

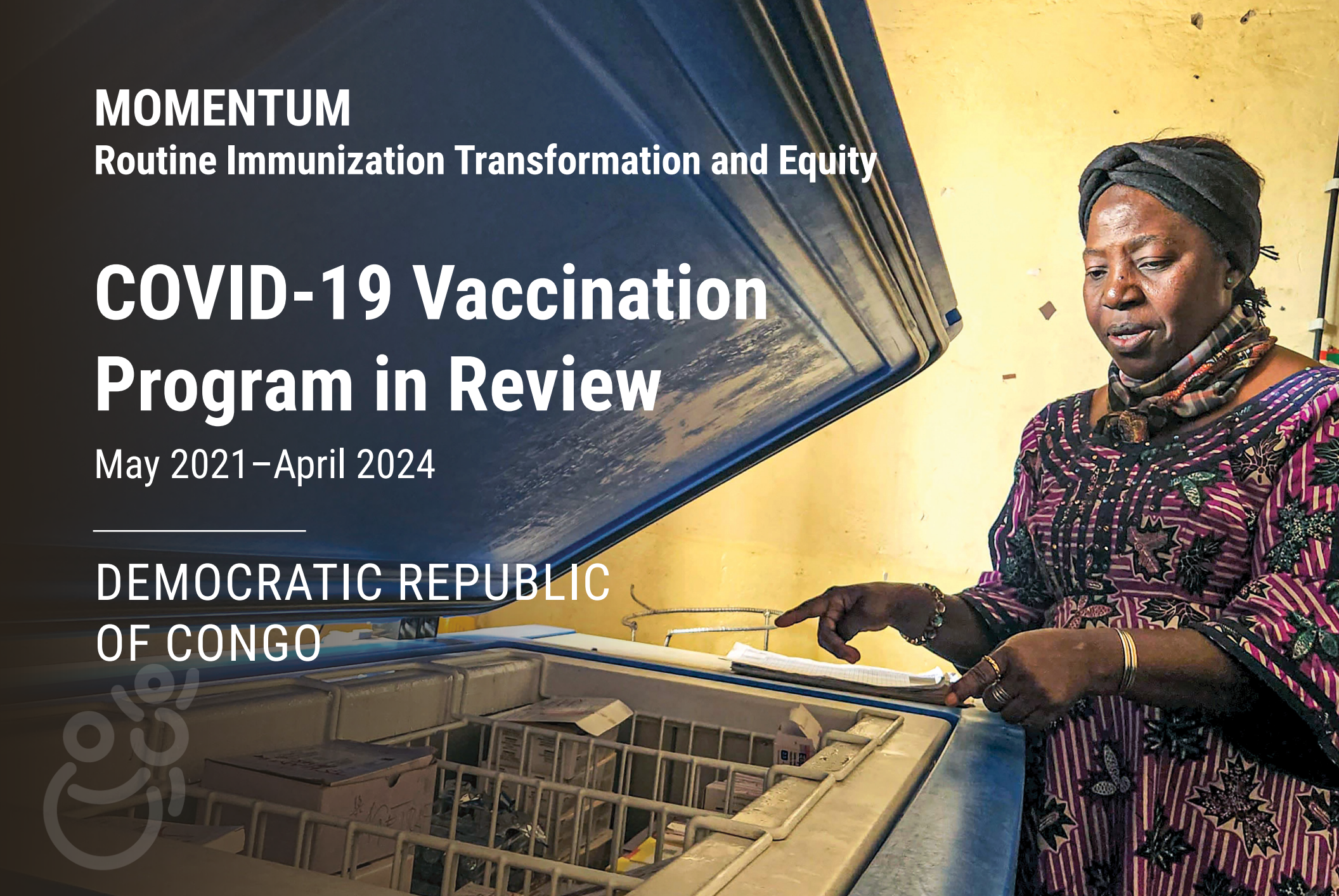
MOMENTUM

Routine Immunization Transformation and Equity

COVID-19 Vaccination Program in Review

May 2021 – April 2024

**DEMOCRATIC REPUBLIC
OF CONGO**





Yves Njaji, PATH

MOMENTUM Routine Immunization Transformation and Equity

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Acronyms

DHIS2	District Health Information Software 2
DRC	Democratic Republic of Congo
EPI	Expanded/Essential Program on Immunization
MOH	Ministry of Health
NDVP	National Deployment Vaccination Plan
NTP	non-traditional partner
RI	routine immunization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization



MOMENTUM Routine Immunization Transformation and Equity DRC

Results

Strengthening the Health System



Established **32 non-traditional partnerships (NTPs)** between the Democratic Republic of Congo (DRC) government and local organizations to support COVID-19 vaccination efforts.



Entered **1,286,343 backlogged client records** from **33 health zones in four provinces** into the national District Health Information Software 2 (DHIS2) database.



Developed, updated, or revised **16 strategic documents, policies, and guidelines**.



Supported **621 sites** during 10 COVID-19 vaccination campaigns; **155 routine sites** in providing COVID-19 vaccinations; and **25 sites** that integrated COVID-19 vaccination into routine immunization (RI) services.

Reaching Underserved and Priority Populations



Administered **235,626 first** and **185,720 second doses** of COVID-19 vaccines across **five provinces**.



Helped reach up to **7,741,178 people with radio messages** and **9,929,304 people through television** to share information about COVID-19 vaccination.

Strengthening the Health Workforce



Trained **4,671 individuals** on COVID-19-related topics.



Conducted **4,435 supportive supervision visits** to fixed and outreach vaccination sites in **35 health zones**.

