

Campaign Plan of Action for JE, TCV, MenA, YF Campaigns

A Plan of Action (PoA) is mandatory for JE, TCV, Men A and YF campaigns. For vaccines which will be delivered through campaigns and also introduced into the routine immunisation schedule (e.g. MenA, JE, TCV), a New Vaccine Introduction Plan (NVIP) is also mandatory. When applying for both a campaign and routine introduction at the same time, the **PoA and NVIP can be combined into one document to minimise duplication.**

The launch of a new vaccine can mobilise communities to increase demand for immunisation services. Campaigns, while not the primary means for strengthening systems, also provide unique opportunities to strengthen routine immunisation services.

It is important that countries should include the following information when developing the PoA. Please also see "[Application guidelines](#)" for any additional vaccine-specific requirements.

General considerations

1. **Context:** a situation analysis of the routine immunisation programme, **Objectives, targets and, justification for the campaign**, using either local or regional disease burden data. Countries are required to provide adequate data on incidence or burden of disease(s), based either on reported cases or appropriate estimate of the burden of disease (if necessary, also referencing regional literature and surveillance data). It is essential for the plan to include available data on barriers to access including socioeconomic status, geography, including an analysis of gender-related barriers, that could limit coverage or quality of the campaign and interventions on how to address those. For multi-year campaigns, the application must specify timing of campaigns and vaccine requirements per year.
2. **Linkages with other interventions:**
 - a. The country is asked to list any other vaccine introductions or campaigns planned for the year and explain how the timing and organisation of the proposed campaigns will take these other activities into account.
 - b. Identify where joint planning of activities can benefit the impact of the introductions
 - c. To strengthen linkages between Gavi-supported campaigns and other support and plans related to immunisation, such as linking routine immunisation and catch-up campaigns, countries currently receiving Gavi funding for HSS and any other support should detail how these will be used to complement the campaign funding to strengthen routine immunisation activities and improve campaign quality, where possible.
 - d. Countries should also describe any other health, nutrition or hygiene interventions to be integrated with and/or delivered together during the campaign.
3. **Costing and financing:** It is necessary for countries to provide a budget using the VIG/Operational cost for campaigns template reflecting the campaign costs and financing sources. The budget must show how routine immunisation strengthening activities integrated into the campaign are to be funded, e.g. extra day of training on injection safety practices.
4. **Lessons learned:** The plan should identify the primary lessons from previous campaigns and indicate how they are being addressed in planning the current campaign. It is essential to

provide information on vaccine coverage reached in the most recent three campaigns of any vaccine and relevant information such as target group, national or subnational.

5. **Partner support:** Identification of partners (local and international) and their potential roles including technical assistance (epidemiologist, logistician, external monitors, laboratory support, etc.) and social mobilisation.

Planning and implementation

Countries must provide an outline for all preparatory activities:

1. **Campaign planning and task forces:** The task forces (also called “commissions” or “sub-committees”) to be created for the campaign planning should be listed. The establishment and work of task forces are recommended to be included in the detailed campaign timeline. Typical task forces include:
 - a. **Communications task force:** This task force typically develops a communications plan and timeline for implementation, develops key messages and materials, prepares briefing documents, etc. This task force should work with the technical task force to support micro-planning and develop logistics tools and forms. This task force will also document lessons learned in coordination with technical task force after implementation of the campaign.
 - b. **Technical task force:** This task force typically develops the operation plan and guidelines for the campaign, prepares a macro-budget, coordinates micro-planning (develops a template; holds trainings, meetings, reviews; synthesises into a national revised budget), develops training guides, recording and reporting tools, and forms for the campaign (coordinating with communications and logistics task forces), develops materials for training and coordinates training of vaccination teams and supervisors, etc.
 - c. **Post-campaign steering committee:** This committee, typically formed from members of the technical task force, the implementing partner for the survey, and other interested partners, will oversee the development of the campaign coverage survey, monitor its implementation, review the results, and interpret the findings.
 - d. **Logistics task force:** Logistics planning is best ensured through establishment of a logistics task force well in advance of the campaign. The logistics task force should be charged with developing a detailed supply chain management plan that includes storage and distribution plan for vaccines and devices to ensure adequate cold chain, transportation and logistics capacity and oversight at all levels. This task force should work with the technical task force to support micro-planning and develop logistics tools and forms. This task force will also develop and implement waste management plan.
 - e. **Advocacy and Inter-sectorial coordination:** This task force advocates with other partners, decision makers, etc. for support to the campaign, describes how other sectors of the government may be involved in campaign planning and implementation. Education ministries, for example, might play a key role in campaigns that include school-age children.
2. **Supply Chain and cold chain:** The plan should describe current cold chain capacity (at central and local levels), needs for the campaign, and a clear strategy for management of surge capacity of the supply chain and cold chain systems. Funding needs should be

estimated to temporarily increase storage, distribution and transportation capacity for the campaign. This description should include not just vaccines but also immunisation supplies (e.g. injection equipment).

