



REPUBLICA DE CABO VERDE

MINISTÉRIO DAS FINANÇAS

Terms of Reference

Cabo Verde: COVID-19 Emergency Response Project Third Party Monitoring (TPM) agency of COVID-19 Vaccination and Deployment

Background and Justification

1. The Government of Cabo Verde has received from the International Development Association – IDA/World Bank a credit to fund the Cabo Verde COVID-19 Preparedness and Response Project.
2. The first cases of COVID-19 in Cabo Verde were detected in mid-March 2020 in an European tourists visiting Boa Vista Island. By the end of March 2020, local transmission was reported which triggered a series of local and national measures aimed at preventing virus propagation (culminating in a 20-day national emergency on March 28, 2020). Cabo Verde, as an archipelagic country with great mobility of national and foreign travelers, through the four international airports, quickly started to operationalize all the recommendations issued by WHO and, at the same time, it follows the evolution of scientific knowledge that has been made available through the research publications on this disease.
3. As of June 9, 2021, Cabo Verde had 31,339 confirmed cases and 270 COVID-19 related deaths. Cases began to significantly increase in late March 2021, which led to Cabo Verde being among the African countries with the highest positivity rate. However, during May/June Cabo Verde is following a downward trend on the notification of new cases. Authorities have processed 738 new cases on the week of May 31st to June 5th, while in the first week of May, the total confirmed cases were 2,073. Cases started decreasing by mid-May and on the May 24th the Ministry of Health reported 77 new cases, the lowest recorded since April 5th when only 68 new cases were notified. Positivity rate is now 12 percent, still above the indicated four percent. The Government extended the State of Calamity until the end of July 2021, including the island of Brava. The country has been included in the United Kingdom (UK) Red List, which has a large impact on Cabo Verde's tourism due to the UK being the largest tourist source for the country. A personal travelling from Cabo Verde to the UK would face 10 days quarantine in a specialized hotel paying 175 pounds a day.
4. To prevent and combat the epidemic, the Government of Cabo Verde developed a National Contingency Plan for COVID-19 in January 2020 which has been implemented by the National Health Directorate of the Ministry of Health with contributions from important Ministry teams. The plan aims to expand and strengthen all aspects of prevention, preparedness and response to coronavirus disease. To implement the Plan, the Government requested support from the World Bank to guarantee the necessary inputs for an adequate response within the scope of the Cabo Verde COVID-19 Preparedness and Response Project. The original project was prepared under the World Bank's global response framework for COVID-19, funded by the World Bank's Fast Track Facility

(FTF) mechanism for COVID-19, which was approved on April 2, 2020 and became effective on April 9, 2020.

