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NATIONAL COVID VACCINATION PROGRAM – AN EXPERIENCE AS WHO EXTERNAL MONITOR FOR RURAL AND URBAN AREAS OF PERAMBALUR DISTRICT, TAMILNADU.

Community Medicine

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ABSTRACT

India's National COVID Vaccination Program has evolved through epidemiological evidence, WHO guidelines and global best practices. India's COVID-19 vaccination program has achieved the historical milestone of administering more than 180 crore doses so far. 90% of the adult population of the country has been covered with at least one dose and 62% of the adult population has been covered with both doses. The Surveillance Medical Officer – WHO of each State or UT appoints external monitors to various session sites for monitoring the session site. I have monitored the session site by the guidelines and checklist given by WHO under four categories includes programmatic monitoring, operational monitoring, Co-WIN and verification and communication. This was the wonderful opportunity to learn about the programmatic and operational process of National covid vaccination program in the ground level reality and could able to understand the challenges of health care workers and beneficiaries during this vaccination drive.

KEYWORDS

National Covid vaccination program, Immunization, Covid-19, external monitor.

India's National COVID Vaccination Program has evolved through epidemiological evidence, WHO guidelines and global best practices. Indian Government constituted a Task Force for Focused Research on Covid-19 Vaccine on April 2020. This task force encouraged domestic research on Drugs for Covid-19, Diagnostics and Vaccines(1). "National Expert Group on Vaccine Administration for Covid-19" (NEGVAC), constituted in Augaust 2020, which formulated a comprehensive action plan for vaccine administration,(2). In January 2021 Indian Government constituted the "Empowered Group on Vaccine Administration for COVID-19" to facilitate optimal utilization of technology to make COVID vaccination in the transparent, simple and scalable manner (3). On 16th January 2021, covid-19 National Vaccination program was launched in a phased manner, with the 1st phase targeting health care workers and front-line workers as beneficiaries. In the subsequent phases, the scope of the programme was extended to all adult population above 18 years of age. As of Feb, 2022 This vaccination program is being implemented in an effective and efficient manner throughout the country. Government of India as been proactive from the beginning, promoting indigenous vaccine manufacturing and execution of the programme in a manner so as to reach the farthest corner of the country. Because of effective implementation, India's COVID-19 vaccination program has achieved the historical milestone of administering more than 180 crore doses so far. 90% of the adult population of the country has been covered with at least one dose and 62% of the adult population has been covered with both doses. To increase the coverage of vaccination, participation of private hospitals was also enlisted where individuals could get vaccinated at a prescribed rate(4). To extend the vaccination benefits to children, the covid vaccination for 15-18 years age group was started from January 3, 2022, (5). The Co-WIN platform provides every citizen the facility of conveniently prebooking vaccination appointments. All government and private vaccination centers also provide onsite registration facilities, available both for individuals as well as groups of individuals, for which detailed procedures have been given by the Indian Government(6).

WHO field staffs participated in state and district task force meetings on current response, vaccination, and preparations for any possible future surges. WHO continues to provide technical support to MoHFW, NCDC, and ICMR at the national level and through task force at the state and district level.

The Surveillance Medical Officer – WHO of each State or UT appoints external monitors to various session sites for monitoring the session site. I have been nominated by SMO-WHO Puducherry, to monitor the session site in rural and urban areas of Perambalur District, Tamilnadu. I have been allotted for 2 days and two blocks per day.

On day 1, I have monitored Govt. PHCs which includes Adaikampatti, Chettikulam, Adhanur, Ladapuram, Velur and Dhanalakshmi Srinivasan Medical College Hospital and Lakshmi Nursing Home. On day 2, I have monitored Govt. PHCs Neikuppai, Kaikalathur, V.kalathur, Perumathur, Poolambadi, Pasumbalur.

I have monitored the session site by the guidelines and checklist given by WHO under four categories includes programmatic monitoring which includes structural provisions, in context to implementation of the programme, operational monitoring consists of monitoring of the implementation and execution of programme guidelines, Co-WIN and verification which includes monitoring of the software component, including its implementation and possible challenges, and communication which includes monitoring of the process of communication for the successful implementation of the programme.

Subcategories includes basic needs in the session site, Human resources and training of human resources, Duelist and verification of beneficiaries, Co-WIN online portal, vaccine logistics and activity, logistics for injection waste, availability of AEFI kit including adrenaline, supervision of beneficiaries and finally interviewing the beneficiaries.

Programmatic monitoring:
Under the basic needs, as per guidelines, a separate entry and exit and three designated rooms for waiting, vaccination, and observation should be there in each session site. Because there should not be any confusion between vaccinated beneficiaries and the beneficiaries going to get vaccine. Here, we have seen that out of 13 sites, 9 sites were having three designated rooms but none of the session sites had separate entry and exit. Sites which were having the observation room, all the sites had bed facilities. All the session sites were having ramp facilities. So, elder persons and specially needed people can easily access the session site.

In Vaccine logistics, we have seen that the session site supervisors are delivering the vaccines to the session site and vaccines and auto disposable syringes were delivered based on the number of listed beneficiaries * 1.1 formula. As per the guidelines, all the session sites should have a hub cutter for cutting the needles and the hub from the syringes to prevent reuse and infection and prevent needle stick injuries. We have observed, all the session sites were having hub cutter.

