

MOMENTUM

Routine Immunization Transformation and Equity



CASE STUDY: VIETNAM

SUPPORTIVE SUPERVISION TO IMPROVE QUALITY OF COVID-19 VACCINATION SERVICES

Summary

This case study illustrates how the MOMENTUM Routine Immunization Transformation and Equity project (the project) in Vietnam and in-country partners collaborated to provide consistent guidance updates and supportive supervision to frontline health care workers during COVID-19 vaccination rollout from November 2021 to September 2022. It outlines country's solutions and the resulting benefits, challenges, and opportunities, and summarizes key lessons.

The MOMENTUM Routine Immunization Transformation and Equity project (the project) aims to strengthen routine immunization programs to overcome entrenched obstacles that contribute to stagnating and declining immunization rates and address barriers to reaching zero-dose and under-immunized children with life-saving vaccines. The project also provides technical support for COVID-19 vaccination and supports countries to mitigate the consequences of the pandemic on immunization services. The project is implemented by JSI Research & Training Institute, Inc. along with PATH, Accenture Development Partnerships, Results for Development, CORE Group, and The Manoff Group.

Global Challenges in COVID-19 Vaccination

COVID-19 vaccination has required many iterations of global and national guidance to keep up with the ever-changing situation inherent in a novel disease. The development of many vaccine brands with different doses, expiration dates, and cold chain requirements; changing priority populations; and social distancing protocols have necessitated timely updates in policies to guide health staff on the rollout of vaccination to ensure consistent, high quality of care across the board. However, frequent changes in global and national guidance have made it difficult to disseminate updates to all levels of the health system and provide adequate supportive supervision to health care workers to vaccinate, especially in resource-limited and remote settings. Additionally, high turnover due to the COVID-19 pandemic has exacerbated human resources shortfalls in many countries, leaving health systems with a shortage of qualified immunization staff and supervisors.

Furthermore, as the pandemic progressed and countries began to reach COVID-19 vaccination rates of 50 percent and higher, the World Health Organization (WHO) released new guidance emphasizing vaccination of priority populations including older adults, people with pre-existing conditions, and disadvantaged socio demographic populations, and equity in coverage (WHO SAGE Roadmap, January 2022).

Background and Context

COVID-19 vaccination began in Vietnam in February 2021 with the introduction of the AstraZeneca, Sputnik V, SinoPharm BIBP, Pfizer-BioNTech, Moderna, and Janssen vaccines (ultimately, nine brands were approved for use). By April 2022, Vietnam's first dose coverage exceeded 80 percent of the total population, making it one of the leading countries in COVID-19 vaccination. However, lower coverage persisted among the hardest-to-reach populations, such as those residing in remote, mountainous areas with transportation disruption, ethnic minority populations, migrant workers, older adults, and people with pre-existing conditions. From November 2021 to September 30, 2022, the project built on its strong partnership with Vietnam's Ministry of Health (MOH) and deep immunization experience in the country to help the National Expanded Program on Immunisation (NEPI) reach remote populations in the northern mountainous provinces of Dien Bien, Son La, Hoa Binh, Quang Nam, and Ninh Thuan.

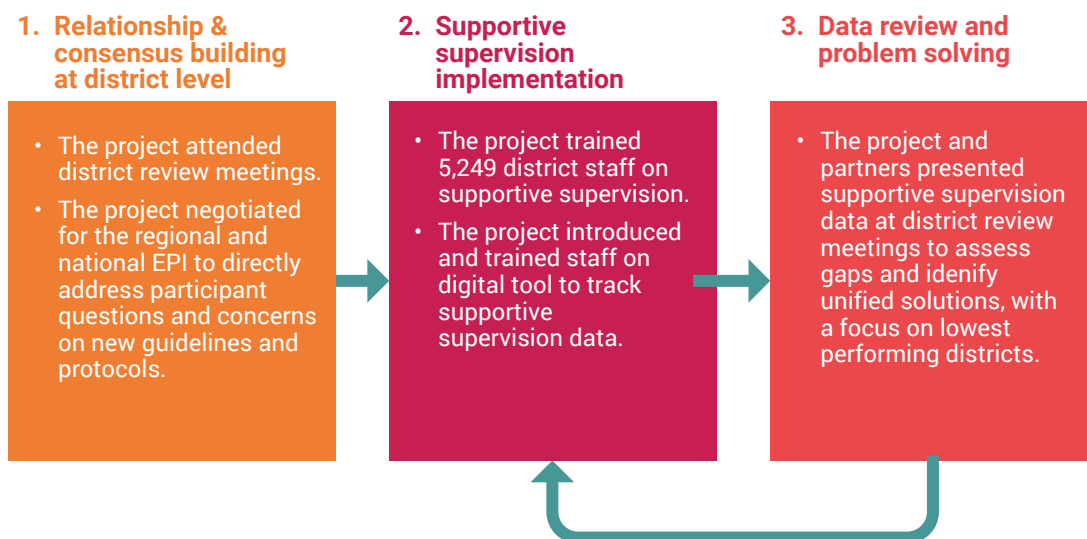
In addition to the varying management and administrative requirements of nine vaccines, the government issued frequent changes to COVID-19 vaccination guidance relating to age group, screening, and mix-and-match dosing protocols. In all, from February 2021 onward, Vietnam's upper-level government released more than 150 official documents on COVID-19 vaccination, including 57 MOH guidelines, 12 NEPI guidelines, and over 80 official letters.