5. A Pandemic Emergency Facility (PEF) grant of US\$0.94 million was also provided and declared effective on October 7, 2020. By early December 2020, the Project had fully disbursed the IDA credits of the parent project and by the end of January 2021, the PEF grant was fully disbursed. The financing from these two sources enabled immediate support to purchase supplies and equipment to respond to the COVID-19 pandemic. The Government requested additional financing on September 7, 2020 to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Cabo Verde through enhanced vaccination system strengthening. An IDA credit of US\$5 million was approved on February 11, 2021 and became effective as of February 16, 2021. The financing from this source enabled immediate support to purchase additional supplies and equipment to respond to the COVID-19 pandemic, particularly for COVID-19 vaccine preparedness and deployment under the National COVID-19 Vaccination Plan (NCVP).
6. COVID-19 vaccinations began on March 19th, 2021 prioritizing people over 60 years of age and essential workers. The Government expects to vaccinate 70% of population by the end of 2021. As of June 9, 2021, a total of 36,266 people have received at least one dose of the COVID-19 Vaccine (6.45% of the population). Approximately 63.83 percent of the vaccinated are people over 60 years of age (23,151). The health services have also vaccinated 3,023 people with chronic diseases, representing 12.33 percent of this priority group. There are 4,224 health professionals vaccinated with a first dose of the Pfizer vaccine, which represents 99 percent of the healthcare workforce (2,620 have already received the second dose of the Pfizer vaccine). In addition, 1,060 members of the National Police, 503 members of the Armed Forces and 530 Teachers and Support Staff at schools have been vaccinated. In total 33,379 doses of AstraZeneca have been administered without any major side effects. The application to enable people above 45 years of age to be vaccinated was extended until June 14th in order to allow the maximum number of people to be vaccinated.
7. Aiming to swiftly resume tourism activity, the Government launched one massive vaccination campaign on Sal and Boavista islands. The combined population of both islands is approximately 43,000 people. This will require the reinforcement of the vaccination teams. The Government will send six and three teams to Sal and Boavista, respectively, to allow the vaccination of eligible population by the end of July 2021.
8. Due to the ambitious target of 70% coverage for vaccinations by the end of the calendar year, the Government has requested a third additional financing in the amount of US\$10 million IDA for vaccine acquisition, which was approved on June 29, 2021.
9. For this new phase of the vaccination process it will be necessary to address some of the gaps identified above, namely: i) high social anxiety and insufficient funding to ensure adequate communication resources with clear, meaningful, timely messages to both health professionals and priority groups; ii) low involvement of local experts in vaccine communication; insufficient human resources, namely registrars and vaccinators to properly attend to the vaccination process, iii) lack of systematization of the vaccination waste collection and final destination process; iv) high reproduction of legal and regulatory instruments at a speed that is poorly assailable for various entities.
10. Considering the above plans as well as the risks, an independent Third-Party Monitoring (TPM) Agency is being recruited to assist the Government of Cabo Verde's in the deployment of COVID-19 vaccines, including verification of COVID-19 storage, stock and temperature maintenance across the supply chain, service delivery at vaccination sites, eligibility of vaccine recipients and capturing client perspectives and feedback.

Assignment Objectives

The key objective of the assignment is to recruit an independent TPM Agency to support the Government of Cabo Verde to comply with the NCVP, World Health Organization (WHO) standards and World Bank policy and requirements reflected in the legal agreements of the Project, Environmental and Social Management Framework (ESMF) and the Project Operational Manual (POM). This will include a specific focus on supply chain management and administration of COVID-19 vaccines at (i) the key points in the supply chain and (ii) vaccination sites from the technical, environmental and social standards perspectives.

Scope of Work

- To verify that the storage, handling, transportation and distribution of COVID-19 vaccine supplies are compliant with WHO guidelines at the key points of the supply chain (including but not limited to: arrival point in Cabo Verde prior to custom clearance, centralized storage prior to distribution and vaccination sites);
- To verify whether the daily number of doses (and vials) consumed is in line with accepted usage considering the number of beneficiaries covered at that site as well as the acceptable wastage (<5%);
- To verify the cold chain management including temperature and stock maintenance of vaccine supplies at the key points of the supply chain is consistent with the WHO guidelines, and as further reflected in the POM;
- To verify that the delivery of vaccination services at all vaccination sites is consistent with the NCVP, WHO Guidelines, the POM and the ESMF (including site requirements, eligibility of recipients as per NCVP, while ensuring confidentiality and anonymity of the recipients, adherence to vaccination protocols (including protocols related to eligibility), infection prevention, record keeping and reporting, waste management plan especially for waste resulting from vaccination deployment (biological, chemical waste, and other hazardous by-products that could be injurious to human health);
- To verify that feedback of vaccine recipients and service providers is collected at all vaccination sites, and through grievance redress mechanisms (GRM) and on social media sites;
- To confirm project management team's knowledge/familiarity with Social and Environmental requirements, processes and procedures as defined in the cleared and disclosed Environmental and Social Instruments, and monitor compliance with these instruments during Project implementation as set forth in the legal agreement and the POM. This should include but not be limited to: monitoring and documenting anonymized grievances received through the Project's GRM, including those associated with sexual exploitation and abuse/sexual harassment (SEA/SH) while ensuring the principles of confidentiality and anonymity; transparency in communication of the eligibility criteria and deployment; adherence of different project actors to codes of conduct; implementation of COVID19 preventive and social distancing measures at vaccination sites; assessment of the occupational health and safety procedures and infectious-control strategies put in place to mitigate vaccination deployment hazards;
- In coordination with the WB, to develop and propose corrective measures which the WB may require the Government of Cape Verde to take, as needed, to address non-compliance issues or to enhance environmental, health, safety and social performance;
- To provide findings and suggested recommendations on real time and periodic basis to the Special Project Management Unit (UGPE), which will be shared with the National Coordination Committee and national technical working group and subcommittees for specific areas, namely, (i) regulation; (ii) vaccine cold chain and logistics; (iii) generation of demand and communication;

