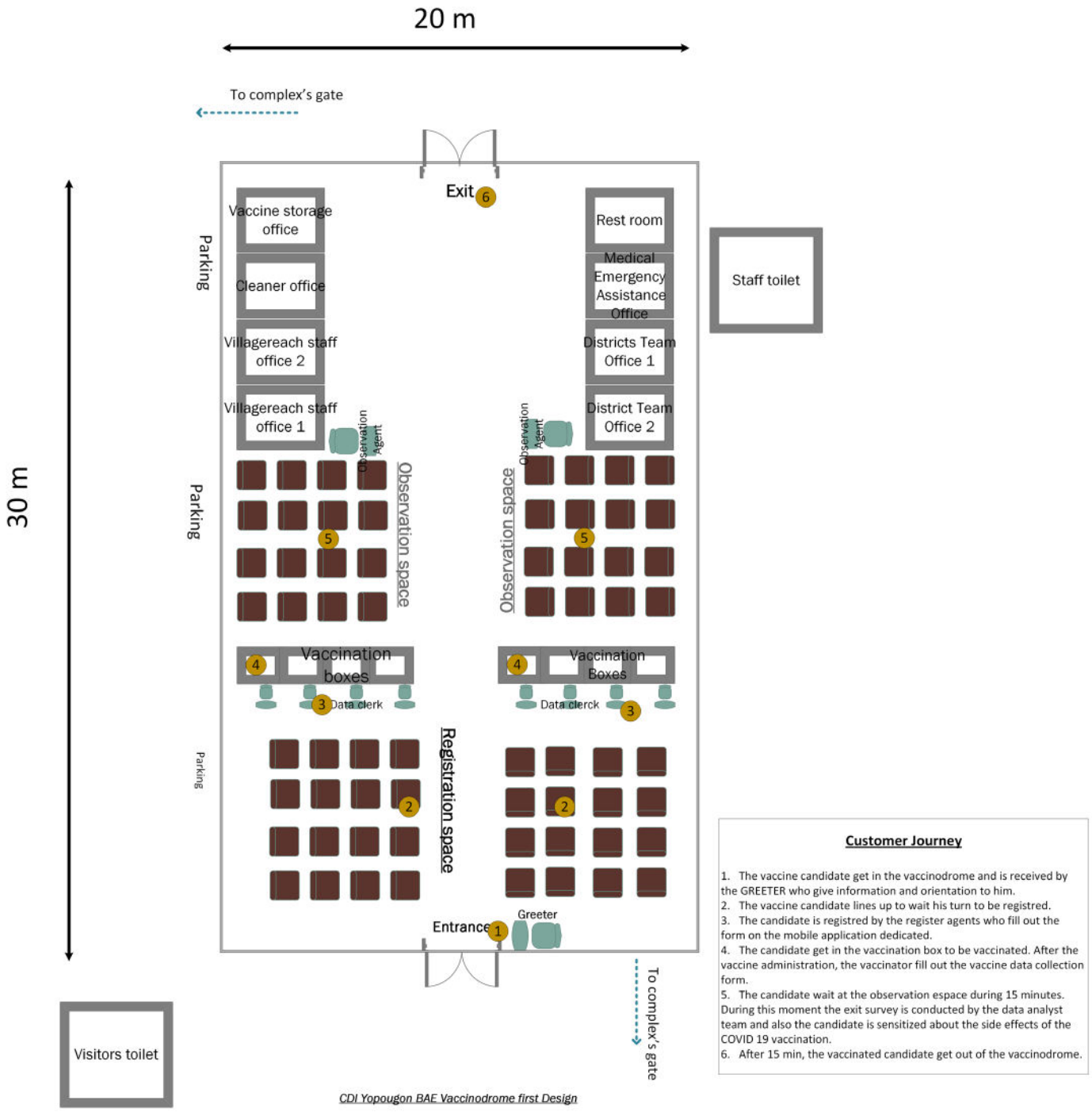

Figure 2: Fixed Site Layout

Description of Procedures at the Fixed Site

RECEPTION AND ORIENTATION PROTOCOL

Inside the facility, the receptionist greets the patient, inquires as to whether he or she is there for vaccination or simply for information, then takes the patient's temperature with an infrared thermometer and records it on a document that the candidate must produce at registration. They make sure that masks and hydroalcoholic gel are used, and provide those who do not have masks. The receptionist leads the patient to the queue and instructs them on the best route to take.

HOW THE QUEUE WORKS

The FIFO (First In, First Out) concept is applied to the queue. It is made up of two chair layout blocks, one on the right at the entry to the vaccine area (D Block) and one on the left (G Block) (see Figure 3). The D block is occupied first, followed by the G block.

The chair in the first row of the fourth column of block D is at the front of the queue. The columns are counted from the far right of the Vaccinodrome entrance to the left. In the following row, the chairs are occupied sequentially from left to right and then from right to left (forming a "S" shape). Block G is occupied by a progression by column from the last row to the first.

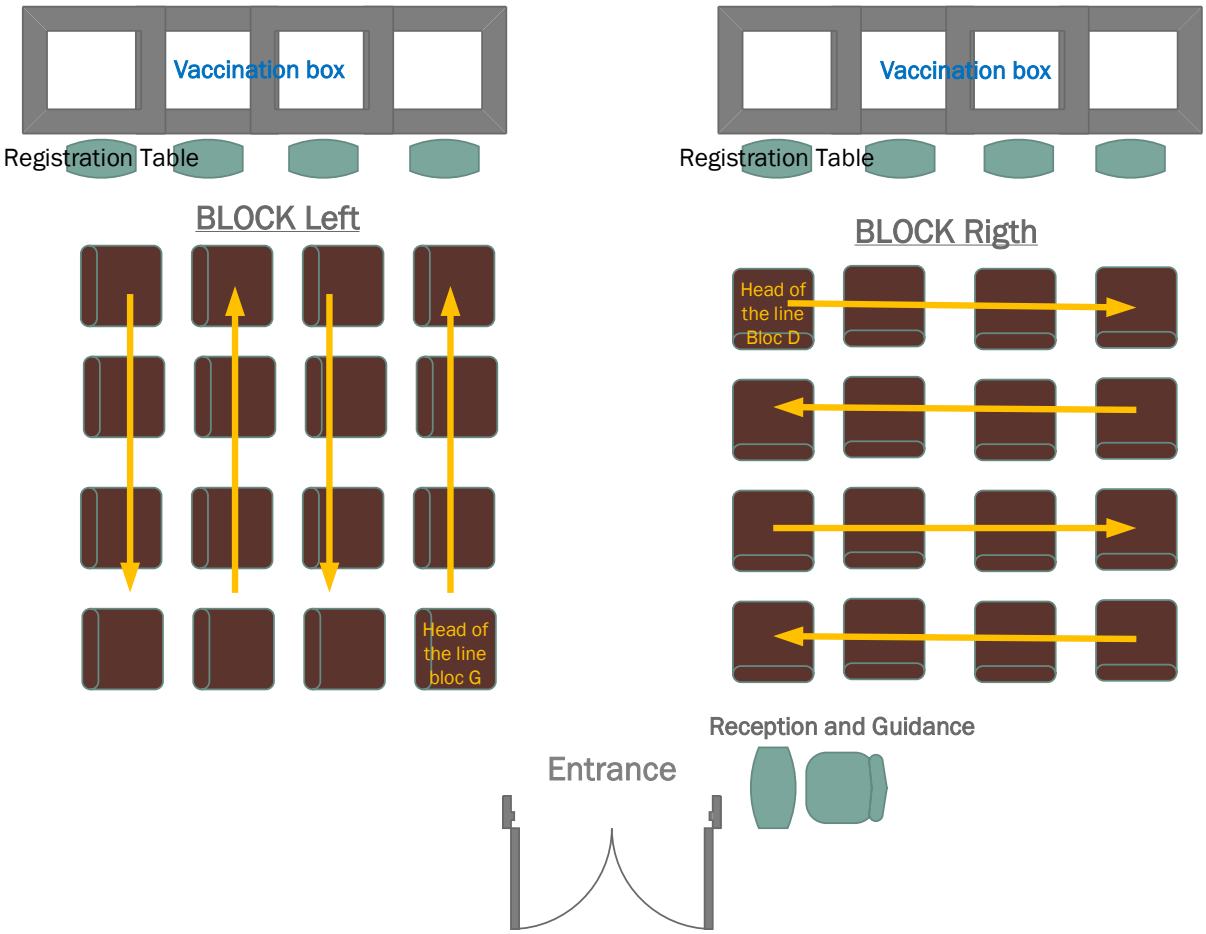

Figure 3: Fixed Site Waiting Room Design

THE REGISTRATION PROCESS

Registration is done via the SAH Analytics (Côte d'Ivoire COVID-19 vaccine data management software) platform, by collecting patient identification data and generating a COVID-19 vaccination card.

- Patients arrive with their identity documents if it is their first dose of a COVID-19 vaccine, or the vaccination card for the second dose. A series of questions are asked to ensure the patient's eligibility to get vaccinated. The data clerk explains the different vaccines available and their interval between doses. The vaccination record is filled in at this stage with the type of vaccine to be administered chosen by the patient, its batch number and the date of the next appointment for the second dose. If the patient is not eligible, then they are directed to the exit. The data is uploaded automatically via the internet in the SAH Analytics database. In the event of a connection problem, patient data are recorded on paper, which will be uploaded at a later time.
- At the end of the electronic registration, the data clerk fills in a physical card with the patient's name, date of birth, card number, vaccine type, vaccine batch and appointment for the second dose (one dose for Johnson&Johnson vaccine, two doses at eight weeks intervals for Pfizer, four weeks for Sinopharm and AstraZeneca). The data clerk then gives the card to the patient to prove their vaccination status.