3. **Strategies**, including descriptions of vaccination strategies to be used to ensure the campaign is of high quality and reaches high coverage, such as vaccination sites (e.g. healthcare facilities, temporary fixed sites, outreach, mobile teams, and school-based immunisation), and vaccination teams (e.g. types of teams, their composition and average number to be vaccinated per day). Plans should give broad strategies for reaching the hard to reach, previously unreached or insecure areas. If vaccinating older age groups, plans should consider school based vaccination and what is needed to ensure that this will happen. The plans must include approaches to equitably immunise all socio-economic groups, geographic areas, and all gender identities.
 - a. **Addressing gender barriers that hinder campaign effectiveness:** Discuss the barriers that caregivers (father, mothers, guardians) and adolescents will face in participating in the campaign and the strategies on how these can be addressed. For example, these can include limited ability to travel (due to finances, distance, cultural barriers, safety), lack of decision making power to take child for vaccine, limited access to information about the campaign. Health workers/vaccinators experience barriers such as violence and fear of violence, difficulty in balancing work and home responsibilities, intimidation in the workplace or community, and/or poor or delayed payment for services.
4. **Vaccination cards and recording / reporting tools distribution** for monitoring and where possible the cards should integrate different vaccines if the target age group is the same.
5. **Communications and social mobilisation:** This section should focus on strategies to inform parents and local leaders (women and men) about the campaign, its importance, and the need to vaccinate > 9 months in catch-up campaigns and all in the target group for routine EPI. Social mobilisation strategies should be reflected in other aspects of the plan as appropriate (e.g. under "Strategies" above), including engaging CSOs, particularly in difficult to reach communities. This section should include a clear indication of how crisis communication will occur, such as in the case of an AEFI.
 - Gavi encourages countries to identify synergies and build linkages between its cash support on social mobilization / IEC activities of various antigen grants and with Country overall comprehensive and integrated social mobilization strategies or plans for routine immunisation. Countries will need to demonstrate in their applications that they have identified and are prepared to leverage synergies between cash support provided for IEC activities by Gavi and other development partners, to ensure that this grant will contribute in building community demand to immunisation
6. **Strengthening routine immunisation through the campaign:** Specific priority activities to strengthen routine immunisation, pre, intra and/or post campaign must be described and reflected in the timeline and budget, and how these will be monitored and evaluated.
7. **Waste management:** Countries must have a detailed waste management plan as appropriate for their campaign immunisation activities. This should include details on sufficient availability of waste management supplies (including safety boxes), safe handling equipment, storage,

transportation and disposal of immunisation waste, as part of a healthcare waste management strategy.

8. **Adverse event reporting and management:** The plan should reflect the approach for establishing or strengthening management and reporting of serious and non-serious adverse events following immunisation (AEFI). Plans should include how potential AEFIs will be detected and investigated, what committees will be established to determine causality, and how communications will be handled.

Approach to monitoring and evaluation

Countries must describe their approach to monitoring and evaluation (M&E) including proposed indicators for:

- Pre-campaign, e.g. using campaign readiness assessment tool; collecting baseline data.
- Intra-campaign, e.g. recording, transmission, and timely reporting of data on doses administered and all other interventions given during the campaign, supervision, monitoring to detect pockets of unvaccinated children using standard WHO tools.
- Post-campaign, e.g. must include in the budget a technically and statistically sound post-campaign coverage survey with probability based sampling. For countries with multiple campaign phases, there must be description of plans to conduct an evaluation that includes a vaccination coverage survey within three months after the completion of each phase to allow for subsequent campaign corrections.

Countries should also describe disease surveillance and how it will be strengthened or expanded after the campaign. If not already in place, plans for doing so should be included. Countries are also strongly encouraged to include the following information on M&E:

- implementation of the routine immunisation strengthening activities done pre, intra and/or post campaign;
- impact on scheduled routine immunisation and primary health care services; and
- methods to establish whether previously unreached children were reached through the campaign.