Background

DRC is geographically the largest country in sub-Saharan Africa¹ and has a population of 102.3 million.² DRC has been the site of one of the world's longest and most complex humanitarian crises, driven by decades of conflict and insecurity. Recurrent outbreaks of cholera, Ebola virus, and measles exacerbate humanitarian needs and strain DRC's health care systems.³

In March 2020, the Ministry of Health (MOH) reported the country's first case of COVID-19. Not long after, the government declared a state of emergency and set up a multi-sectoral national committee to devise strategies to prevent COVID-19 infection, such as travel restrictions, quarantine guidelines, and school closures.⁴ One year later, DRC became one of the first countries in Africa to receive COVID-19 vaccines. Through the COVAX initiative, the country acquired more than 1.7 million doses of the AstraZeneca COVID-19 vaccine.⁵ But, false information about the vaccine spread and vaccine hesitancy grew, including among influential political and community leaders.

DRC launched its first phase of COVID-19 vaccination in April 2021 with an initial aim of vaccinating 25 percent of the population, including health workers, people

over the age of 55, and people with comorbidities.⁶ By June 2021, less than 0.2 percent of the population had received its first dose of the vaccine, so the country redeployed thousands of doses of COVID-19 vaccines to other African countries so they could be used before they expired.⁷ Shortly after, the DRC Expanded Program on Immunization (EPI) revised its National Deployment Vaccination Plan (NDVP), making the vaccine available to the general population and increasing the coverage goal to 45 percent. The government focused on strengthening community sensitization efforts and introduced COVID-19 vaccines manufactured by Moderna, Pfizer, Sinovac, and Johnson & Johnson.⁸ However, continued vaccine hesitancy significantly limited demand and uptake⁹ and by February 2022, less than 0.5 percent of people were vaccinated.⁸

Thanks to strong coordination and continued community sensitization efforts, vaccination rates gradually increased in DRC. As of December 2023, 16 percent of the population had completed its primary series of COVID-19 vaccination.¹⁰ The Ministry of Public Health initiated COVID-19 vaccine integration into primary health care and RI services to promote and sustain COVID-19 vaccination.

1 The World Bank. Where We Work. "Democratic Republic of Congo." September 25, 2023. <https://www.worldbank.org/en/country/drc/overview#1>.

2 Population Reference Bureau. Data Sheets. "2023 World Population Data Sheet Booklet." 2023. <https://www.prb.org/collections/data-sheets/>.

3 USAID. "Democratic Republic of Congo." 2023. <https://www.usaid.gov/humanitarian-assistance/democratic-republic-of-the-congo>.

4 Juma, Carl Agisha, Nestor Kalume Mushabaa, Feruzi Abdu Salam, Attaullah Ahmadi, and Don Eliseo Lucero-Prisno. "COVID-19: The Current Situation in the Democratic Republic of Congo." *The American Journal of Tropical Medicine and Hygiene* 103, no. 6 (December 2, 2020): 2168–70. <https://doi.org/10.4269/ajtmh.20-1169>.

5 UNICEF. "More than 1.7 million COVID-19 vaccines arrive in the Democratic Republic of Congo." March 5, 2021. <https://www.unicef.org/press-releases/more-17-million-covid-19-vaccines-arrive-democratic-republic-congo>.

6 The World Bank. "Additional Financing for the DRC COVID-19 Strategic Preparedness and Response Project." June 15, 2021. <https://documents1.worldbank.org/curated/en/602061625277685570/pdf/Congo-Democratic-Republic-of-COVID-19-Strategic-Preparedness-and-Response-Project-Additional-Financing-and-Restructuring.pdf>.

7 Zola Matuvanga, Trésor, Reena H. Doshi, Albert Muya, Aimé Cikomola, Augustin Milabyo, Pablito Nasaka, Patrick Mitashi, et al. "Challenges to Covid-19 Vaccine Introduction in the Democratic Republic of the Congo – A Commentary." *Human Vaccines & Immunotherapeutics* 18, no. 6 (September 27, 2022). <https://doi.org/10.1080/21645515.2022.2127272>.

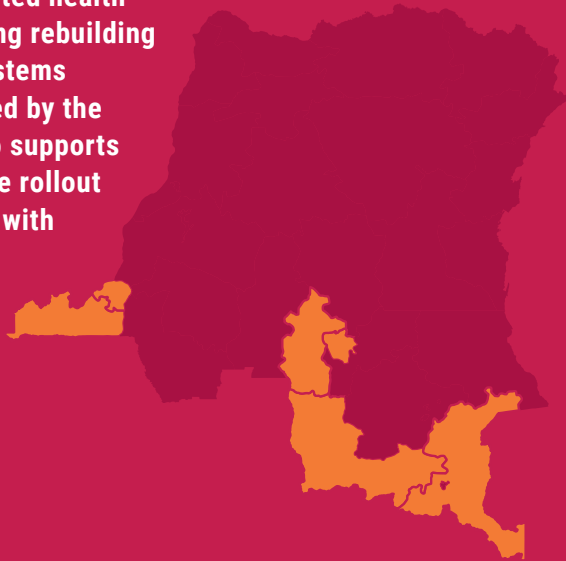
8 Larissa Diakanua. "The vaccinodromes of Kinshasa: DRC steps up COVID-19 vaccinations." Gavi, The Vaccine Alliance. April 8, 2022. <https://www.gavi.org/vaccineswork/vaccinodromes-kinshasa-drc-steps-covid-19-vaccinations>.

9 The World Bank. Where We Work. "Democratic Republic of Congo." September 25, 2023. <https://www.worldbank.org/en/country/drc/overview#1>.

10 WHO. WHO COVID-19 dashboard. "COVID-19 vaccination, Democratic Republic of the Congo data." <https://data.who.int/dashboards/covid19/vaccines?m49=180&n=c>.

Project Overview

MOMENTUM Routine Immunization Transformation and Equity (the project) applies best practices and explores innovations to increase equitable immunization coverage in USAID-supported countries. The project is USAID's flagship technical assistance mechanism for immunization and is active in 12 countries and has supported over 18 countries. It builds countries' capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations with life-saving vaccines and other integrated health services, including rebuilding immunization systems adversely affected by the pandemic. It also supports COVID-19 vaccine rollout across countries with a wide range of circumstances and needs.