At the end of the registration, the patient enters the vaccination box corresponding to their registration table to receive their vaccine.

THE VACCINATION PROTOCOL

Vaccination materials:

- 1 chair for the vaccinator
- 1 patient chair
- 1 table
- 1 vaccine cold box with ice pack
- Vaccines
- Hydro-alcohol gel
- Cotton
- 2 ml and 0.3 ml syringes
- 1" and 1.2" needle
- Scorecards
- Pens
- Black garbage bag
- A DASRI container (sharps container)

The vaccinator checks the patient's vaccination card. The vaccinator then prepares and administers the patient's chosen vaccine[1] according to manufacturer instructions for that specific vaccine product. The vaccinator follows this procedure to administer a vaccine:

- Disinfect hands with hydro-alcoholic gel
- Notify the candidate that they will be injected into the deltoid muscle (left or right)
- Draw up the correct vaccine dose depending on the vaccine product selected by the patient
- Disinfect the vaccination site with the cotton wool soaked in alcohol solution
- Administer the vaccine intramuscularly
- Compress the injection site with dry cotton wool
- Discard the syringe and needle into the safety box
- Perform hand hygiene with hydro-alcoholic gel
- Fill in the vaccination card
- Direct the patient to the observation space

OBSERVATION AREA AND AEFI COMPLIANCE PROCESS

The space has two observers and an emergency medical services (SAMU) team present during the site's opening hours.

The vaccinated patient is received by the observer who records him/her in the register including:

- First and last name
- Date of vaccination
- Type of vaccine
- Time of injection
- Time of departure

[1] *Vaccines are used in the order they are opened - the first opened, the first finished. Once opened, vials are wasted according to manufacturer instructions. Once removed from the refrigerator, the vaccines are always stored in the vaccine cold box with ice pack.*

- Clinical observation
- WhatsApp phone number
- VaccineCheck[2] registration

The observer informs the patient that they must wait at least 15 minutes to check if there are any clinical indicators of an Adverse Event Following Immunization (AEFI). During this period, the observer reassures the patient, inquiries about any adverse events that may have occurred following immunization, discusses the benefits of vaccination, and promotes the VaccineCheck registration. The observer warns the patient that a second dose may be required depending on the vaccine they received (at time of writing, Pfizer, Sinopharm or AstraZeneca require a second dose) and the 143 (the MoH toll-free number) is available and free to contact and report any discomfort.

If an AEFI occurs, the patient will be referred to the observation room and cared for by the SAMU (Emergency Medical Service).

The vaccinated person who arrives with AEFI is met by a SAMU doctor, who evaluates them, notes their information on the daily medical emergency incident form, and grades them according to their protocol. Serious AEFI cases (grade III and IV) are moved to specialized hospital centers for treatment.

SAMU care kit on site

- Fluids: 5% and 10% glucose, 4% gelofusine, 1000 mg/vial paracetamol
- Injectables: adrenaline 1mg, salbutamol 0.5 mg, metopimazine (vogalene) 10 mg, spasfon 40 mg, acupan, anapen 180 µg pre-filled syringe
- Oral products: atarax 25 mg
- Other: compresses, 5 and 10 cc syringes, infusers, intranulas, stethoscope, infrared thermometer, blood pressure monitor, plasters, clean gloves, protocol for managing IPM, saturometer.

Protocol for the management of AEFI according to the grade of signs

Grade I:

- Signs: Erythema, pruritus, urticaria, facial edema, mucosal edema
- Management: oral antihistamine (skin and mucous membrane signs). IM and oral corticosteroids (oedema). IV corticosteroids and hospitalization (laryngeal oedema).

Grade II:

- Signs: Erythema, pruritus, urticaria, facial oedema, mucosal oedema, nausea, cough, dyspnoea, tachycardia greater than 30%, fall in systolic blood pressure (SBP) greater than 30%.
- Management: IM and oral corticosteroids (mucocutaneous signs), β_2 aerosol mimetic (bronchospasm)

Grade III:

- Signs: Erythema, pruritus, urticaria, facial oedema, mucosal oedema, vomiting, diarrhoea, bronchospasm, cyanosis, shock.
- Management: Outpatient adrenaline 0.15 mg IM then transfer; in hospital: adrenaline 0.01 mg/3 minutes IV then transfer to intensive care

Grade IV:

[2] *Vaccinecheck is a digital solution that uses a chatbot, deployed by VillageReach on WhatsApp to report Adverse Events Following Immunization (AEFI). It also provides accurate information about COVID-19 and its vaccines to fight against misinformation.*

- Signs: Cardiac or respiratory arrest
- Management: Outpatient adrenaline 0.15 mg or 0.30/5 minutes IM then transfer; in hospital: adrenaline 0.1 mg/2 minutes IV + crystalloid filling. External massage. Adrenalin 1 mg/3 minutes IV.

During the observation period, the agents in charge of monitoring the patients under observation will enter the date of the next appointment in the patients' vaccine card and take the opportunity to promote the VaccineCheck application to the target group.

SUPPLY AND STORAGE PROCESSES

The vaccines, vaccination supplies (solvent, syringes, vaccine holders, batteries, tally sheets), masks, and hydro-alcohol gels are stored in the equipment storage area. A computer is installed at the office to track vaccine supply. The batch number and expiry date are printed on the vaccines. The vaccines are kept in the Vaccinodrome refrigerator at the temperature recommended by the manufacturer for each vaccine (at the time of writing, all vaccines are kept between +2° C and +8° C). The manager keeps a daily temperature record sheet. The refrigerator thermometers are used to check temperatures in the morning upon the manager's arrival and in the evening upon his departure.

ATTENDANCE CONTROL PROCESS

At the Vaccinodrome, staff attendance was initially tracked using an attendance book, which personnel fill out by writing their name, arrival and departure times, and signing. This book was verified before and after the work day by government supervisors and VillageReach administrative assistance.

ACTIVITY CONTROL PROCESS

The government and VillageReach staff keep an eye on things. All site employees must be observed by the government supervisors while they are on duty, and they must report any irregularities to the site director. They are able to address any problems by themselves, and then report to the Site Director.

The VillageReach Site Operations Manager is in charge of all site operations, oversees employee performance, addresses operational issues, including lengthy lines and reviews, analyzes, and assesses the success of site activities. The Site Operations Manager speaks with the Program Manager when there are significant difficulties.

The Customer Journey

The Vaccinodrome is open to offer a vaccination service against COVID-19 to the population. To this end, upon arrival at the Yopougon BAE Toit Rouge sports complex, the patient must be taken care of by the services set up at the Vaccinodrome. Below is the client route to be followed by the patient.

On arrival at the site, the patient is taken care of by the orientation services consisting of a guard in the courtyard of the sports complex in order to show them the entrance to the fixed site. Inside the site, the journey begins at the reception and orientation area. When the patient arrives at this area, the reception staff welcomes them to the vaccination site, checks their temperature with an infrared thermometer, applies hydro-alcoholic gel and ensures that they are wearing a mask. Finally, they direct them to the registration line.

The patient waits in the waiting area, following the progress of the queue, until it is their turn to enter the registration area. During registration, the officer checks the patient’s eligibility for vaccination. If they are not eligible, then they are directed to the exit. If eligible, they continue to the vaccination box to receive the appropriate dose. The vaccinated patient then moves to the observation area for a period of 15 minutes. During this period, the observation officer will talk to the candidate about the benefits of vaccination and help him/her to register in the VaccineCheck application.

If the vaccinated candidate shows signs of AEFI during the 15-minute observation period, the observer sends them to the consultation room for review of their condition. Critical cases of AEFI are transferred to hospitals for management.