Operational monitoring:
In the view of human resources as per the guidelines we have to check, how many vaccination officers and vaccinator officers are in the session site and whether they are the same persons as in the micro plan. Here, all the session sites had 1 vaccinator officer and 2 vaccination officers and all of them were same persons as in the micro plan and all of them received training on COVID-19 for their specific roles and responsibilities including safe injection practices like Syringe needle remains untouched during drawing/administering vaccine, no recapping, not applying thumb/finer at post-injection site, hub of used syringes being cut using hub cutter immediately after use.

And all the vaccinator and vaccination officers were providing key messages to the beneficiaries that Which Covid-19 vaccine has been administered to them. And they also providing health education about whom to contact (nearest ANM/ASHA/MO) on developing any adverse events following vaccination, date and time of second dose,

Covid-19 appropriate safety measures even after vaccination. As per the WHO guidelines, vaccinator officer should aware about Adverse event following immunization and should be trained for adrenaline administration but 3 vaccinator officers does't aware about AEFI, and didn't know the dosage of adrenaline for that we have provided health education about AEFI and adrenaline administration.

Regarding vaccine activities, as per the WHO guidelines, vaccine vials should be marked with date and time and vaccine vials should not be kept on ice pack for the maintenance of optimal temperature of 2-8 degree Celsius and opened vials also should be used in 4 hours, have to fill the vaccine in auto disposable syringes, after beneficiaries reaching the vaccination area and here, we have noticed that vaccinator officers are marking the date and time, when they are opening the vial. And, all the vaccinator officers were aware that the vials should not be kept on ice pack, and they are using the opened vials in 4 hours. And, they are filling the vaccine in auto disposable syringes, after beneficiaries reaching the vaccination area.

As per the WHO guidelines, each session site should follow the logistics of waste disposal by waste disposable bag or container which include blue puncture proof container, red bag, yellow bag, and bag for municipal waste and have to segregate the waste as per CPCB guidelines, to prevent infections to health care workers and general public. But 2 session sites didn't follow the logistics and CPCB guidelines for waste segregation, and they explained that they didn't get proper support from higher centres for these issues.

Most of the session sites were having AEFI kit with adrenaline for anaphylactic reaction but in 2 session sites, they didn't have adrenaline in the AEFI kit and advised them to get adrenaline in a proactive manner and also briefed them about importance of adrenaline as it is a emergency lifesaving drug.

As per the guidelines, beneficiaries are advised to wait for 30mins after vaccination for observation in all session sites.

Co-WIN and verification:

All the session sites were having Co-WIN application facility with proper internet facility. In case of crowd on the session site, vaccination is recorded manually in the register at the session site for the whole day and then at the end of the session, they are uploading the details in the Co-WIN app. All the vaccination officers were also aware of AEFI reporting in the Co-WIN application As per the guidelines, Registered beneficiary duelist should be available at 3 areas which include entry gate, verification area, vaccination area, and this due list should be cross verified with beneficiaries at the entry gate and verification area. I have noticed that this due list was only available in verification area and it was being cross verified with beneficiaries in all the session sites. Due list was not available in entry gate and vaccination area in all the sites.

Covishield vaccine available in all the Govt session sites, and in private sessions they were having covaxin and covishield, and in private session sites they were maintaining 2 registers separately for both the vaccines.

Communication:

As per the guidelines, all the session sites should display the IEC materials for public awareness. But only 5 session sites were displayed the IEC materials. We have advised to display the IEC materials in rest of the session sites.

We have interviewed some beneficiaries in the session sites, They have told that Most of the session sites are away from people living area. So, this itself very difficult for the beneficiaries to reach the site. And, still people are having fear about vaccination, especially people with co morbidities are having more fear. We have given health education regarding importance of vaccination and other Non-pharmacological measures to be followed during Covid-19 pandemic.

General suggestions given by us as external monitors:

Make sure to plan for separate entry and exit for the beneficiaries to avoid confusion. Make sure to keep beneficiary due list and verification at 3 areas (Entry gate, verification, vaccination). Sensitize ASHAs, ANMs to visit beneficiaries home after vaccination (Day 1 atleast). Sometimes vaccine vials are getting waste, because of lack of beneficiaries in a single day (5-6 Beneficiaries are coming, remaining doses are getting wasted), so we can make a plan by put a schedule depends upon the registration. Take separate list for the people with co-morbidities in a PHC field practicing area. Regarding the Bio Medical waste management, Block PHCs should make sure about the proper collection and disposal in a particular periodic interval. Regarding adrenaline administration and dosage, AEFI we need to concentrate more on sensitization of vaccinator and vaccination officers. Increase IEC activities in the community. Involve Community leaders, famous persons in the village, Fanclub members to create awareness about safe vaccination. Conduct camps at the field level. Increase manpower (vaccination and vaccinator officers)for the vaccination purpose, Because due to lack of manpower incase of crowding, they are uploading the details in Co-WIN app at the end of session, otherwise they will upload at the time of registration itself. Government -Private partnership (Especially for Medical colleges)

As a post graduate student in Community Medicine department, this was the wonderful opportunity to learn about the programmatic and operational process of National covid vaccination program in the ground level reality and could able to understand the challenges of health care workers and beneficiaries during this vaccination drive. In feature this monitoring duty will be very helpful to me as a public health physician to know how to tackle these kind of challenges and difficulties, how to implement a program in a effective way, and how to reach the un reached !!

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