(iv) M&E: determination and proof of eligibility, proof of vaccination, monitoring of coverage in risk groups, and monitoring of the impact of the vaccine; and (v) prevention of injuries and detection and response Adverse Events Following Vaccination (AEFI) in Cabo Verde, to ensure immediate corrective actions for improvement.

METHODOLOGY:

The methodology of assessment for achieving the above objectives will include mixed methods for data collection and have been summarized in the table below. As far as possible, it is expected that the selected agency will use mobile data platforms which allows to collect and store data both online and offline to ensure real time data collection and analysis for compliance verification purposes. Paper-based tools should be used in exceptional cases and later registered on the mobile data platform.

Field observation is expected to start with the beginning of the contract.

Table 1. Monitoring activity's breakdown

Act. #	Area/Site of Assessment	Sample	Frequency	Topics to be covered	Proposed Inspection(Indicative only)	Remarks
1	Vaccine arrival (airport)	100%	As per vaccine delivery schedule	Verification of compliance with temperature maintenance (ensure that proper temperature monitoring is being conducted by observing temperature recording charts), custom clearance, vaccine stock and vaccine transportation to central storage (at departure and delivery points)	In person-observation aided by a checklist/monitoring tool	
2	Vaccination storage at central level	100%	weekly	Verification of compliance with temperature maintenance (ensure that proper temperature monitoring is being conducted by observing temperature recording charts), stock and inventory management of vaccine and non-vaccine supplies, security	In person-observation aided by a checklist/monitoring tool	Monitor transportation of vaccines at arrival to delivery site, during storage and at departure to vaccination sites.
3	Vaccination storage/delivery sites – equipment and supplies	100% of vaccination sites to be covered in	Daily visits to a random sample of active vaccination sites is expected	Verification of compliance with site requirements as defined by MHSS , Temperature maintenance (ensure that national protocol is followed by observing), stock and inventory management of	On-site independent observer: In person-observation aided by a checklist/	This monitoring activity will take place in the vaccination site

		one month		vaccine and non-vaccine supplies, waste management related supplies, security arrangements	monitoring tool	
4	Vaccination sites – service delivery	100% of vaccination sites to be covered in one month	Daily visits to a random sample of active vaccination sites is expected	Verification of adherence to vaccination protocols (including eligibility protocols for first and second dose), use of digital registry, protocols related to eligibility of recipients as per NCVP, infection prevention, AEFI, vaccination record keeping and reporting, health worker interaction with beneficiaries, waste management related processes, security management	On-site independent observer: In person observation of vaccination process aided by a checklist/ monitoring tool	The tool/checklist will also include open ended questions to capture observation or gaps in process
5	Service provider and Client perspectives and feedback	Service provider – 1 Health facility manager and 2 Vaccinators per facility Clients/Vaccine Recipients* – a minimum of 10 vaccine recipients per site (and more if possible)	Weekly for service providers Daily for vaccine recipients to start with and then the frequency can be reduced to weekly	Service provider – Verification of training received, enabling environment (incentive, supplies, PEF, any feedback for improvement) Clients/Vaccine Recipients – Verification of protocols related to eligibility criteria, feedback on registration process, vaccination services, satisfaction with services, any user fees or other informal payments, uptake of second dose, information provided by HWs, date of next vaccination etc. Any suggestions for improvement	On-site independent observer conducting short semi structured interviews for randomly selected vaccine recipients	The semi structured interviews will be anonymous and will include open ended questions. The respondents will be assured of anonymity to encourage free and frank feedback. (special efforts to be undertaken to capture any gender or SEA related concerns)
6	Social media and GRM monitoring	Monitor key social	Daily for Social	Compile concerns, feedbacks through social media and	Staff of TPM will monitor social media	TPM will be given access to the