The pace and frequency of guidance updates called for rapid dissemination to lower levels of the health system and changes to supportive supervision protocols, which was especially challenging in remote and resource-limited areas. MOH guidance often differed by region depending on the status of the COVID-19 pandemic. Before the pandemic, many hard-to-reach districts in the project's five focus provinces were already receiving a lower frequency of supportive supervision visits than other districts due to limited infrastructure and long travel times. As a result, facilities in these districts had a less skilled health workforce and a limited number of supervisors with immunization expertise. This, combined with frequent staff rotation, forced staff from other departments to conduct supportive supervision visits, resulting in inconsistent practices and knowledge and repeated mistakes from one commune to the next.

The remote nature of these districts also delayed data from supportive supervision visit reports, hindering timely response from upper levels. Given these challenges, the project and partners realized the need to better link multiple levels of the health system to communicate and implement continuous updates to COVID-19 vaccination protocols in hard-to-reach areas.

Innovative Response

The project and partners responded to these challenges by adapting the traditional supportive supervision model to meet the needs of remote health workers in an emergency context. The project's strategy consisted of the following components shown in Figure 1, that together link all levels of the health system to implement supportive supervision effectively.



Before the pandemic, district-level review meetings for communes to discuss health program progress, challenges, and solutions were held every six months. During the COVID-19 pandemic, these meetings occurred monthly to discuss response and keep local levels updated on changes to vaccination guidance. Project staff began attending district and provincial review meetings, which were held less frequently, and negotiated for regional and NEPI participation to answer local health officials' questions and form a unified COVID-19 response. NEPI's involvement added credibility to the district review meetings, enabling consensus building and faster decision making among participants by clarifying the implementation of policies in different contexts to fill gaps in the community. Through these district review meetings, stakeholders were able to align on an overall strategy, including the use of project-developed digital supportive supervision tools (described below).

The project then integrated supportive supervision training for provincial Centers for Disease Control and district staff into its training of trainers sessions. Due to human resource shortages, many of these district staff had supervision experience but not particularly COVID-19 immunization backgrounds, and had to shift to providing supportive supervision for immunization. The training sessions increased their technical immunization knowledge. Project support aligned with the supportive supervision schedule of each province and the commune COVID-19 vaccination schedules to facilitate observation of immunization sessions, particularly at mobile vaccination sites, with regional EPI staff.

In addition to filling gaps in supportive supervision capacity at local levels, the project and partners needed to review supportive supervision data more frequently than existing reporting protocols to identify challenges and adapt strategies to vaccination. Before the pandemic, paper-based reports and long travel times meant that trip reports often took 7–10 days to reach the district or provincial level, stalling supportive supervision data use. In response, the project developed two Google Forms (one for general supportive supervision and one specific to immunization sessions) to accelerate data transmission to upper levels and improve the structure of supportive supervision visits. The implementation of the Google forms allowed data to be sent to immunization supervisors and managers in real-time and eliminated the need for written trip reports.

Project staff and other stakeholders brought supportive supervision data to monthly review meetings to discuss challenges and propose solutions, leveraging resources between communes. The use of the Google form also enabled faster support from upper levels; in some cases in real-time during supportive supervision itself.