USAID provided funding through the project to help DRC introduce and roll out COVID-19 vaccines at the national level and in Haut-Katanga, Kasai-Central, Kasai-Oriental, Kinshasa, Kongo Central, and Lualaba provinces. From May 2021 to April 2024, the project coordinated with national and provincial EPI teams, Breakthrough ACTION (USAID's flagship global social and behavior change project), and the National Agency for Clinical Engineering and Digital Health to:

- Provide technical assistance for COVID-19 service delivery planning and vaccine access to improve coverage.
- Undertake community engagement and risk communication activities to generate vaccine demand.
- Improve data management by supporting vaccination monitoring, evaluation, surveillance, and safety.
- Advise on policy, planning, and coordination to ensure equitable service delivery at the national and sub-national levels.

Technical Areas of Support

TECHNICAL AREAS



Planning, policy, and coordination



Data quality and use



Supply chain



Demand generation and community engagement



Vaccine service delivery



Building health workforce capacity



Yves Ndjadi, PATH



June 2021

Facilitated a co-creation workshop with religious leaders to support COVID-19 vaccination efforts.



November 2021

Concluded a rapid assessment of COVID-19 vaccine perceptions.



January 2022

Supported the first provincial COVID-19 mass vaccination campaigns.



April 2022

Supported the first vaccination campaign with a fixed and outreach approach in Kinshasa.



June 2023

Completed the implementation and evaluation of the final phase of the COVID-19 vaccination campaign in Kongo Central province.



April 2023

Facilitated a co-creation workshop with religious leaders on the integration of COVID-19 vaccination into RI.



September 2022

Conducted a co-creation workshop to strengthen COVID-19 vaccination data quality.



July 2023

Created a roadmap and microplanning tool with the EPI to implement the national plan for integrating COVID-19 vaccination into RI services.



November 2023

Began supporting microplanning for COVID-19 vaccination integration activities.



December 2023

Implemented the DHIS2 aggregate module for COVID-19 immunization data management, facilitating the integration of COVID-19 vaccination data into RI data at all levels.



April 2024

Completed technical and financial support to integrate RI and COVID-19 immunization sessions in high-traffic areas.

Strengthening Health Systems Management



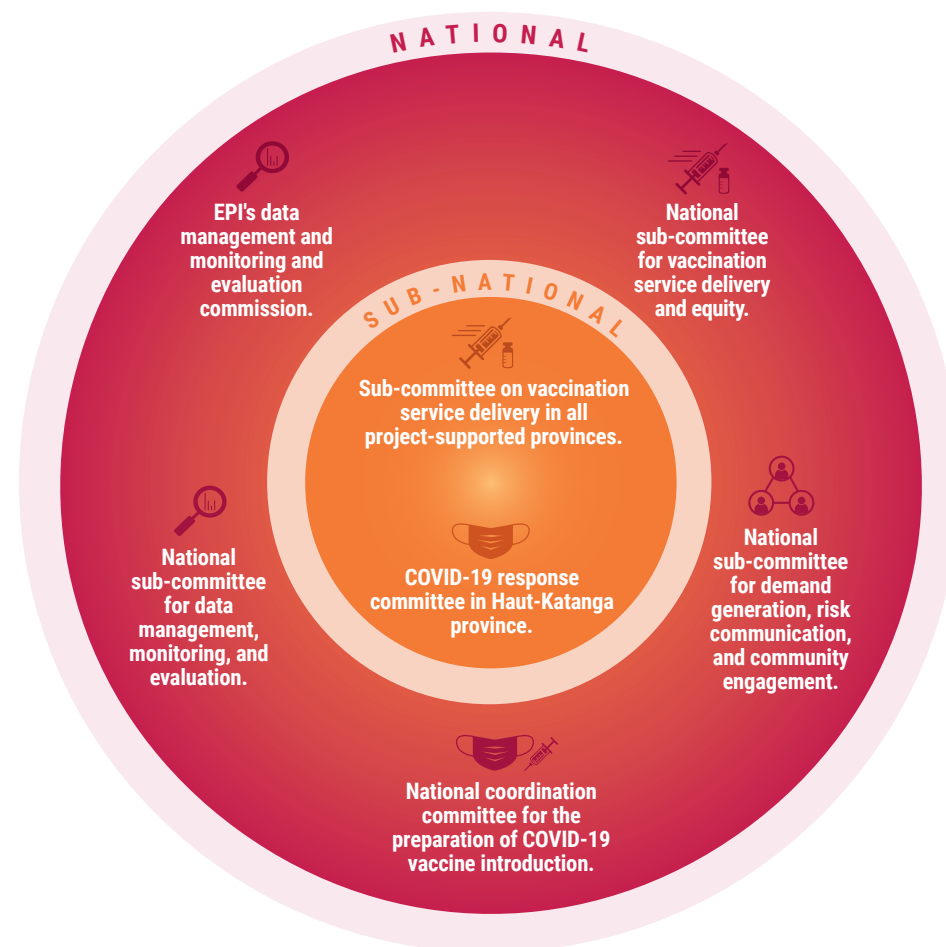
Planning, policy, and coordination

Beginning in 2021, the project worked with technical and financial partners including the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) to help the MOH develop its NDVP to introduce COVID-19 vaccines, reduce cases and deaths, and maintain essential health services during the pandemic. Phase one of the NDVP aimed to vaccinate at least 25 percent of the total population by the end of 2022.¹¹ The project provided support to rapidly develop and roll-out additional plans, such as the national communication and vaccine distribution plans and the service delivery strategy design. The project provided technical guidance and designed training to prepare health workers at all levels to deliver COVID-19 vaccination services to a wide range of priority populations, including older adults, those with comorbidities, health professionals, and pregnant women.

At the start of 2022, DRC still had one of the lowest COVID-19 vaccination rates in the world, with less than one percent of the population having received its first dose.¹² In February, the project contributed to the COVID-19 vaccination intra-action review for Haut-Katanga Province. The workshop highlighted bottlenecks such as misinformation about COVID-19 vaccines and delayed provider payments, which hindered the achievement of vaccination objectives. Participants proposed solutions that were incorporated into both national and provincial plans for COVID-19 vaccine deployment.

