

Project Completion Report - COVID-19 Vaccine Delivery Support Grant Funding

Lead organisation	Burnet Institute
Sub grantee partners	
Project title	West Sepik COVID-19 Advocacy Project
Contract value	PGK 2,195,100
Project Term	January – December 2022
Reporting period	January – December 2022
Budget for the reporting period	PGK 2,195,100
Provinces covered	West Sepik
Districts covered	Vanimo Green, Lumi and Nuku Districts
Description	The project was designed to support the West Sepik Provincial Health Authority to decrease COVID-19 vaccine hesitancy through community engagement, education and advocacy.

Section 1: Executive Summary

The project was designed to be implemented over a 12-month period with activities planned for all four districts of West Sepik. Working in partnership with the WSPHA, Burnet was responsible to reduce fear, stigma and discrimination around the COVID-19 vaccine amongst health care workers, community leaders and the community. At the same time the WSPHA with support from PATH, WHO and UNICEF would provide health care worker training, logistics and supplies.

Unfortunately, due to issues beyond our control including the contract with PATH not being signed until March, recruitment of staff not completed until April, safety and travel restrictions as a result of violence and civil unrest associated with national election preventing implementation and delays with customs clearances, the project was only able to start community engagement activities in August. Frequent requests were made to PATH from ourselves and the WSPHA to have the projected extended so that a full 12 months of activities could be completed, however we have had no response regarding those requests.

In the final 4 months of the project the team working closely with WSPHA began to make some significant progress. Community engagement and awareness were successfully conducted in 3 districts (Vanimo Green, Lumi and Nuku), in nine (9) LLGs (Amanab, Bewani/Wutung, Walsa, Vanimo Urban, East Wape, West Wape, Palai and Nuku Central LLGs). Fifty (50) wards in these LLGs are under the seven (7) Health Centre catchments of (Dapu CHP, Baro, Maka, Amanab, Emonda, Nuku district and the Lumi HC catchments.

Project IEC materials finally arrived in November after being held up in PNG customs for several months. A total of 52 packages arrived these included 200 COVID-19 t-shirts and caps, 200 bags, x50 Vaccine Champion Flip Charts, x50 COVID-19 Awareness Flip Charts, x50 COVID-19 Vaccine Flip charts, x 100 COVID-19 information booklet and X 100 COVID-19 Vaccine information booklets. Distribution of these materials began as planned during the November community outreach work. It is hoped that many of these IEC materials can continue to be used to support community awareness activities post the project.

Despite the many challenges, the project was making good progress by the end of 2022 and was working well with the WSPHA, local health facilities and communities. During the final field work trips to remote communities in Lumi and Nuku Districts the Burnet team was accompanied by staff from the WSPHA, this allowed training with health care workers (conducted by WSPHA) to be followed up by community training and awareness conducted by Burnet. However, availability and access to the COVID-19 vaccines remained a challenge, with demand often created but with no-where for people to get the vaccine due to supply issues.

Section 2: Results and implementation progress

In the first six months of the project the following was achieved:

- **Recruitment and induction of local project team.** 6 local staff were recruited to support the implementation of the project in West Sepik. Positions include: Local Team Leader, 2 Project Officers, Finance/Administration Officer, Security Officer and Driver. This team will be supported by the finance and HR team in Kokopo along with technical and project management support.
- **Office set up and implementation logistics.** Staff members were provided with laptops and other necessary IT equipment. IT support was provided by the Burnet team in Kokopo. Internet connectivity issues were address with the installation of new lines. Furniture was purchased and the team’s workspace inside the PHA was set up.
- **Staff Training** – a 5-day induction was facilitated by members of the Burnet HR team, with support from Program management and technical specialists. The training also included child safety and inclusion training. In addition, a 3-day intensive COVID-19 training was conducted with the project team to ensure all members of the team have the skills and knowledge to conduct effective community COVID training and are familiar with the IEC materials and resources.
- **Development of a detailed 6-month implementation plan**, which has been shared with the WSPHA and other local stakeholders and implementing partners.
- **West Sepik Provincial Coordination meetings** – The team attended 4 provincial partners meeting and a PEOC meetings - achievements resulted from these meetings were selection and approval of the 9 sites in the four districts of West Sepik (Vanimo-Green, Lumi- Aitape, Telefomin and Nuku).
- **Partner Collaboration** -Two meetings held with Catholic Health Services manager (Amanda) following request for Burnet to assist in training for community leaders and VHVs as they do not have the capacity to do community trainings.
- **Health facilities meeting-** Visited **three (x3)** health facilities (Maka clinic, Dapu clinic & Baro CHP) in Vanimo/Green Urban LLGs. The project team met with health staff and sensitized plans in preparation for community trainings in August. Baro CHP has confirmed its support to identify participants to train. Discussions were held with CCHS on how best we can work together.
- **Development of COVID-19 IECs materials** – A toolkit of IEC resources was specifically designed and printed to support community engagement and education on COVID-19 and promote vaccine demand. Materials included t-shirts, caps, bags, flip charts, posters and information booklets.
- **Health care worker training** – A 5-day training for 77 HCWs on COVID-19 was facilitated by WSPHA. Burnet staff also attended the training and provided funding to support the activity.