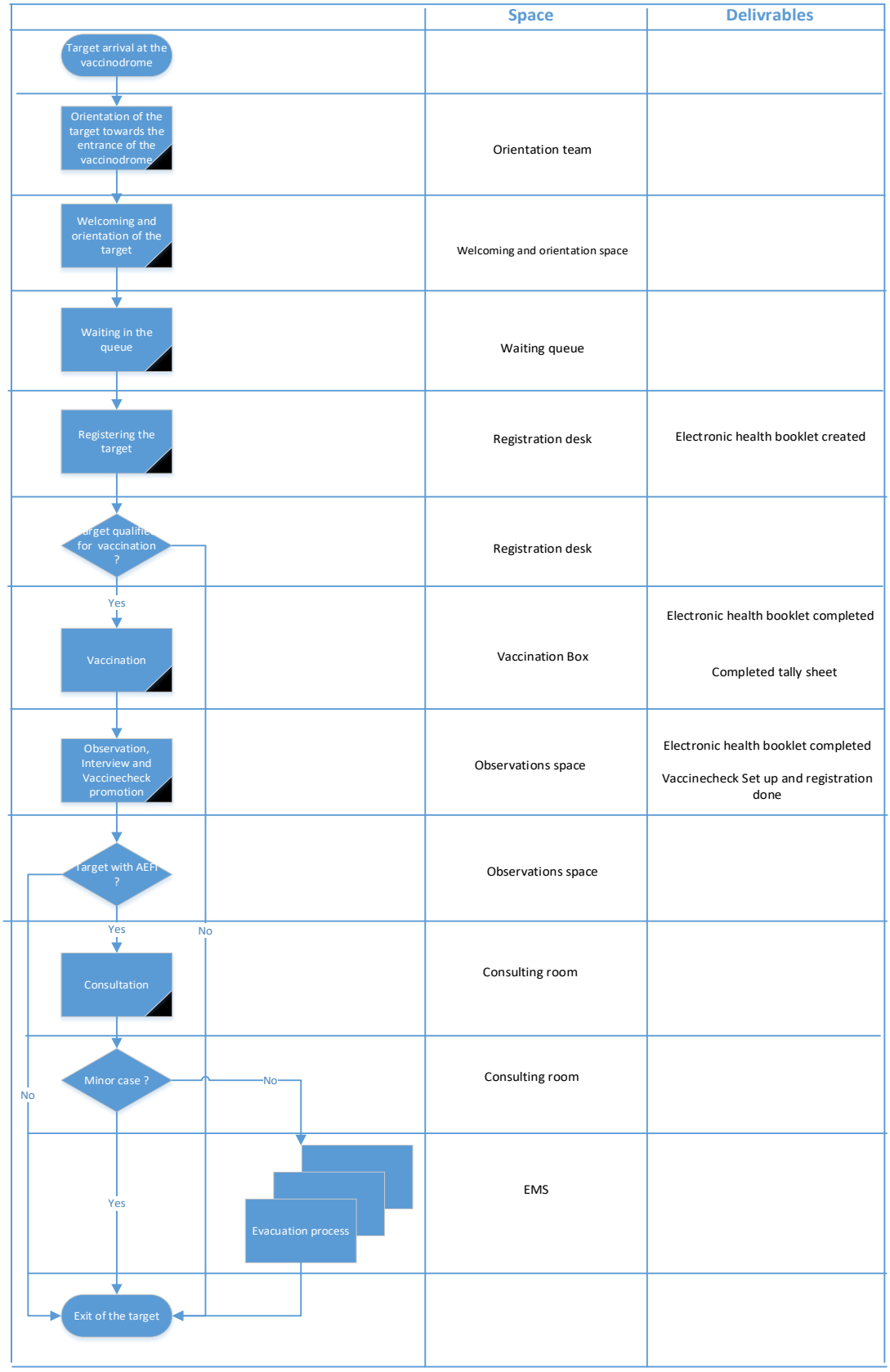

Figure 4: Vaccinodrome Customer Journey

Human Resource Management Plan

ORGANISATION OF HUMAN RESOURCES

The Yopougon Vaccinodrome was set up by VillageReach with funding from the BMGF (Bill and Melinda Gates Foundation). The implementation of the activities was done in close collaboration with the government through the collaboration of the specialized structures that are the National Institute of Public Health (NIPH) and the health district of Yopougon East. The vaccination activities at the site are carried out by government teams and VillageReach is involved in the administrative aspects of project implementation.

Fixed Site Roles			
Role	**Quantity**	**Description**	**Entity**
Site director	01	Directs site activities.	Ministry of Health
Supervisor	01	Monitors the smooth running of activities and supports the director with coordination. Oversees: 1) social mobilization and communication activities; 2) vaccines stock and supplies; 3) liaison between the immunization site and the MoH office; and 4) evaluation and monitoring of activities.	Ministry of Health
Recording Agent	08	Register patients in the COVID-19 vaccination database.	Ministry of Health
Vaccinating Officer	08	Vaccinate patients.	Ministry of Health
Compliance Officer	02	Observe patients after vaccination. Encourage vaccinated patients to promote COVID-19 vaccination in the community.	Ministry of Health
Receptionist	03	Receive candidates for vaccination upon their entry to the site and provide them with the necessary guidance for a better follow-up of the client's journey.	Ministry of Health
Mobilizers	04	Mobilization, awareness-raising and animation activities to attract site patients for immunization.	Ministry of Health
SAMU Officer	02	Consult with patients with AEFI and transfer in case of emergency	Ministry of Health
Waste Management Officer	01	Coordinate the immunization waste removal teams and the site supply for immunization inputs.	Ministry of Health
Cleaning Agent	02	Ensures site cleanliness.	Ministry of Health
Security Guard	02	Ensures site physical security.	National Police
Country Lead	01	Coordinates VillageReach teams involved in the project and manages interfacing with government.	VillageReach
Program Manager	02	Ensures project coordination and that activities are properly implemented and time, cost and quality objectives are met.	VillageReach
Site Operations Manager	01	Supervises all site operations, in close cooperation with HVS specialists and other stakeholders.	VillageReach
Admin Manager	01	Provides administrative functions for the activities on site.	VillageReach
Evidence Manager	01	Coordinate the data production activity of the data manager and ensure the implementation of deliverables on the performance and functioning of the site.	VillageReach
Data Manager	04	Ensures the collection and processing of site operations data for the production of project deliverables and performance management of site activities.	VillageReach
HR Manager	01	Ensures the management of the site's human resources.	VillageReach

Budget Manager	01	Ensures the control and execution of the project budget.	VillageReach
Immunization Input Storage and Handling Officer	01	Controls the flow of material, takes inventory and informs quickly about the next orders to avoid shortage.	Ministry of Health

FIXED SITE MANAGEMENT STRUCTURE

Teams involved in the fixed site include the district, SAMU, and ASB Logistics teams (Provider responsible for the construction and maintenance of the facility). Each entity has internal governance to oversee its intervention. The management structure for the fixed site can be seen in Figure 5. Villagereach, through its Site Operations Manager, ensures the overall supervision of operations and interactions between the various entities. The Site Operations Manager monitors staff performance; resolves operational challenges and long queues; and reviews, analyses and evaluates the effectiveness of site activities. In case of major difficulties, they consult the Program Manager.

At the district level, immunization activities carried out by the teams are coordinated by the Site Director assisted by a supervisor. The Supervisor is responsible for all site activities and reporting to the Site Director and the Site Operations Manager. They oversee: 1) social mobilization and communication activities; 2) vaccines stock and supplies; 3) liaison between the immunization site and the MoH office; and 4) evaluation and monitoring of activities.

Other supervisory relationships include:

- Security officers and mobilizing officers report to the supervisor in charge of mobilization activities.
- COVID-19 screening officers, site reception officers, data clerks, vaccinators and observers, hygiene officers, and the head of the SAMU.
- Immunization input storage and handling officer reports to his/her supervisor and to the EPI.