Throughout its duration, the project participated in key technical working groups and coordination mechanisms to plan and align COVID-19 vaccination efforts across immunization stakeholders in DRC (Figure 1). At the national level, it participated in working groups focused on service delivery, communications, social and behavior change, monitoring and evaluation, cold chain, logistics, and data management. The project also used committee meetings to develop materials and resources for trainers and service providers, including the COVID-19 vaccine introduction and crisis communications plans.

Figure1. Coordination mechanisms



11 The World Bank. "Additional Financing for the DRC COVID-19 Strategic Preparedness and Response Project." June 15, 2021. <https://documents1.worldbank.org/curated/en/602061625277685570/pdf/Congo-Democratic-Republic-of-COVID-19-Strategic-Preparedness-and-Response-Project-Additional-Financing-and-Restructuring.pdf>.

12 Larissa Diakanua. "The vaccinodromes of Kinshasa: DRC steps up COVID-19 vaccinations." Gavi, The Vaccine Alliance. April 8, 2022. <https://www.gavi.org/vaccineswork/vaccinodromes-kinshasa-drc-steps-covid-19-vaccinations>.

The project and sub-committee members identified challenges to implementing COVID-19 vaccination campaigns in Kinshasa and Haut-Katanga provinces, including a lack of local funding. The project worked with the MOH to establish and support a financial sub-committee to minimize challenges such as delayed disbursement of health care workers payments. The project advised sub-committee members on digital money systems to pay health care providers and reduce payment-delaying paperwork. The project also asked the central coordinating committee to facilitate the flow of funds that dictate implementing partners' activities. As part of the sub-committee, the project helped develop a tool to capture, track, and analyze the financial contribution and disbursement of each implementing partner.

In July 2023, as part of its plan to sustain COVID-19 vaccination after the project, the project participated in a workshop with the national EPI to develop, finalize, and disseminate COVID-19 and RI integration standards and guidelines at the health zone and health area levels (Figure 2).

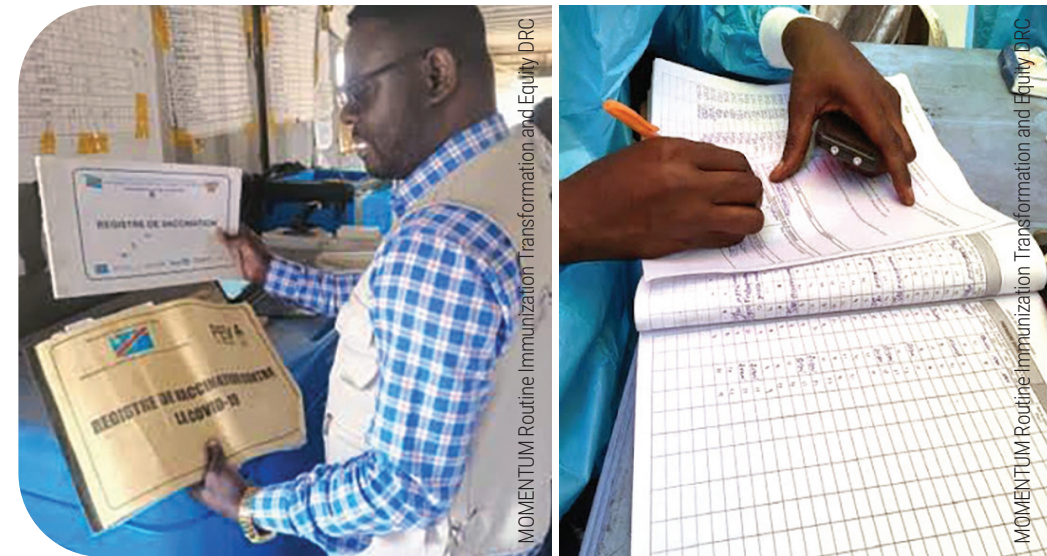
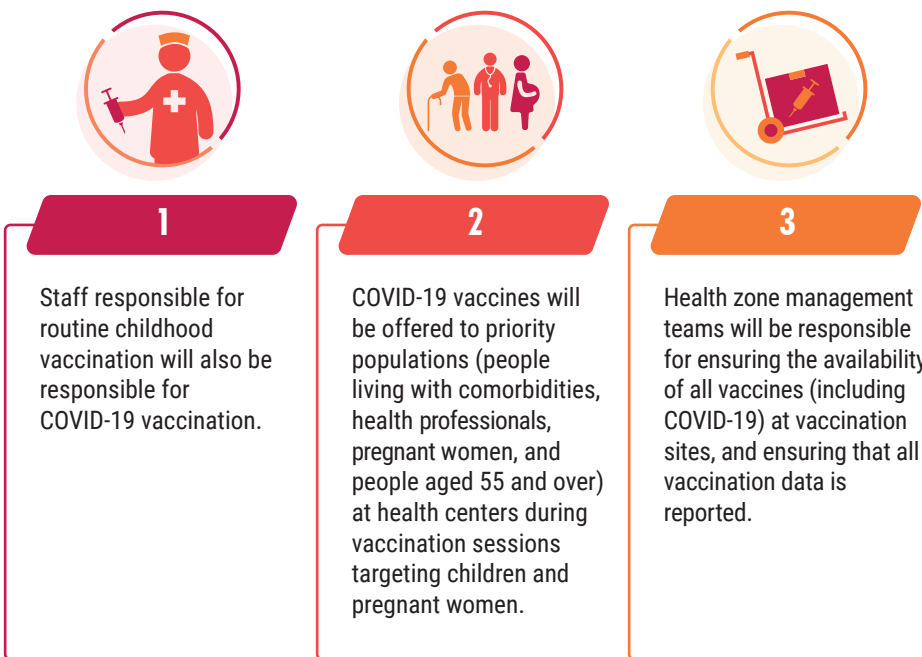


Figure 2. Outcomes of COVID-19 integration workshop



Data quality and use

Complete and high-quality data are key to informing public health decisions. When COVID-19 vaccination began in DRC, COVID-19 vaccination data was not yet a part of the aggregate DHIS2, a digital health information system that allows for data collection, surveillance, case tracking, analysis, and reporting.¹³ Instead, the country tracked individual data using Excel files and the DHIS2 Tracker, an application within the DHIS2 platform for individual-level data collection.