The project team with COVID-19 IEC materials.

In the final 6 months:

- **Coordination Meetings:** Meetings were regularly held with WSPHA, District Health Coordinators, Health Facilities and NGO partners (CCHS, UNICEF, PATH WVPNG and Burnet) to ensure all COVID-19 related activities were well planned and coordinated.
- **Community Entry Socialization Meetings:** These meeting were conducted in each village before any awareness or advocacy activities. Project staff met with community leaders to gain their support for the training initiatives and to recruit local champions,
- **COVID-19 Vaccination** – Working with WSPHA team we were able to ensure COVID-19 Vaccine were immediately available for any community member who decided to be vaccinated following community awareness activities.
- **Village Health Volunteer Training-** a total of seven sets of VHV trainings conducted in the four months from September to December in the three districts of West Sepik Province.
- **Community Leaders and Church leaders Training-** A total of seven sets of trainings were also conducted for community leaders and Church or LLG members in seven project sites.
- **Community Awareness plans-** at the end of each trainings trained community leaders and village health volunteers developed community awareness plan on COVID-19 for them to carry out awareness in the community their communities.
- **Project IEC materials were received in the month of October.** Project IECs packages finally arrived after required charges were settled with the customs in PNG. A total of 52 packages arrived these included 200 COVID-19 t-shirts and caps, 200 bags, x50 Vaccine Champion Flip Charts, x50 COVID-19 Awareness Flip Charts, x50 COVID-19 Vaccine Flip charts, x 100 COVID-19 information booklet and X 100 COVID-19 Vaccine information booklets. All of these IEC materials have been distributed to health care workers, community leaders and community members. It is hoped that many of these IEC materials can continue to be used to support community awareness activities post the project.
- **Two mentoring trips** were made to the project office in Vanimo this year. One visit by Lisa Davidson from the Melbourne office in May 2022. Lisa Davidson is the programs coordinator for Burnet managed programs. The purpose of her visit was to train project staff on the use of IECs materials and facilitation skills. Another visit was by Dr Chani from the POM office in December 2022. His visit was also to meet with WSPHA divisional heads and supervisory visit to project team. Dr Chani is the in-country programs director.

Results Achieved from Planned Activities for the year describe in section 1 & 2

Activity	Adults		Children		PLWD ¹		Total
	M	F	M	F	M	F	
<p>1. A) Number of Project partners participated during partnership meetings this year- participants head count.</p> <p>-A total of twenty eight (x28) formal meetings held/attended in this year</p> <p>-x9 Provincial Partners meetings.</p> <p>-x2 PEOC Meeting attended this year.</p> <p>-x3 District Meetings</p> <p>-x12 Health Centre Meetings this year</p> <p>- x2 meetings held with LLG Managers & Wutung One LLG & Nuku central LLG</p>	58	57					115
<p>2. (4) Number of people reached during community entry meetings & Project Socialization and awareness on Covid-19 vaccination this year (head counts) in the 50 wards covered excluding other figures in this table.</p>	1714	1584	291	300	1		3889- These are figures of community members that received covid-19 vaccination awareness from August to December 2022.
<p>3. (5) Number of Community Members Vaccinated during community socialization and awareness activities - <i>this figure does not include participants vaccinated data</i></p>	31	7					<p>38 – Note: Jansen & Jansen 1st dose is 28 male received 1st single dose (booster x 2 female). Some health workers received vaccines during our awareness sessions</p> <p>-A&Z second dose x2 male, booster x2 female & x2 male & 1 female. 1st dose x1 male.</p>
<p>4. (6.1) Number of community leaders Trained</p>	93	48					141- six (x6) CHWs participated in our leaders training).