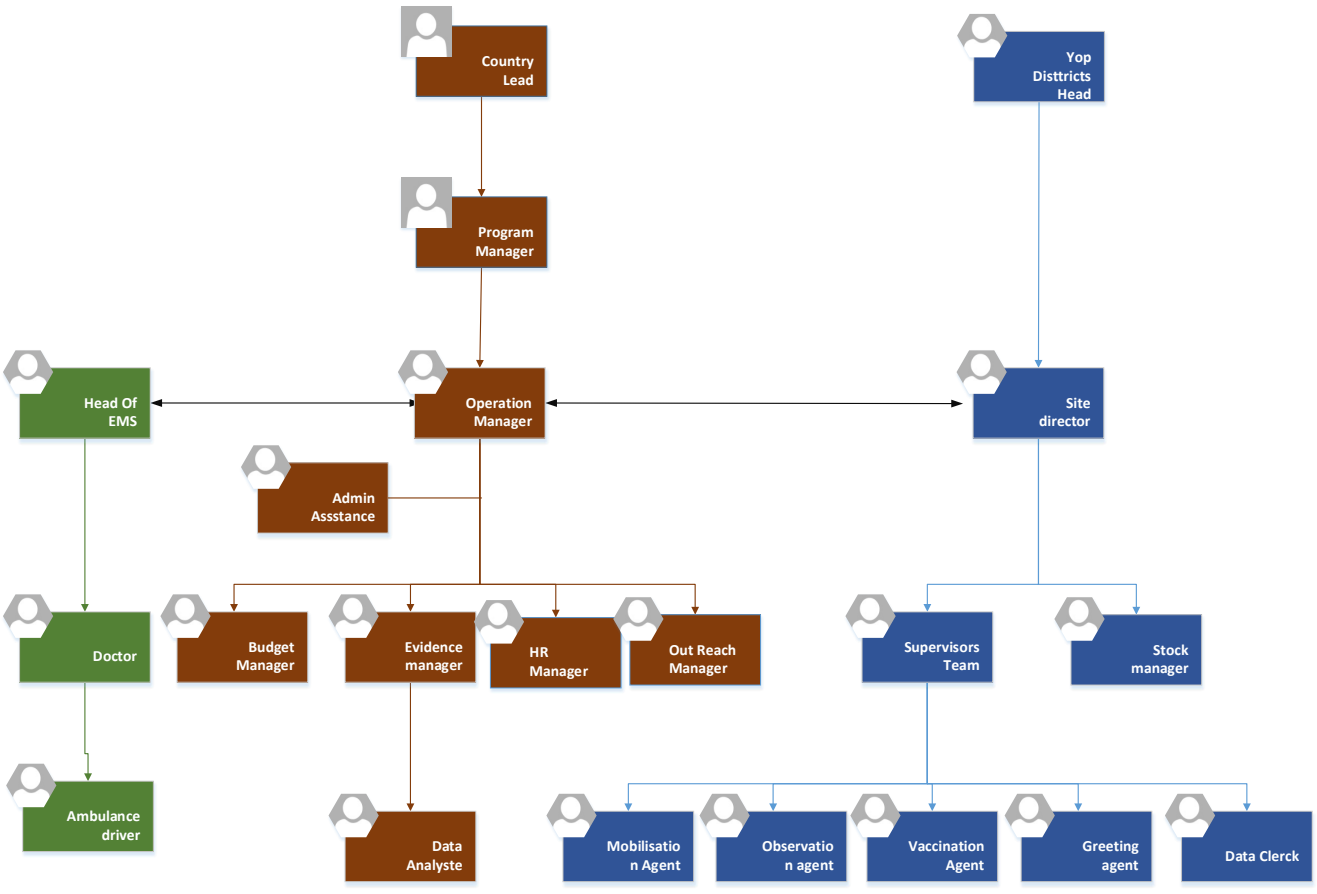

Figure 5: Fixed Site Management Structure

GOVERNANCE

As part of site activity coordination, two governing bodies have been set up by the Vaccinodrome teams. The first forum is the coordination meeting, which defines the direction and priorities of the Vaccinodrome's activities. It is chaired by VillageReach (Site Operations Manager) with the participation from the heads other entities working on the site. The coordination meeting is held every Monday from 3 to 4 pm. The second forum is the debriefing meeting on immunization activities, which provides an opportunity to review the week's activities with the operational teams (immunization officers, observations, mobilisers, etc.). The debriefing meeting is chaired by the district team (Site Director), held every Friday from 4 to 5 pm.

Coordination Meetings				
Governance body	**Objectives**	**Date**	**Entity Responsible**	**Participants**
Coordination Meeting	• Ensure fixed site activity coordination • Define strategy and priorities	Every Monday, 4pm - 5pm	VillageReach (Site Operations Manager)	• VillageReach • District team • SAMU team • ASB team
Debriefing Meeting (see in Appendix 2)	• Take stock of the week • Review successes and areas for improvement • Ensure continuous improvement	Every Friday, 4pm - 5pm	District team (Site director)	• District team • VillageReach

The Advanced Strategy

Distrust of vaccines some people may have fears or concerns about the safety and effectiveness of COVID-19 vaccines, which may discourage them from getting vaccinated. Also, misinformation about COVID-19 vaccines may lead to increased distrust of vaccines. Others find it difficult to pay for transportation to get to vaccination centers. Those who live in hard-to-reach areas, due to distance or traffic density, pose a geographic barrier to accessing vaccination centers. In some cases, work schedules do not allow access to vaccination centers during business hours.

The COVID-19 advanced immunization strategy is an approach that aims to deploy vaccination posts and increase immunization coverage in densely populated areas. The COVID-19 mobile immunization strategy is an approach that involves outreach and door-to-door activities rather than waiting for populations to come to immunization sites. This strategy is particularly useful for reaching populations living in remote or hard-to-reach areas, as well as for meeting the needs of populations with time or transportation constraints.

In the context of the COVID-19 pandemic, these two strategies were combined in the Vaccinodrome Project to maximize vaccination coverage and reach the target of 70% of the population vaccinated, set by the Government of Côte d'Ivoire.

The use of the mobile strategy and the advanced strategy was deemed very relevant all over the 10 Health Districts in Abidjan. Mobile vaccination teams can travel to targeted areas and reach populations that have difficulty accessing vaccination centers, while in the advanced strategy the vaccination sites are deployed to vaccinate priority populations in densely populated areas where there is still a sufficient demand of vaccinated.

In addition, the use of both strategies could help overcome logistical and organizational barriers to implementing an effective COVID-19 vaccination program. It is important to emphasize that the implementation of these strategies requires careful planning and coordination among technical partners - VillageReach and MSH - health authorities,

health care providers, and local communities. Effective monitoring and evaluation mechanisms have been put in place to ensure that these strategies are implemented and meet the needs of local populations.

The advanced and mobile strategies consist of four components:

1) Community mobilization and demand generation activities

The community mobilizer searches for vaccination sites in the community with the approval of the neighborhood chief and youth leaders. From this site search, the outreach planning is established by the mobilization supervisor. This supervisor goes to businesses and schools (with a note from the health district) to raise awareness and make appointments for vaccination. The mobilization begins before the arrival of the other members of the team. With a megaphone, the supervisor enters the concessions to explain the presence of vaccination and the benefits of vaccination, distributes flyers, responds to various community concerns, fights rumors and misinformation about vaccination, and distributes gadgets (bag, caps, bracelets and printed t-shirts donated by the FHI 360 partner in charge of demand generation activities) to those who have accepted the vaccination. These gadgets are a source of motivation for vaccination for those who have not yet been vaccinated, especially for the young population.

2) Outreach vaccination sites at rotating locations

Outreach vaccination consists of the delivery of immunization services in advanced and mobile strategies in the community, as previously described. The selection of vaccination sites and the planning of teams are scheduled by the supervisor in charge at the health district level. The teams are rotated to different location based on the level of saturation in terms of the number of persons remaining to be vaccinated.

The outreach vaccination teams are composed of four agents, including a mobilizer, a vaccinator and two data clerks. The team goes directly to its site in the morning at 8:00 a.m. to begin activities and finishes activities at 4:00 p.m.

3) Mobile Medical Units

Mobile medical units are trucks that can be brought to populations to be used to provide a range of health services, including COVID-19 immunization, primary health care, maternal and child health care, disease screenings, medical consultations and mental health care.

There are vehicles adapted to transport the medical team, medical equipment and necessary supplies, such as medications, vaccines, screening kits and emergency supplies. They follow safety and infection control protocols to protect health care workers and patients from disease transmission. The MMUs are effective community outreach vehicles because they display awareness and education messages on their facades to inform people about available services and encourage them to use health services. Additionally, MMUs and coordination vehicles assist with the logistics of deploying tents and marquees to the various sites, including vaccines, packets and tablets.

4) Door-to-door Vaccination

Agents go door-to-door to patients' homes to raise awareness about vaccination and build people's vaccine confidence. These agents can register candidates for vaccination and vaccinate people directly in their households with the vaccine stocks contained in their coolers, maintained at the right temperature thanks to accumulators.

For health districts using the door-to-door strategy, teams consist of two data clerks and two vaccinators who are divided into two sub-teams to reach the maximum number of people per day.

ADVANCED STRATEGY LOGISTICS

The team follows the steps outlined below to plan and implement the advanced strategy each week.

Development of the weekly program:

Person Responsible: Supervisor responsible for community outreach, in collaboration with the mobilizers.

Process:

- The supervisor coordinates demand generation activities at the various sites and assigns vaccination teams to the identified sites. The weekly schedule is followed as long as there is sufficient demand.
- When a site reaches an insufficient level of performance according to the immunization data reported by the teams, it is considered saturated in terms of the number of people left to be immunized. The supervisor then rotates the team to another site where there is demand.

Packaging Supplies:

Person Responsible: Stock manager

Process:

The day before the advanced vaccination session:

- Starts preparing the package the day before to avoid forgetting anything. This package contains the gel, gloves, cotton, tally sheets, summary sheets, record sheets, vaccination books, red and blue pens, pencil and eraser.
- Labels the package with the names of the sites, loads the recording devices.
- Takes the temperature of the refrigerator before leaving the Vaccinodrome.

The day of the advanced vaccination session:

- Checks the temperature of the vaccines
- Places the cold packs in the different vaccine holders
- Puts the vaccines in the zipped bags before placing them in the vaccine holders
- Delivers the packages, vaccines and tablets to the drivers who serve each site.

Set up and dismantling of tents and marquees:

Person Responsible: Laborers or tarpaulin assembly agents

Process:

- These agents are dedicated to the installation in the morning and the dismantling in the evening of tents and marquees.
- Assemble the tarps, set up tables and chairs for the data clerk and vaccinators, then arrange the chairs for patient waiting and observation. They stay permanently with the drivers.
- MMUs do not require any set-up prior to vaccination sessions.

Data collection:

Person Responsible: Data clerk

Process:

- Checks how much mobile data is left on their tablet to ensure the availability of the internet connection. In case of insufficient mobile data, a request is sent to the supervisor for replenishment.
- Enter the identifiers assigned to the Vaccinodrome agents on the tablet in his possession.

- Make sure that there are enough registration forms and vaccination books.
- Helps to raise awareness and encourages those who have been vaccinated to mobilize their families, especially their children aged 12 and over, for the COVID-19 vaccination.
- More information about data collection is in the “Team Performance Monitoring” section.

Vaccination:

Person Responsible: Vaccinator

Process:

- Ensures that all supplies are available and in sufficient quantity to meet the vaccination target set per team per day.
- Check the expiration dates of the vaccines and the batch numbers, and records the batch numbers on a form that is sent to the data clerks.
- Fill in the tally sheet at each vaccination. At the end of the day, he gathers all the vaccination data sheets and give all the supplies to the drivers who return them to the Vaccinodrome.