Prior to the second phase of the COVID-19 vaccination campaign in Kinshasa and Haut-Katanga provinces, the project supported training data managers to ensure accurate data entry in the DHIS2 Tracker. The project also mitigated limited internet connectivity and tablet availability by providing internet so that data managers could enter vaccination data into the DHIS2 Tracker using their mobile phones and providing routers to allow EPI staff to track changes in the vaccine distribution plan as new vaccines arrived in DRC and others were sent to the provinces.

By July 2022, COVID-19 data in the DHIS2 Tracker remained low, capturing only 25 percent of all vaccinated persons. Several challenges prevented health workers from

13 DHIS2. Introduction to DHIS2. "Terminologies and Concepts." <https://dhis2-app-course.ifi.uio.no/learn/dhis2/introduction/overview/terminologies/>.

entering and reporting vaccination data from health facilities and outreach sites. To identify the root causes, the project supported the EPI to conduct a rapid assessment of six COVID-19 vaccination sites in Kinshasa in August 2022, followed by a co-creation workshop in September. Both the assessment and workshop identified challenges related to data management at the operational level and proposed sustainable solutions to improve COVID-19 immunization data quality, completeness, and timeliness. Through national-level coordination mechanisms,¹⁴ the project developed a plan that included training data managers and retroactively entering data from Excel into the DHIS2 aggregate system that the country primarily used to manage RI data.

In November 2022, the project facilitated the transition of COVID-19 vaccination data reporting from Excel and the DHIS2 Tracker to the DHIS2 aggregate system. Existing data tools required health workers to input multiple pieces of health information, lengthening the time it took to complete data sheets and deterring workers from completing them. To facilitate the transition, the project and WHO supported the government to standardize and simplify data management tools including a tally sheet, immunization register, summary sheet for transmission, vaccine management tool, and the reporting framework. The project then worked with head nurses, data managers, chief medical doctors, and EPI nurse supervisors in 35 health zones to retroactively enter vaccination data into the aggregate DHIS2 for 750,349 people in Kinshasa province using immunization registers. Re-entry of the data from across Kinshasa, Haut-Katanga, and Kongo Central provinces improved the accuracy of data, and found an under-reporting of approximately 171,465 people vaccinated in the Excel file. The project's strategies and tools to improve the availability, quality, and use of COVID-19 vaccination data in DRC serve as an example for standardizing data collection for all health indicators. Since transitioning to the DHIS2 aggregate system, DRC has a reliable data system that allows for accurate data collection, surveillance, and decision-making.

Supply chain

When COVID-19 vaccines first arrived in DRC, they were close to expiration—often within three months. The MOH was unable to use all vaccines within this timeframe, resulting in strained resources and vaccine wastage. In response, the project helped the EPI procure laptops for supply chain management and supported distribution tracking to better allocate supplies and manage vaccines with short expiry dates as new deliveries arrived. The project also supported trainings, coordination committees, the development of vaccine management tools, supportive supervision visits, and

communication with COVID-19 vaccine manufacturers. The project trained 964 health workers in Haut-Katanga and Kongo Central provinces on vaccine storage, handling, delivery, and waste management. It provided administrative and advisory support to strengthen the cold chain sub-committee and the COVID-19 national coordination committee, and supported the development of vaccine management tools such as tally sheets, registers, and expiration date stickers. During supportive supervision visits, the project monitored the functionality of cold chain equipment and the use of supply management tools.



MOMENTUM Routine Immunization Transformation and Equity DRC

¹⁴ The National Sub-committee for Data Management, Monitoring, and Evaluation and the EPI's Data Management and Monitoring and Evaluation Commission.

Despite low demand, in early 2022, DRC received almost three million doses of COVID-19 vaccines set to expire within six months. As a result, the MOH's COVID-19 vaccination national coordination unit prioritized these vaccines for use in campaigns. The project supported the development of a distribution plan for over one million doses to be distributed to 20 provinces, prioritizing those with functional ultra-cold chain equipment systems required to store some brands of COVID-19 vaccines safely. To prevent similar situations, the project helped EPI coordinate with Pfizer to request appropriate vaccine quantities according to DRC's storage capacity and consumption rate.

The project focused most of its supply chain management support for COVID-19 vaccination campaigns in Haut-Katanga and Kinshasa provinces. It distributed vaccines; procured and distributed personal protective equipment; rented vehicles and motorcycles for supervisors; and purchased fuel for transportation and generators. In May 2023, during the fourth phase of the COVID-19 vaccination campaign, the project supported vaccine stock management in fixed and outreach sites in two health zones of Kongo Central province.

Short expiration dates continued to challenge supply chain and logistics management. By June 2023, six percent of vaccines in the country expired before they could be used. Expiration, inaccurate reporting, and limitations caused by the inability to use all doses in a vial contributed to the reported national wastage rate of 29 percent. However, with the project's support, the reported vaccine wastage rate was only 4.5 percent in Kongo Central province.

Power outages presented an additional cold chain challenge. These are a regular occurrence in DRC, and constantly jeopardized the conservation of COVID-19 vaccines, including those that need to be stored in ultra-cold chain equipment. To maintain the operation of cold rooms, the project continued to provide supply chain management technical support at all levels and advocated to finance, delivery, communication, and logistics subcommittees for proper cold chain equipment and funding.

At the end of 2023, COVID-19 vaccination efforts moved from campaigns and outreach sites to RI service integration. Cold chain supply and logistics were the first areas of operation that integrated COVID-19 vaccines into RI.