5. (6.2) Number of Villages health Volunteers trained	76	32					108
6. (6.3) Number of trained CL & VHV's Participants Vaccinated as Vaccine Champions	67	17					84- Jansen & Jansen vaccines 1 st single does is 23, booster doses 9 (x2 f/male2). A&Z is 2 first dose 2 (x1 m/female x1) & x50 doses were single 1 st dose of J&J
7. ICE -Burnets materials Distributed- Number BI Flip Charts and Booklets	<p>100 COVID-19 t-shirts and caps were distributed at community awareness events in Vanimo Green, Nuku and Lumi Districts.</p> <p>84 Vaccine Champion Flip charts were distributed to 84 trained vaccine champions (volunteers)</p> <p>COVID-19 Flips charts were provided to health care workers - 6 health for the health facilities (Lumi, Baro, Dapu, Amanab, Emonda and Maka)</p> <p>100 information booklets were provided to community leaders</p> <p>Any remaining IEC materials will be handed over to the WSPHA.</p>						
8. (6.4) Number of awareness plans developed by Participants this quarter	25 Plans were developed by vaccine champions and community leaders.					25 work plans developed. The project team plan to follow up with vaccine champions in January and report on the progress	
9. (8) Follow-Up Activity – Number of VHV's Visited in the follow-up		3					3 - Vaccine champions were visited during quarter 4 report. Plans were set to revisit them during follow up and issue them with IEC materials to use in household or community awareness.
Number of Health Workers Supported with Stationeries	38	42					This training was facilitated by WSPHA staff with Burnet project providing some funding, logistical support and training materials.

Section 3: Monitoring and Evaluation

Simple M&E tools were developed to allow the team to quickly and easily track key information about participants in the remote field setting. Field staff were able to track key information around gender, community role and vaccine status with participants for reporting purposes. This was determined to be the key information needed to measure success of the project based on implementation activities. Additional M&E would have been conducted during the follow-up stage of the project which will now not happen unless an extension is provided by the funder. Project follow-up M&E tools were developed and trialed during the final months of 2022. Unfortunately, because of project delays outlined above, the team was still focused on primary implementation during this time and did not have the opportunity to implement meaningful follow-up with the individuals and locations involved in the initial wave of community outreach.

Section 4: Budget and Expenditure

There was a significant project underspend by the close of December 2022. This was in large part due to the circumstances beyond our control outlined above and the delays in implementation associated with those circumstances. For example, there were savings on all staff lines due to delays in recruitment caused by the remote nature of West Sepik and challenges associated with recruiting and retaining competent staff in those conditions. There were also cost savings in all implementation lines from the months where implementation had been budgeted but not possible because of election delays etc. The extension that was requested could have fit all of the remaining activities into the savings from the first tranche payment as demonstrated in our proposed extension budget to the funder.

With the funds that were expended, we were on budget and efficient in our use of the funds provided. For example, one area which was fully completed, the IEC materials, were developed, translated, printed and shipped all within the planned budget. A full independent audit will be conducted as described in the contract following conclusion of the project.

Section 5: Risk assessment

Risk matrix is attached to the email providing this report.

Several of the identified risks were encountered during implementation of the project. In particular issues associated with the remote nature of West Sepik and the limited infrastructure played a role in several delays. Included under this umbrella were delays in recruitment where the Burnet HR team had to find creative ways to reach potential candidates in an area with limited communication infrastructure and access to the internet for locating and applying for the positions. Also under this umbrella were difficulties in contacting potential vendors in the more remote districts in terms of locations, catering, staff housing etc. Staff were also required to be out in the field for extended periods of time to try and cover multiple catchment areas in a single trip because of the difficulties in travelling even shorter distances due to poor travel infrastructure, limited transport vendors available to provide appropriate vehicles and the high costs of such services.