SOCIAL NETWORKS AND DIGITAL MARKETING

(https://www.facebook.com/ciSantepourtous)

VillageReach and **FHI 360 are** conducting a social marketing campaign with a behavioral science approach to support the government's COVID-19 vaccination efforts in Yopougon.
The objective of the Facebook page, implemented with technical support from **Upswell**, is to share accurate and engaging information designed to increase the motivation and ability of youth to get vaccinated against COVID-19. The success of this campaign will ultimately be measured by its direct impact on increasing vaccination coverage at the Yopougon Vaccinodrome site and on mobile sites.

THE FACEBOOK / INSTAGRAM CHANNEL IN NUMBERS

From June 16, 2022 (launch of the page) to January 13, 2023,
The campaign generated

151 Facebook and Instagram stories and posts
Sent **11,120** people to our live online map of mobile vaccination sites
Reached **3,274,315** unique people on Facebook
Reached **416,855** people on Instagram
Built a Facebook community with **4,666** page subscribers

MOBILE VACCINATION CARD ONLINE

In August 2022, we launched **a mobile map of** live **vaccination sites** allowing Yopougon residents to easily find vaccination sites. We promoted the map by running micro-targeted Facebook and Instagram ad campaigns within 0.5 miles of each mobile site. So far, we have brought **11,120** people to our mobile vaccination site map. Communication about the location of the mobile vaccination sites has also been relayed and broadcast through local radio stations by FHI 360.

TOP CONTENTS

Each week we put content into unique ad sets (one specifically targeting Facebook/Instagram users in Yopougon and one targeting Facebook/Instagram users in Abidjan). Facebook's algorithm works to put ad dollars behind the creative with the greatest potential for ROI.

Through the 151 different creative pieces we generated for the channels, we discovered some content trends that engage our target audience:

- Content that includes local icons (like "Aya de Yopougon")
- Humorous content
- Content that capitalizes on upcoming events (like the World Cup and soon the CAN2024)
- Personal Wellness Content
- Content that features images of bold people

Local icons	Humor	Current events	Personal care	Bold images

Attendance Tracking System

For human resources management of temporary staff working on the Vaccinodrome project, two attendance tracking models are used:

Face-to-face monitoring: The Vaccinodrome operations manager identifies sites at random and goes around with a sign-in sheet to check the actual presence of agents at the various vaccination sites. Each agent who is present signs in front of his or her name, and absences are recorded in front of the name of the agents who are not present at the site.
For other districts, the district supervisor is responsible for verifying the attendance of his or her agents. The Vaccinodrome's director of operations makes unannounced visits to the districts once or twice a week to ensure that the agents of the day are present. She verifies the mobilization around the site and the attendance of the vaccination sites by the population. She also works with the teams in the field to propose various solutions to the difficulties encountered.

Digital presence tracking: The mobile team tracking process has been digitized with the Survey123 solution on the ArcGIS platform. The user logs in via a URL or QR code that downloads and launches the survey directly into the Survey123 field application. The survey is public, so the user does not have to log in. The attendance sheet has been developed on the platform as a form that, when submitted, authenticates the actual presence of the agent at the time of starting and stopping activities, on the site where he is assigned by geolocating the phone position. This is an innovative system that has proven to be very effective in the context of the expansion of the Vaccinodrome's activities, where the supervision of teams in person was becoming very costly and laborious.

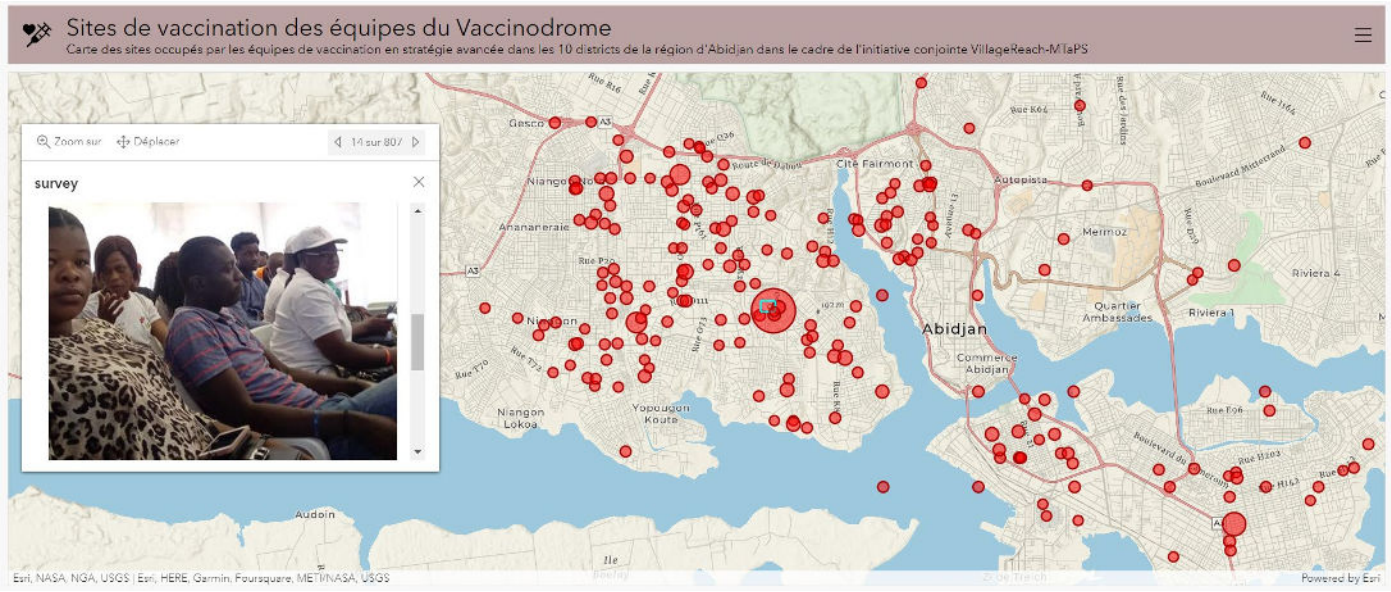

Figure 6: Map of sites occupied by advanced strategy immunization teams in the 10 districts of the Abidjan region as part of the joint VillageReach-MTaPS initiative

Team Performance Monitoring

The data analysis team is responsible for data collection, processing, analysis and quality assessment.

1) Data Collection

Data are collected by manually recording on tally sheets provided to vaccinators in each team, who are provided with supplies daily. The tally sheets are distributed by dose, by type of vaccine, and include a certain amount of information to mark the date and identify the team, the vaccination site, the area, the district and the health region. These cards also make it possible to collect information on the beneficiaries of the COVID-19 vaccine doses, such as: gender, age group, function and associated chronic pathologies.

At the end of the day, these forms are transmitted to the data analyst team by the supervisors of the teams at the health district level via WhatsApp, email (for the teams in advanced strategy), or physically for the Vaccinodrome.

If the time sheets are not sent, the daily summary sheets can be used to collect the same information.

Qualitative data, such as PADs that occurred during the observation stage at the vaccination site or remotely, are collected by the VaccineCheck application, a ChatBot deployed on WhatsApp.

Additional qualitative data collection tools may be created as needed.

In the Vaccinodrome activity, gender-related indicators (cross-section in the summary table of performance indicators) are monitored to measure the impacts of the strategy deployed on reaching women and adolescents. All indicators that may have gender dimensions will be disaggregated by sex in the collection, analysis and reporting of data. When it is found that the strategies being implemented in the community are not gender sensitive, solutions are discussed as a team to implement actions with a gender approach.

ArcGIS Survey123 : User Guide

Open the form
Display: Application/Web Field application

The following steps describe how to download and open a survey in the **Survey123** field application. The user may also have a URL or QR code that downloads and launches the survey directly into the **Survey123** field application. The survey is public, so the user does not have to log in.

1. Start Survey123.
If not already logged in, the user will see the login screen.

2. Select/Login to use the ArcGIS organization account or select *Continue* without logging in if they intend to use a public survey.

3. In the gallery, scan a QR code to launch a survey.
If they are logged in, they can also select Download Surveys to see the surveys shared with them.

4. Select a survey.
The survey is downloaded to the device.

5. Select the *back* arrow to return to the survey gallery.

6. Select the survey he/she has just downloaded.

7. Select Collect.

When the investigation is opened, the officer may answer and submit questions to the investigation.

ArcGIS Survey123: User Guide (continued)

Submit survey results
Display: Application/ Web Field application

Once the user has downloaded and completed the survey, they follow these steps to submit their responses:

1. When he/she has completed the survey, select the *check mark at the bottom right.*
If the device is online, a message box appears with three options: *Send Now*, *continue with this Survey*, and *Save to Outbox*. *Send Now* sends your response, as well as all responses saved in the Outbox.

You can also select the close button at the top left to exit an incomplete survey. A message box will appear with three options: *ignore your selections*, *continue your survey*, or *save your incomplete survey in drafts* for completion later.

If your device does not have an Internet connection, *Send Now* is not available.

2. For the purposes of this tutorial, select *Save to Outbox*.
The application returns to the survey content page.

3. Select Outbox.
A list of surveys that have not yet been submitted is displayed. The user can optionally edit these surveys before submitting them.

4. When reconnected to the Internet, select the *Send* button to send all unsent surveys.

Your survey results are now available on the Survey123 website for the survey owner and stakeholders to view.

2) Data Processing

Once this data has been collected and transmitted through the different channels, it is processed, verified and compiled daily in different databases. This compiled data is analyzed and used for visualizations that serve as a framework for weekly meetings to facilitate decision making.