Anne Bohrer, PAH

Reaching Underserved and Priority Populations



Demand generation and community engagement

In DRC, COVID-19 misinformation and disinformation spread rapidly via social networks, exacerbating hesitancy among the general population, health care workers, and political and religious leaders who influence vaccine demand. Between July and October 2021, the project conducted an assessment of intentions, motivations, and barriers to vaccination. Through interviews and focus group discussions with priority populations in Kinshasa province, the project identified various barriers to uptake, including perceived low severity of COVID-19 infection, lack of awareness of vaccination services, and fear of side effects. Respondents also noted less frequent motivations for getting vaccinated, such as political and family support. The project used the community insights to design and adapt its communications strategy and tailor promotional and educational messages to priority populations and opinion leaders.

In coordination with Breakthrough ACTION, the project used local radio to alert communities about site locations for vaccination campaigns and to dispel common vaccine rumors and misinformation. It also helped Kongo Central Provincial Health Division's communication task force develop messages and materials like banners

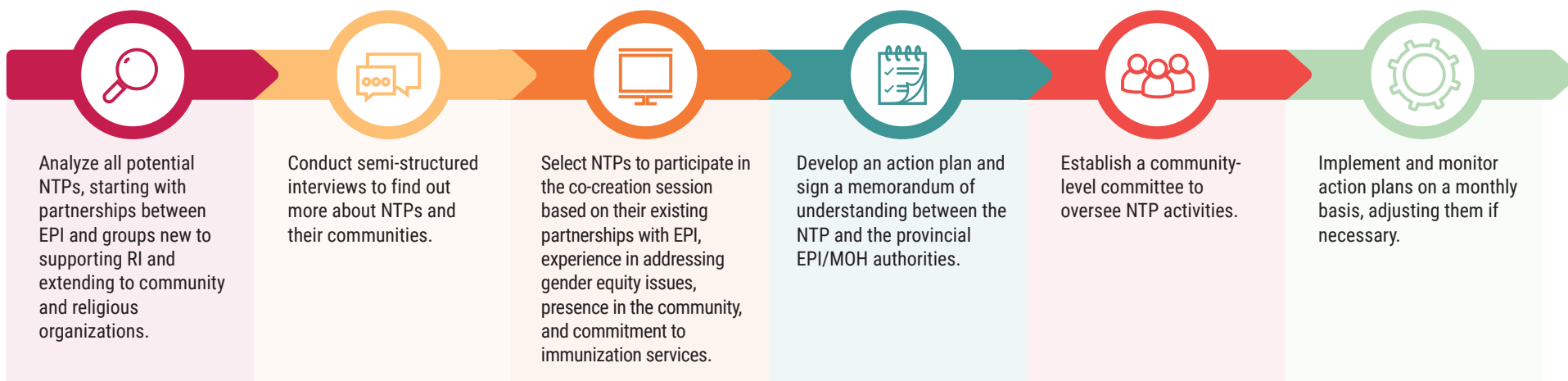
to make vaccination sites more visible. Additionally, the project collaborated with Pygma, a Kinshasa-based communications firm, to conduct a mass media campaign. The project prepared the content and translated it to local languages, which Pygma disseminated to local radio and television channels and Facebook, Google Ads, Instagram, Twitter, and WhatsApp.



With Breakthrough Action, the project reached up to **7,741,178 people with radio messages** and **9,929,304 people through television**.

The project engaged with NTPs to reach populations that may not be reached through traditional communications avenues. NTPs are actors typically outside of or underutilized by the immunization program, including non-health stakeholders, civil society, non-health government institutions, and the private sector. The project used a six-step approach to promote COVID-19 vaccines with NTPs (Figure 3).

Figure 3. Six step engagement approach for working with NTPs



Between August 2022 and May 2023 in Haut-Katanga, Kinshasa, and Kasai-Oriental provinces, the project engaged 32 NTPs including media, health care, and women’s groups; religious, private, public, and civil society organizations; political authorities; community leaders; and organizations of people with disabilities. The project worked with each NTP to develop activities and action plans to support the EPI with COVID-19 vaccine rollout by conducting public education and awareness campaigns, registering people for vaccination, and organizing outreach vaccination sites. In Kinshasa province, NTPs supported the vaccination of 205,464 people against COVID-19.

The project worked with NTPs to tailor vaccination messages and strategies to the needs and perspectives of their communities. For example, the project facilitated a communication capacity-building session with religious leaders on how to conduct vaccination sensitization activities including countering misinformation and increasing demand among their followers. The project also contributed to the design of faith-based question and answer guides for Christian and Muslim leaders, and featured religious leaders in radio and TV communications campaigns.

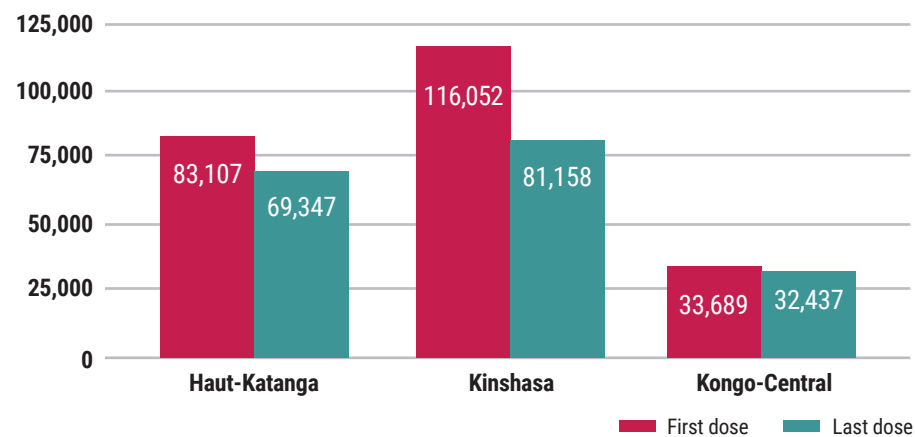
Vaccine service delivery

DRC took a phased approach to COVID-19 vaccine rollout, and the project was instrumental in preparing for and implementing each phase. During microplanning sessions to prepare for the first mass vaccination campaign in January 2022, the project identified and mapped locations for vaccine outreach in high-traffic areas. It supported the deployment of 170 outreach vaccination teams across Kinshasa and Haut-Katanga provinces, bringing vaccination services closer to communities in need. The project identified sites that were accessible to women’s workplaces, such as markets and churches, and ensured that sites were open on weekends and evenings to increase accessibility and convenience for women and men. The project took an adaptive learning approach throughout implementation, meeting daily with the provincial EPI team to identify and overcome challenges as they arose.