Outcomes

IMPACT

From December 2021 to May 2022, the project, along with provincial and regional staff, trained 5,249 district staff, strengthening their capacity in providing supportive supervision and improving health care worker immunization skills. The project supported regular review meetings for the health sector at both district and provincial levels, with 237 meetings conducted in all five project provinces. The supportive supervision visits to 649 facilities revealed many gaps, including insufficient cold chain management and a shortage of Good Storage Practice (GSP) certificates at the district level; ineffective multi-sectoral coordination at facility level; and low vaccination among children ages 5–11 due to parental vaccine hesitancy. Many actions were taken to fill these gaps, such as conducting GSP and cold chain management training, leveraging local people's committees' commitment to facilitate multi-sectoral coordination, and engaging the education sector to reach children ages 5–11. Furthermore, thanks to continuous supportive supervision to health workers, 100 percent of communes in Son La, Dien Bien, and Hoa Binh report using the project-developed digital tools.



The project Monitoring, Evaluation and Learning Lead, Mr. Sang Dao Dinh works with healthcare providers to enter daily data reports on the Google form tool at the Ma Cooih commune mobile vaccination site in Quang Nam Province.



MOMENTUM Routine Immunization Project Lead, Dr. Tham Chi Dung participates in a supportive supervision visit alongside Quang Nam Provincial health staff and Central EPI staff at a school mobile vaccination site.

BENEFITS

The project's strategy benefits health care workers and the immunization program itself, as shown in the table below.

Review Meetings	Google Form
<ul style="list-style-type: none">● Encourage coordination and unified strategy between all levels of the health system.● Allow regular data review, identification of challenges, and collaborative problem solving.	<ul style="list-style-type: none">● Improves data quality, timeliness, and consistency at all levels.● Saves district supervisors time.● Reduces reliance on computers at the commune level.● Allows supportive supervision guidance even if skilled immunization staff are unable to attend visits in person.

CHALLENGES

Even with the support of regional and provincial staff, supportive supervision implementation was challenged by skilled district-level immunization staff turnover due to the pandemic. Given the large number of districts in the focus provinces, project or higher-level staff could not always provide ongoing mentorship to the district supervisors they had trained. In cases where there were no available immunization staff, other district health departments staff conducted the visit and reported back, causing gaps in supervision consistency and quality. However, even when skilled staff could not attend the visit, the Google form allowed upper management to understand gaps in health care worker skills and supportive supervision quality almost immediately, and provide rapid assistance and corrective action.

At first, many district staff were hesitant to switch to the supportive supervision Google Forms due to reluctance to change systems and learn how to use new tools. However, buy-in and support from higher levels as a result of the monthly review meetings promoted use at the district level, and once district staff understood the benefits of the form, they encouraged uptake among their peers.

Opportunities Beyond the COVID-19 Vaccine Response

Continuous partnership building, coordination, and supportive supervision are essential for any program, especially in the initial phase of implementation, to ensure that new interventions are rolled out thoroughly at the facility level. Implementing these activities requires time and resources at multiple levels, which are often overlooked in initial planning and budgeting efforts. The approach outlined in this case study can be adapted to contexts that require rapid dissemination of information and continuous mentorship, and could be used to inform resource costing. Additionally, the supportive supervision tool can be modified for other vaccination campaigns and interventions.

Lessons Learned

- The involvement of participants from all levels of the health system in each step of the process to communicate guidance updates and implement supportive supervision for COVID-19 vaccination to lower levels resulted in a cohesive, unified strategy and improved coordination and resource sharing.
- The unified strategy developed in review meetings built trust in coordination systems that may be used for other vaccine campaigns and rollout of other health interventions.
- Introducing digital tools that enable rapid or real-time supportive supervision data submission can be an effective solution in settings with skilled human resource shortages
- Providing sufficient initial training and ongoing mentorship on the use of new and unfamiliar digital tools is critical to their use and to the success and sustainability of COVID-19 vaccination service delivery.

Additional Resources

If you would like to learn more about MOMENTUM Routine Immunization Transformation and Equity's project in Vietnam, read more here: <https://usaidthmomentum.org/resource/country-program-in-review-vietnam/>

Additional information on the project's tools is available through a webinar recording: <https://usaidthmomentum.org/webinar-covid-19-vaccination-implementation-lessons-learned-from-vietnam/>

Acknowledgements

Most information in this case study came from key informant interviews with project staff in Vietnam, provincial health officials, and commune-level health workers.