The election-related risks also came to pass. Staff were office-bound at the request of WSPHA for a period of months until the election was fully concluded for their own safety. This was an essential decision as some of the candidates used anti-COVID vaccine rhetoric in their platform that could have put staff safety at risk.

COVID-19 itself played a much lower risk in the implementation of the project than outlined in our original matrix. There were no community delays caused by outbreaks and no substantial delays caused by staff outbreaks or quarantine requirements.

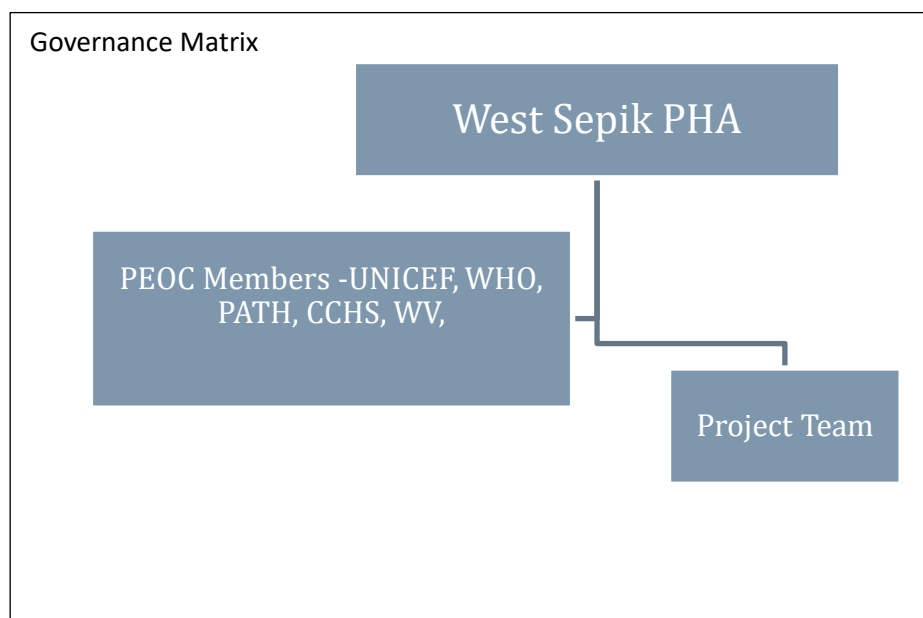
In terms of unexpected risks faced, staff were faced with a significant vaccine shortage on the ground which meant that community members who would have liked to have gotten vaccinated were not able to do so during the community awareness events because of a shortage of vaccine on site. Even where vaccine was available, there were instances of it having expired meaning that program implementation was not as directly effective in terms of resulting in actual vaccinations as it could have been.

We lost a couple of staff members due to family issues (i.e. one project officer left the project to have a baby) and because of the election delays (our driver departed to drive for the election circuit because the staff were office-bound). Project plans were reworked following these departures to make sure that the work required could be covered by other individuals because of the length of time that would have been required to refill these positions.

We also faced an unexpected risk in terms of the contract itself. We were contacted by the funder in November of 2022 and asked to provide 6-month and 3-month project plans and budgets for a likely extension which would help the team make up for time lost to the elections. Despite having provided that information and being able to complete the needed tasks with a no-cost extension, there was no response from the funder before the project close. Burnet was then put in a position where we had to extend staff contracts without that confirmation from the funder to ensure that we would have staff in place should a contract extension be provided given the difficulties and time required to recruit in remote West Sepik. Staff were extended for a full month without reply from the funder and plans are in place to wrap up the project which is incomplete because of a lack of response.

Section 6: Project Governance and relationships

This was a 12-month project and it was not designed to be sustainable, it therefore did not have a complex governance matrix. The project was designed to support the WSPHA to improve the uptake of the COVID-19 vaccine initiatives, through addressing community vaccine hesitancy. The project was part of an over riding local PEOC. This committee provided coordinated planning, guidance and governance.