During the subsequent three phases, the project continued to conduct microplanning sessions, deploy outreach vaccination teams, and adapt strategies to the local context. It regularly monitored service delivery sites to ensure they were stocked with the proper materials and that health workers were prepared.

Throughout all four phases of DRC’s vaccination campaign, the project set up and supervised 646 outreach teams that administered 415,790 doses of COVID-19 vaccines across Kinshasa, Haut-Katanga, Kongo Central provinces (Figure 4). As specified by the MOH, the end of 2023 marked the transition from COVID-19 vaccination campaigns to integration with RI and other primary health care services. As of April 2024, the project had organized integrated outreach vaccination sessions at 25 sites in Haut-Katanga and two in Kasai-Oriental provinces.

Figure 4. COVID-19 vaccine doses administered



Strengthening the Health Workforce

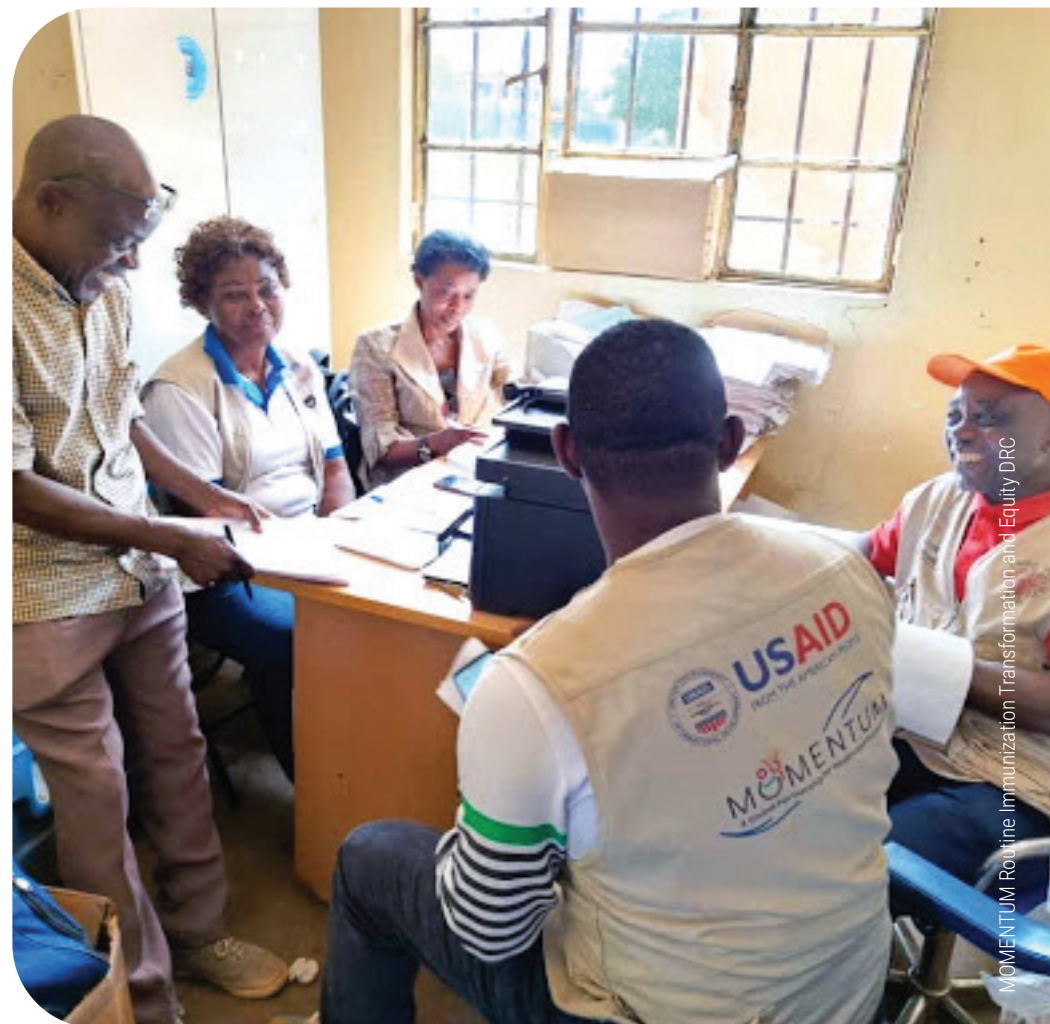
Building health worker capacity

Health workers in DRC worried about the COVID-19 vaccine because of widespread disinformation. Before the first vaccination campaign, the project, WHO, UNICEF, and the national EPI conducted a series of 17 training-of-trainers sessions on generating COVID-19 vaccine demand and communicating evidence-based information, supply chain, and campaign organization for 4,671 health workers in Haut-Katanga, Kinshasa, Kasai-Central, Kasai-Oriental, Kongo Central, and Lualaba provinces. During the sessions, vaccinated health workers allayed unvaccinated health workers' fears by discussing their vaccine experiences and testifying to its safety.

In preparation for the second national vaccine campaign, the project provided technical, financial, and logistical support to train health zone management teams and outreach vaccination site service providers in five health zones of Kongo Central Province on the various health provider roles within the vaccination process. The project also trained health care providers and vaccinators on their roles and responsibilities; data managers on DHIS2 Tracker data entry; and, with Breakthrough ACTION, community mobilizers and provincial supervisors to raise public vaccine awareness.