Data Quality Assessment (DQA) is a systematic step in the Vaccinodrome data handling process. Quality procedures will be put in place to ensure that the performance report data generated by the project meet standard DQA criteria.

Routine data quality control consists of:

- Data verification: daily collection of the data source (patient information sheet) from a randomly selected sample of around 5% of those vaccinated, which will allow comparison and determination of margins of error in the reported data.
- Internal consistency checks: the project's main online database will have built-in functions that define allowable data entry parameters and reject non-compliant data. In addition, systematic review of data reports by data analyst consultants, under the supervision of VillageReach's OER manager, will identify errors and inconsistencies in the data and quickly verify the source data (patient information sheet).

Payment Procedures

BUDGETARY MANAGEMENT AND EXPENDITURE EXECUTION PROCEDURES OF THE VACCINODROME

The following procedures are not a substitute for VillageReach's expenditure procedures. It should be noted that they remain subject to VillageReach procedures in the event of a dispute. They are intended to facilitate the understanding of the Vaccinodrome by its stakeholders, as well as anyone interested in its operation.

PROCUREMENT AND ACTIVITY EXPENDITURE PROCEDURES

The purchases of goods and services related to the operation of the Vaccinodrome and its activities are governed by a process that includes the following steps:

- Expression of need: Requirements for the Vaccinodrome and outreach sites (advanced strategy) are submitted to the Site Operations Manager and the Finance Manager for verification.
  The needs expressed are both for the acquisition of goods and services and for the realization of activities related to the life of the project.

  - An evaluation of the costs is made with providers, by request for quotation to suppliers:

  a) If the proforma invoice is less than 500 000 F CFA, transmission by mail to the budget manager for approval
  b) If the cost of the good or service is greater than 500,000 CFA francs, three quotations are required and forwarded to the Budget Manager for analysis of the price and quality proposed for the selection of the supplier.
  In some cases, the team may not be able to gather three ratings (in case of an emergency, the need for an expert, etc.). The Finance Manager will explain the reason for the validation request by the Program Manager and the Country Lead.

- Verification: This step consists of the Site Operation Manager ensuring the timeliness of the goods and services required, the accuracy of the quantities and also the standard (quality). To do this, he/she can call on the activity managers and people with the necessary expertise to help him/her in this task.
  The Budget Manager also carries out a second verification of the admissibility and budgetary conformity of requests. The Budget Manager provides expertise to the Site Operation Manager on the appropriateness of purchases, costs and quantities.
- Validation
  The execution of the expenses is subject to two prior validations.
  Validations are made up to 5,000 USD by the Program Manager and the Country Lead (or, if applicable, by the person designated to act as Country Lead).
  From 5.000 USD, a validation of the HQ is required.
- The execution of expenses: This is done in accordance with the validated requests.
  The Finance Manager makes sure that the necessary funds are available for purchases and activities when he/she does not execute them himself/herself. He/she is in charge of the accounting recording of the various receipts and their archiving.

The Vehicles:

- Mobile Medical Units (MMUs) and other government vehicles: These are vehicles owned by the government that it makes available to facilitate activities at the immunization sites by transporting teams and equipment. Their maintenance and fuel are paid for by the project as long as their activities fall within this framework. The drivers are government consultants working on the project.
  Drivers are required to record all their movements and fuel intake during the time the vehicles are working on the project on a form for tracking purposes.

- Rental vehicles: The use of rental vehicles is intended to meet the mobility needs of the immunization teams deployed to the sites and of the coordination team. The supplier is responsible for the maintenance of these vehicles. The drivers are provided by the supplier and are at its expense. VillageReach shall provide the necessary fuel for the activities and the drivers shall be required to justify their use throughout the period of service. Payment for the service is made according to the terms and conditions established with the supplier, subject to VillageReach standards and procedures.

- Purchase of fuel: An amount is provided for the different vehicles according to their consumption and the distances covered by the vehicles. Fueling is done at the stations under the supervision of a VillageReach Staff or Consultant. Drivers are required to report fuel purchases in the vehicle trip tracking form under their responsibility. A purchase receipt is issued by the station.

Vehicle maintenance: The drivers notify the maintainer of breakdowns and/or maintenance needs, who makes an initial analysis and recommends the necessary work to be done on the vehicles. The movement of vehicles is done in accordance with the programs of the field activities. Their use in the framework of the project, maintenance and fueling are done under the supervision of the Site Operation Manager.

FINANCIAL MANAGEMENT OF THE VACCINODROME STAFF

Categories of personnel involved in the Vaccinodrome and Outreach activities:

- VillageReach Staffs
- VillageReach Consultants
- Government consultants (or government staff)

Method of staff remuneration and transport reimbursement

- VillageReach Staffs: Their remuneration is in accordance with VillageReach's remuneration policy and procedures.

- VillageReach Consultants: VillageReach consultants submit a timesheet and invoice to the designated consultant at the end of each month. After approval by the referrer, the consultant sends the invoice to VillageReach headquarters via the channel indicated in the consulting contract. The referrer will confirm his agreement to pay the consultant's invoice.
  Payment is made by bank transfer to the account indicated by the consultant from the headquarters.
- Government Consultants: Government consultants are not paid for their services. They are paid a flat daily rate for travel expenses. The daily transportation rate is 5,000 F CFA per day per consultant, except for sanitation workers, for whom the rate is 3,000 F CFA per day, and tarpaulin erectors (tents), who are charged 2,500 F CFA per day.

- Periodicity: Payments are made on a bi-weekly basis for the current month. The month is therefore divided into two periods: the first period from 01 to 15 and the second period from 16 to the end of the month (last calendar day of the month).

Point of Presence and statement preparation

In order to facilitate the enrollment process and to improve the monitoring of the actual presence of agents at the vaccination sites, the ArcGIS platform has been set up to:

- Take the daily sign-in sheets which are used to count the attendance every two weeks.
- Locate teams according to GPS coordinates
- Verify the identities of the agents present by taking selfie photos

Government consultants are therefore required to sign in on a daily basis to report their actual participation in immunization activities.

NB: For district and central level supervisors, the effectiveness of their daily presence is confirmed by the Site Operations Manager, given the nature of the coordination activity which is not linked to a fixed site.

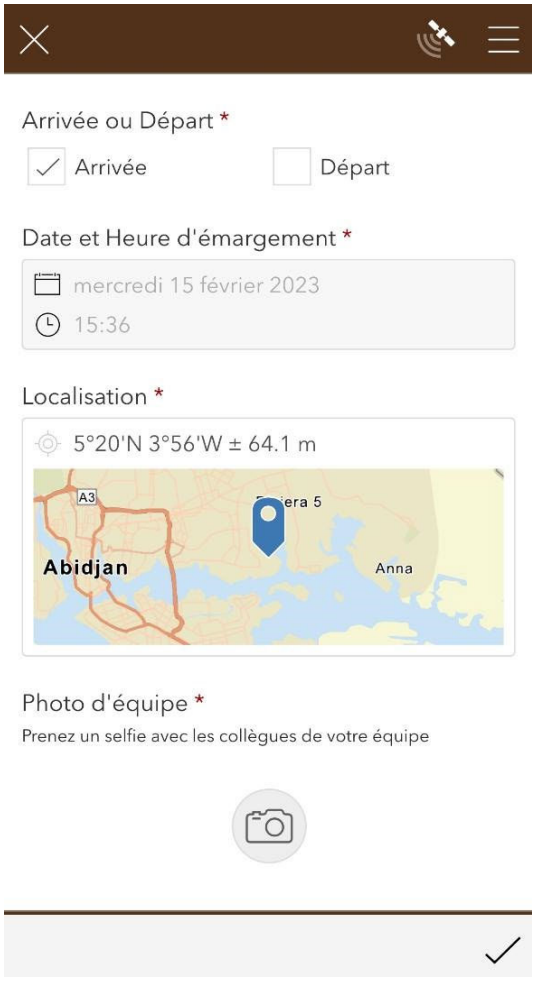

Figure 7: Screenshot of the Survey123 form on the field application

Step	Action	Manager	Deadline
1	Extraction of sign-in table from the ArcGIS platform and treatment of duplicates	Platform administrator and Data Analyst	At the end of the fortnight (15th or end of the month)
2	Presence summary by agent in the dedicated Excel template and submission to the Site Operations Manager for validation	Administrative Assistant	Two (2) days maximum
3	Validation of the attendance record	Site Operations Manager	
4	Transmission of the validated attendance report to the Budget Manager	Administrative Assistant	

5	- Preparation of transportation reimbursement statements based on the validated attendance statement. - Control of the number of declared attendances to ensure that the reports are consistent with the number of active teams - Verify with the support of the Mobile Money provider the conformity of the identities attached to the cell phone numbers.	Budget Manager	Two (2) days maximum
6	- Validation of the payment status - Validations are required - If the total amount of the slip is greater than $5000, additional approval is required from Global Finance team	Program Manager Country Lead HQ Finance if ≥ $5000	Two (2) days
7	- Payment of transport packages via mobile money. For the moment, payments are only made by MTN Money. - Keep payment records - Review transactions and match them with supporting documentation, investigate and resolve any discrepancies - Finalize reconciliation and submit for high level review and analysis of budget activity by Global Finance team	Budget Manager	1 day maximum after obtaining the validations

BUDGET MONITORING

The Finance Manager regularly monitors budget consumption in order to assist in strategic decision-making and expenditure commitments.