Section 8: Project impact stories

There is evidence of positive changes to people’s behavior in accepting vaccination when they come to understand the facts about the COVID-19 infection. Community leaders and village health volunteers trained in the seven catchments sites are now able to understand how the vaccine works to help

prevent the virus, as a result they were able to receive the vaccines themselves and became vaccine champions in their communities.

Some statements made by these leaders during training that we took note of and are highlighted in this section of the report.

- Provincial Health Authority had sent in technical staff with Burnet team to provide support to the team for the first time at all costs were met by the WSPHA. The presence of this staff made communities realize that Vaccines are being approved by the Health System and will be integrated with the routine vaccination.
- Effective coordination with District Health Managers and Health Workers enables team to go into the communities to give public awareness on Covid-19 and its Vaccination
- Community Entry Socialization activity- During the community awareness session some community leaders said, “we appreciate you coming straight into the community and conducting awareness where we are now able to understand, and we will send in our representative to the training”. Almost 17 wards visited asked the team to go back and vaccinate when they are ready.
- Participants express that we are privileged to be in this training. Like councillor Alan of Nuku said “I was totally ignorant and was against the vaccination to come to my ward at first, but the information I received in this training has changed my mind, I am in support of it and will take the vaccine when it comes to my community, Thank you Burnet and WSPHA for this training”.
- During the follow-up Visit, one participant (Winnie Saronduo) said “I am happy that I attended the Covid-19 training and I have already started giving awareness talk to my family, she added by saying “my husband is old, so I am referring him for vaccination”. Another Participant Leahlah Addie said” I have spoken to my husband, and he agreed to get vaccine”. Addie Leilah’s husband, later received the vaccine,
- Participants Vaccination figures have increased this quarter for the two districts health centre catchments bringing our vaccinated participants to 84 vaccinated in total. The approach taken to disseminate covid-19 vaccination was well structured where messages given out clearly on how vaccines work, and community at large were able to ask questions about the myths and rumours they learnt from social media. For example, a ward councillor (David from East ape) said” I am privileged that I received a letter from Burnet about the awareness in my community, I am moved by the covid awareness so I will attend the training for leaders and get vaccinated so that other participants can see me and follow” David became the first vaccine champion for Lumi participant to receive his Jansen & Jansen Vaccine.
- The local health workers presence made a difference to people’s changes of mindset with Covid-19 vaccinations- People believe in health workers so in Nuku health centre, during our activities local health workers came forward and received vaccines during the public vaccination campaign. This approach influenced other family members of health workers received vaccines. Like the wife of the District Health Manager said “My husband is a health worker, but I was not convinced by him so remained ignorant, but thanks to WSPHA for Terence Ruben, his awareness convinced me and I will take the vaccine” she received her dose of Jansen & Jansen.
- In the Vanimu /Green district training, Eileen Ove (Village Health Volunteer) was the first female vaccine champion, as a village health volunteer, she knew vaccines protect people from sickness but was reluctant due to the myths and rumours she heard from people and from the social media. She attended two days training on covid vaccination given by Burnet Institute team and later took the vaccine. When asked about her view on the training, she said “ I was reluctant at first but attending this training had changed my mind set and I received the vaccine now” she added by saying “this training also help my understanding on the covid-19 infection and I feel I have gained better knowledge and will continue to do awareness for people in my community to protect themselves by getting the vaccine”.

- The VHVs and Leaders trained in this programme are now confident and can talk openly about covid -19 vaccination in their household. With information received during the covid-19 training session on VHVs roles and responsibilities, they can now do covid-19 vaccination awareness and refer clients willing to take vaccination. Example Winnie Saronduo a trained community leader referred three clients for vaccination to the WSPHA mobile vaccine team.
- Unintendedly on a community entry socialization and awareness activities in Baro Catchments site in Vanimo Green district – Wutung primary school head teacher invited Burnet to give covid-19 messages to his grade six students which we gave messages on Covid-19 and vaccinations. Number of students listened to our talk were forty-two (20 m/22 f) figures added to head counts figures.

COVID-19 Training for health care workers