The project trained community mobilizers and supervisors to collect COVID-19 rumor data using the KoboCollect tool to help the EPI manage and respond to rumors and misinformation as they emerged. With technical support from the WHO, the project provided financial and facilitation assistance for a three-day capacity-building workshop for 30 participants from the EPI Communication and Surveillance Division on infodemic management and community feedback using KoboCollect in Haut-Katanga, Kinshasa, and Kongo Central provinces.

In DRC, delayed salary disbursements are common and reduce health worker motivation and productivity; compromise health service delivery; and diminish the health system's credibility. To better manage remuneration for health workers for COVID-19 vaccination campaigns, the project trained 345 team leaders and supervisors from Haut-Katanga,



Kinshasa, and Kongo Central provinces on how to use the CommCare platform to track attendance of health workers.¹⁵

During the first and second campaigns, the project worked with the EPI branch in Haut-Katanga and Kongo Central provinces to conduct daily supportive supervision of 30 outreach vaccination teams. This strengthened vaccine delivery and data management capacity through coaching with USAID and the WHO. The project provided technical and financial support to build service provider capacity on new tools and use of aggregated DHIS2 data through cascade training at the provincial, branch, and health zone levels.

These supervision visits also identified areas for data improvement. In Kasai-Oriental province, the project supported monthly monitoring and data validation reviews in three health zones, during which health zone management teams developed recovery plans. The recovery plans gave health workers clear guidance on how to correct data management errors and improve identified weaknesses. The reviews included building capacity to organize immunization sessions; reach parents with immunization services; and validate data. To support COVID-19 vaccine integration into RI, MOH managers (EPI branch and health zone chief medical officers) and the project reminded health workers how to identify and vaccinate zero-dose and under-immunized children. The reviews also urged data managers to ensure the completeness, promptness, and quality of immunization data in the DHIS2 system.

The project and the WHO organized briefings in Kongo Central and Lualaba provinces to facilitate the transition of COVID-19 immunization data reporting from Excel to the DHIS2 aggregate system. Overall, the groups trained 163 providers on the COVID-19 data management tools that the project revised and on use of the new DHIS2 aggregate system.

After the MOH revised the COVID-19 vaccination integration plan in September 2023, and in anticipation of the MOH staff training on COVID-19 vaccination integration, the project provided technical support to the COVID-19 coordination body and EPI management to finalize training tools (e.g., presentations and technical sheets). In October, the project supported the training and provided the EPI technical support to train 26 trainers. In collaboration with the WHO and the Gates Foundation, the project then trained 138 provincial and health zone management team members in Haut-Katanga and Kasai-Oriental provinces to raise health care provider COVID-19 vaccination awareness. The project reinforced these topics through regular coaching.

15 UNICEF. CommCare. <https://www.unicef.org/appcatalogue/commcare#:~:text=CommCare%20is%20the%20only%20platform,builder%20designed%20for%20non%2Dprogrammers>.

Lessons Learned



Establishing relationships with NTPs and involving them in vaccination promotion increased understanding, acceptance, access, and uptake of COVID-19 vaccines.

- Engaging a wide range of NTPs, including media, health care groups, women's groups, religious organizations, and community leaders, allowed the project to reach diverse populations.
- Involving NTPs in the planning and implementation of vaccination activities fostered a sense of community ownership, increased the likelihood of success, and created pathways for sustainable engagement.



Rightsizing shipments of vaccines to the anticipated uptake and storage and logistical capacity of the health system helped prevent vaccine wastage.

- Developing distribution plans that prioritized areas with functional cold chain equipment and high demand optimized vaccine use and prevented expiration.
- Training health workers in vaccine storage, handling, delivery, and waste management was crucial for preventing wastage and ensuring effective vaccine distribution.



Tailoring vaccination messages to Christians and Muslims and training religious leaders on using these messages increased COVID-19 vaccine acceptance and uptake among followers.

- Addressing misinformation and increasing demand for vaccination among specific communities through religious leaders, was crucial to strengthen vaccine acceptance and trust.



Establishing infodemic management units at all levels helped reduce peoples' reluctance to vaccinate.

- Training community mobilizers and supervisors to collect COVID-19 rumor data on tools like KoboCollect helped identify, manage, and respond to misinformation effectively and efficiently.
- Engaging community members in the process of managing rumors and misinformation helped build trust and credibility, making it more likely that accurate information would be shared and believed.



Ensuring data systems are contextually appropriate helped managers target resources and was crucial for the efficiency, availability, completeness, and use of vaccination data.

- Providing internet airtime and routers to overcome limited internet connectivity and device availability supported timely data entry and reporting.
- Standardizing and simplifying data management tools improved the efficiency and accuracy of data entry and reporting.



Involving service providers at all levels, especially the health facility level, from the planning phase onward, was essential for the success and ownership of immunization data collection and reporting.

A Way Forward

During the emergency phase of the COVID-19 pandemic, the project worked with the government and partners to implement a coordinated strategy that increased uptake of COVID-19 vaccines and strengthened vaccination services. The project supported the government in their efforts to vaccinate large groups of people in an environment of mistrust and a fragile health system. As part of this, the project, working with local governments, engaged NTPs who continue to provide support for RI services, opening a new avenue for the government to reach underserved and priority populations. The project's contributions building health worker capacity, creating demand, supporting the supply chain, and strengthening data systems were all vital components to the government's vaccination efforts and will continue to have a lasting impact as the DRC

continues to strengthen its RI services. Due to the project's efforts, health workers can better track immunization coverage, identify gaps, and tailor interventions - continuing progress to equitable vaccination coverage. As the COVID-19 emergency phase ended, the project supported COVID-19 vaccination integration into RI services, ensuring sustainability after the project closed.

Readers can find more information about MOMENTUM Routine Immunization Transformation and Equity's work in DRC at <https://usaidmomentum.org/where-we-work/drc/>





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