Project expenditures are recorded in the financial reports sent to headquarters.

Appendix 1: Vaccinodrome Job Descriptions

JOB DESCRIPTIONS INCLUDED IN THIS SECTION:

- Site director
- Supervisor
- Security guard
- COVID-19 screening officer
- Reception and flow control officer
- Vaccinator
- Digital platform officer
- Post-vaccination surveillance officer

SITE DIRECTOR

Job file - Site director

- **PPE:** surgical/procedure mask
- **Infection control:** frequent hand washing and use of hand sanitizer.

Before the day of vaccination:

- Review immunization training and key reference materials for all roles
- Reference building access / Alarm info
- Badges for all site staff
- Staff screening
- See the staff agenda for the day.
- Print list of vaccination site contacts.
- Print Vaccinodrome staff schedule
- Ensure registration of vaccinated patients in VaccineCheck to track AEFI's through WhatsApp reminders.
- Print second dose leaflets (to be distributed in the post-vaccination observation area).
- Install a staff registration table with a schedule and a staff registration sheet.
- Ensure all necessary supplies are available on site.
- Review the two sizes of needles available for the vaccine and, depending on the available supply, which ones should be used for the different types of patients.
- Check in with the security officer if on site that day.
- 30 minutes before the start of activities, conduct a huddle with supervisor.
- 15 minutes before the start of activities, brief all staff and send them to their posts for more detailed training by the supervisor.

Huddle with supervisor

- Introduction
- Explain the patient journey and the procedure to be followed at each stage in detail
- Discuss the document on site security
- Inform vaccination supervisor that an SAMU doctor is on duty

- See the list of useful contacts on the site for the list of doctors on duty
- Review available needle sizes with the vaccinator (at time of writing, 1" for vaccination and 1.2" for dissolving the solvent). Adjust as needed depending on the supplies available on site.
- The immunization input storage and handling officer will sometimes just pick up and drop off the vaccines, and is always available at the center until the end of the hour. Other responsibilities may be assigned as needed.
- Provide a copy of the staff list to those responsible for entering patient immunization card data into tablets.

Manage any security incidents or staff exposures

End of the day:

- To avoid wastage, offer any remaining vaccine in open vials to staff who are not yet vaccinated, or staff who have not yet completed their full COVI-19 vaccination series, as appropriate
- Ensure that leaders debrief their staff within the last 30 minutes of operations
- Debrief with managers after the end of operations
- Troubleshoot any site issues and store supplies

TEAM SUPERVISOR

Job File - Vaccine stock and supply officer

Supervisor: Site supervisor/Administrative assistant

Tasks:

- Manage the transport of vaccines to the site.
- Store the vaccine safely in the refrigerator, checking the temperature regularly. Open as rarely as possible.
- Distribute vials to vaccinators throughout the day, not directly to individual vaccinators.
- Be ready to serve vaccines at any time in the vaccine doors.
- Monitor and record the temperature of the vaccine cooler once an hour. Replace the batteries if they run out of ice.
- The vaccine storage and handling officer may be given other (light) duties in addition to the vaccine management role if he/she remains on site all day. Report to the site director at the beginning of the day for instructions.

SECURITY STAFF

Job Description - Temporary worker

- Supervisor: Site supervisor/Administrative assistant
- PPE: surgical/procedure mask
- Infection control: frequent hand washing and use of hand sanitizer.

Duties of the security guard

- Ensure all staff wear surgical masks when working on site, without exception.
    - Staff who cannot comfortably wear a surgical mask should wear one over their cloth mask.
- Ensure staff with a high level of interaction with patients wear transparent face shields/ eye protection in addition to masks. These staff members include patient greeters, clinical screeners, vaccinators and vaccinator support workers.
    - If face shields are in short supply, give priority to vaccinators and vaccinator support workers in the vaccine administration booths.
- Remind staff of COVID-19 prevention measures (maintain a physical distance of at least 1 m, wash hands, use surgical masks, hydro-alcohol gels etc.).
- Keep the staff attendance register.
- Maintain security at the Vaccinodrome.
- Work with supervisor to schedule breaks.

RECEPTION AND FLOW CONTROL OFFICER

Job Description - Volunteers in charge of reception and waiting management

Job File - Reception/Symptom Screening

- Supervisor: Site Director/Administrative Assistant
- PPE: Surgical/procedure mask and face shield (if available)
- Infection control: Frequent hand washing/use of hand sanitizer, disinfection of all work surfaces as required.
- Set up: Table and chair
- Documents needed for staff registration
- Vaccination staff schedule - obtained from the Site director
- Staff checklist
- COVID screening (temperature taking, symptom checklist for staff visitors)

Documentation needed for patient reception

- COVID screening (symptom checklist for staff visitors)
- Media policy
- Infrared thermometer manual
- Questions and answers on reception and registration
- Box of surgical masks
- Hand disinfection

Important information for reception and guidance officers:

- When you greet patients, ask them if they are here for a vaccine
- Temperatures should be checked at reception
- After checking the patient's temperature, ask the remaining questions about COVID symptoms.
- Patients will be diverse in terms of health care needs, abilities, mobility and language skills. Ask the site supervisor to help you assist patients or caregivers.

- Patients may wear their own cloth mask in the facility, provided it is not a scarf/bandana. Provide surgical masks for patients who do not have one or who do not have the correct type
- Some patients will come in small groups with their carergivers, and the groups should be able to move around the site together.
- Lunch break is divided into two periods: 12:00-13:00 and 13:00-14:00. To ensure continuous service at the site, the break is organized into 2 groups, which share the break times (for example, Group 1 on break from 12:00 to 13:00 while Group 2 continues the vaccination, then Group 2 from 13:00 to 14:00 while Group 1 takes over and ensures continuity).
- The Vaccinodrome usually closes at 16:00. The last candidate is received at 16:00. There may be some flexibility, especially if the diluted doses are not finished. If a patient arrives right after the last available dose is administered, the patient is scheduled for vaccination the next working day at the first hour.

Equipment required:

- Infrared thermometer
- Box of surgical masks to be distributed to all staff and to patients who do not come with a cloth (or other) mask
- Hydro-alcoholic gel/disinfectant wipes, if necessary
- Use of infrared thermometers
- Press and release the measurement button, then wait up to 20 seconds for the result (It may take less than 20 seconds). While waiting, move the thermometer to adjust the distance to the patient. Do not press the measurement button again too quickly or the process will start again

The Vaccinodrome may need two or three people to welcome, monitor flow and register patients on VaccineCheck:

1. One at the entrance to check appointments, take temperatures and screen for symptoms
2. A second one between the clinical screening station and the vaccination area
3. A third one between the vaccination area and the post-vaccination observation area

Report to the Site director if:

- Anyone has a high temperature
- Anyone indicates that he/she has recently been tested for COVID-19 and are awaiting the results
- Anyone asks to be accompanied by another person during the vaccination

VACCINATOR

Job description - Vaccination officer/vaccinator

- **Supervisor:** Site supervisor/Administrative assistant
- **PPE:** Surgical/procedural mask, face shield - lead, vaccinator, scribes, gloves - vaccinators only.
- **Infection control:** Hand washing/use of hand sanitizer between patients, disinfection of work surfaces between patients.

Job procedure

- Pfizer, Johnson&Johnson, AstraZeneca, Sinopharm etc. for suppliers
- Interim clinical considerations for the use of Pfizer COVID-19 and other vaccines
- Standing orders for vaccines: first open, first out
- The steps - How to prepare, administer and store Pfizer COVID vaccine
- Vaccination Training for Managers - reference not to be printed
- Review the needle sizes available with the vaccinators. 1" size for vaccination and 1.2" for dissolution if required.
- The 15-minute observation period starts once at the observation space
- Know where the oxygen is on site in case of serious adverse reactions.
- The cards are filled in directly by the registrars after registration. Vaccinators only manage the vaccines, their dissolutions and their administrations.
- Obtain additional vaccine vials from the vaccine storage and handling officer, if necessary. The vaccine storage and handling officer should first provide you with leftover thawed undiluted vaccine before using new vials of thawed vaccine.
- On some days, the vaccine manager will be asked to monitor and record the temperature of the vaccine cooler if the Storeroom and Handler is unable to stay on site all day. The vaccine handler will meet directly with the vaccine manager to give further instructions.
- Vaccinators are often able to extract more than 5 doses from a vial. More than 5 doses should be collected if the vaccinator feels that there is enough to collect.
- The vaccinator will use the 6th dose tracking diary and tally sheet to record the number of doses that can be collected from each vial.
- The full names of the vaccinators are displayed and known, and a schedule for the use of the boxes is well established. Each vaccinator knows which cubicle he or she is occupying on which day and which date. The location of the site where the injection was given are all mandatory fields.
- The needles provided in the Pfizer Vaccine Auxiliary Kits may not be familiar to some nurses (Easy Point 25GX 1" needle ref 82011). A second size needle is also available on site. Check with the site director to assess the supplies available in case the smaller one should be kept for demonstration and the manufacturer's instructions for use should be shared with vaccinators.
- Up to 20% more syringes than doses are shipped on each order. Due to the national shortage of syringes, we aim to ship only 5% more syringes than doses. Please conserve as much as possible.
- A doctor from the SAMU is on call if a medical consultation is needed during the opening hours of the Vaccinodrome - Ask the site director to make a call if you have any questions about clinical care.

- Patients often ask vaccinators how to schedule their second dose - they will receive information on how to schedule their second dose when they leave.
- The diluted vaccine should be used within 6 hours.
- The diluent is in tiny bottles. Vaccinators may find it difficult to draw up the diluent with the 1.5-inch needle. The vaccinator should therefore address this issue in just-in-time training. This training should include guidance on maintaining aseptic technique and needle safety. However, vaccinators have been using the 1.2-inch needle for dilution to date and are not currently using it.
- The vaccinator should note on each vial the time the vaccine was reconstituted. Vials are difficult to write on. Apply and write the time on the dot, if useful.
- The batch number of the vaccine should be written on a piece of paper or whiteboard for the vaccinator. (The characters on the vial are very small). The vaccinator updates the whiteboard each time a new vial is brought in.
- A vaccinator support person (scribe) should be paired with each vaccinator. The vaccinator support person and the vaccinator should wear a face shield in addition to the mask. See the staffing model notes below for more information.
- The vaccinator should intervene to cover the vaccinators when they take breaks. It is best if vaccinators time their breaks to coincide with the end of a vial.
- Towards the end of the day, the vaccinator should carefully monitor the number of patients remaining so as not to replenish excess vaccine. Vaccination posts should be closed one by one until only one post remains to serve the last patients.
- Any reconstituted vaccine remaining after all patients have been served should be offered to vaccinators and/or others working in clinical roles that day (screeners and post-vaccination observation). Vaccinators should be reminded of the potential side effects when deciding whether to receive the vaccine. If the number of interested vaccinators is greater than the number of doses remaining, a random draw should be conducted to select those to be vaccinated.
- Vaccinator verifies identity, administers vaccine. Vaccination assistant (scribe) completes COVID-19 vaccination registration card:
    - Manufacturer: (Pfizer, J&J etc.)
    - Lot #
    - Date
    - Vaccination site location: Vaccinodrome Yopougon, BAE
    - Vaccine injection site: Left or right (deltoid)
    - Full name of the vaccinator

DIGITAL PLATFORM OFFICER

Job description - Immunization Information System Manager (SAH Analytics)

Supervisor: Site Supervisor/Administrative assistant

- PPE: surgical/procedure mask, face shield;
- Infection control: Frequent hand washing/use of hand sanitizer, disinfection of work surfaces if necessary;

Job procedure

- The numerical data entry is managed by the **SAH Analytics** and/or **VillageReach** manager;

- Platform users will work in the registration area and at the post-vaccination observation station;
- All users of the digital platform have received training but are not necessarily day-to-day users and on-site support may be required;
- Work with SAH Analytics staff to standardize the way information is entered into the various fields;
- Search for a previous patient (search the platform to view their file and see how the information was entered);
- The SAH Analytics Manager must ensure that all team members are given breaks and cover them when they are not at their workstation;
- Obtain a copy of the staff list from the site director and provide it to the people who enter the data on the patients' immunization cards so that they know the full names of the vaccinators (sometimes illegible on the cards).

Useful documents

- Data elements required by SAH Analytics for the COVID vaccine
- Guide to vaccination data entry COVID-19
- Document for further reference - SAH Analytics procedures for using the platform
- General information for providers, schools, and parents
- Access to vaccination records
- SAH Analytics training

POST-VACCINATION SURVEILLANCE OFFICER

Job description - Post-vaccination follow-up officer

Supervisor: Site Supervisor/Administrative assistant

- PPE: surgical/procedure mask; face shield in case of close patient contact.
- Infection control: Frequent hand washing and use of hand sanitizer.

Job procedure

- Documents and supplies: Patient registration book, printer, sheets, pen
- Inventory list of emergency equipment in the vaccine site
- Sign indicating the waiting period in the observation area
- Observation area and SAMU consultation office
- What to expect after the COVID vaccine - to be distributed to patients in the post-vaccination observation zone
- Medical management of vaccine reactions in adults
- Medical Emergency Incident Diary
- Second dose reminder leaflet - for distribution to patients in the post-vaccination observation area
- When patients enter the post-vaccination observation area, they are asked to sit down, so that we can enter the information from their card to complete their file.
- While patients are under observation, staff in this area should encourage them to register on the VaccineCheck platform and to invite others to the vaccination.
- Explain to patients the importance of returning for the second dose. Distribute the second dose reminder leaflet and encourage them to return.

Emergency kits: This site should have either an emergency medicine kit assembled specifically for the Vaccinodrome.

- Know where the oxygen is located on site in case of serious adverse reactions.
- The role of the SAMU is to help manage any serious adverse reactions, provide behavioral health support/de-escalation if necessary, respond to a medical emergency in a staff member or patient, and coordinate any hospital transport.
- Ask patients to set an alarm on their watch for 15 minutes when they enter the post-vaccination observation area.
- Establish a process for checking patients into the observation area upon discharge. May be added to the responsibility of the IBS data entry person in the post-vaccination observation area. Remind patients to bring their vaccination card to their next appointment.

Appendix 2: All-Staff Briefing Outline

This is a briefing containing important information for all staff.

- Remind staff to register if they have not done so.
- Define the overall mission for the day.
- Introduce the staff of the day.

- What is our target?
  - The performance target per team is 70 doses administered per day.
  - The target groups that constitute the candidates for vaccination are any person aged 12 years and over, with or without comorbidities (health personnel, teachers, defense and security forces, people aged 50 years and over, and chronic disease carriers).
  - The demand for vaccination in the sites is spontaneous. This must be considered for good management of patient waiting times.

- Daily Program
  - As a mobile vaccination team, our goal is to safely vaccinate as many people as possible in the shortest amount of time.
  - Interactions with patients may be much shorter than those you are used to.

- Reception and Information Service

  Make patients feel welcome and help them meet their needs:
  - We will likely be serving patients with disabilities today. If you need help finding an accommodation (e.g., someone who cannot wear a mask, someone who needs a place to sit while moving, etc.), please let your supervisor know. We should not turn people away because of their disability.
  - Please respect each other's identity.
    - Our information systems ask questions about gender, age, nationality, place of residence, and occupation - please do not make assumptions about a person's identity and ask questions directly; patients may decline to answer if they wish.
    - Some questions/comments may make patients feel unwelcome or uncomfortable. So please refrain from commenting on a person's name (e.g., saying it is difficult to pronounce or unusual), asking people where they are from, and trying to pronounce names correctly (including the names of fellow staff or volunteers!).
  - In order to meet our schedule and avoid long lines, patients must move quickly through the stations:

Section	Duration
Reception & waiting	1 - 5 minutes
Registration	5 minutes
Vaccination	1 - 5
Post-vaccination surveillance	15 minutes
Total duration of the vaccination course	30 minutes max

- Output

A patient should be in and out within 30 minutes, unless a longer observation period is required.

  - Using gloved hands, wipe the area with disinfectant wipes throughout the day (including between each vaccination given and at the beginning and end of each day).
  - Snacks and beverages are not provided at the sites:

        - Lunch break schedule: Lunch breaks are held in two stages and in small shifts to maintain continuity of activities. From 12pm to 1pm and from 1pm to 2pm.
        - Remember to wash your hands thoroughly with soap and water before eating and after eating.
    - Work with supervisor to take breaks as needed.
    - Plan to attend end-of-shift debriefing meetings with your supervisor to learn from the experience.

- Site information
    - Location of restrooms and eating areas must be identified for community-based vaccination sites.

- Security information
    - Everyone must wear a surgical mask at all times, **cloth masks are not sufficient for Vaccinodrome staff**.
    - Face shield - **anyone who is constantly (or intermittently, but repeatedly) in contact with the public at close range (less than 6 feet) must wear a face shield, unless a plexiglass barrier is in place.**
    - **Everyone should use hydro-alcoholic gel frequently.**
    - Indicate at least two exits from the occupied building: one entrance and one exit for vaccine candidates.
    - What to do in the event of a medical emergency among staff or patients - call your supervisor for guidance on what to do - respond if he/she hears it and is able to do so.
    - Inform your supervisor of any physical limitations.
    - Invite the safety officer to share feedback during debriefing sessions.

- Volunteers/mobilizers
    - As a licensed healthcare worker, your liability is covered for all activities conducted here today, as long as you are performing your assigned duties (same for nurses and health care aides)

- Communication / information flow
    - Please contact the supervisor first. If the supervisor is not available, any manager can help you.

- Welcome packages for staff
    - You should have received the information in advance via email when your position was confirmed. If you do not have these documents, additional copies will be available at the Personnel Registration Desk.
        - Site map
        - Job description
        - Site calendar: the site is open every day from 8am to 4pm except Sundays and holidays
        - List of contacts of the site

- Media policy
    - Regarding staff photos and posting on social media: Staff may take photos of themselves (selfies) and post them on social media. The site is public and accessible to all. We have a dedicated photo frame area for those vaccinated who have consented to have their photos taken for Vaccinodrome visibility purposes.
    - In the event of demonstrations, demonstrators are allowed to exercise their rights outside the building in public areas, as long as they do not block access to the building.

- Technical information

- Staff who use the SAH Analytics platform for registration will receive more information from the IT managers and the team of data analysts deployed to the site.
- It is important to remember about the confidentiality of health information.
- The flow of patients to the sites must be monitored.
- Introduce the leaders of each group and ask staff to see their group leader for further instructions before the activities begin.