		media (facebook, twitter, blogs, website), GRM system	media monitoring For Call center, analysis could be done on a weekly basis	GRM to inform the monitoring process.	and analyze the data from the call center set up my MH	anonymized call center data by MH. The selected agency is not expected to respond to the social media posts or grievances recorded, as this task will be handled by MH.
7	Implementation of ESMF	Monitor implementation of key E&S mitigation measures	Weekly	Verification of compliance with immunization safety and waste management, occupational, health and safety (OHS) measures, COVID19 social distancing, eligibility criteria adherence, codes of conduct	Monitor implementation of E&S requirements as per the E&S disclosed instruments	
8	Stock monitoring	Monitor vaccine stocks and wastage	Daily visits to a random sample of active vaccination sites is expected	Verify whether the number of daily doses (and vials) consumed are in line with accepted usage considering the number of beneficiaries covered at that site as well as the acceptable wastage (<5%). Any discrepancies need to be investigated and reported.	Daily stock count, and reporting, with reconciliation to the data as per the information system and data issued by through the digital monitoring systems	The objective is to ensure risk mitigation of any vaccine leakage or misuse

The below planned scale-up of the number of vaccination sites is **indicative only**, as plans are still evolving:

Table 2. Tentative scale-up of vaccination sites

		# of expected active vaccination sites to be covered by week until the end of 2021															
		Sep/2021				Oct/2021				Nov/2021				Dec/2021			
Semester	# vaccination sites	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
S2	Between 39 to 47	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12

The selected TMP agency is expected to schedule the activity of the recruited national field monitors/observers to cover the active vaccination sites. The monitors will cover 100% of the vaccination sites (39 to 47 sites) within a month, traveling between the islands to have access to all the vaccination sites and to ensure that all sites are visited at least once in a month. According the NCVP, each vaccination site will operate for one 8-10 hours shift. However, it is possible that additional shifts are added in certain vaccination sites. Each field monitor is expected to be present in one vaccination site per day.

Sample daily work schedule of a field monitor/observer in a vaccination site:

Table 3. Sample daily schedule

Task	Duration
Fill checklist related to vaccination site organization (including equipment and supplies). Refer to activity number 2, 3,6, 7, and 8	To be defined
Observe several vaccinators and fill checklist related to vaccination service delivery. Refer to activity number 3,4,5 and 6.	Throughout the shift
Engage with service delivery providers and vaccine recipients and fill related questionnaires (a minimum of 10 vaccine recipients per site per day). Refer to activity number 4 and 5.	To be defined
Continuous monitoring and observation.	Throughout the shift

The key steps involved include the following:

- Establish core team and hire field monitors/observers (with relevant expertise);
- Hold initial (inception) meeting with UGPE responsible team for orientation on objectives, monitoring strategy, activities and for development of work plan;
- Develop detailed concept note and work plan acceptable to WB;
- In consultation with UGPE, develop and finalize monitoring indicators, checklists and tools and reporting formats;
- Develop mobile data collection platform along with monitoring dashboards;
- With support from UGPE or other technical partners, organize training sessions for field monitors/observers on specific interventions to ensure conceptual clarity;
- Coordinate with all concerned stakeholders for collection of information on verification activities using prescribed checklists/tools and consultant’s field verification;
- Carry out independent monitoring and submit comprehensive weekly monitoring/assessment reports including on environmental and social standards aspects;
- Collect basic information on GRM process (evidence of a GRM in place and whether this is being accessed, such as number of complaints received and resolved; checking to see whether the WB’s disclosure policies are met, including on whether documents are translated and made available to the general public);
- Collect information on stock monitoring as detailed above. Any waste should be clearly identified, verified and reported to UGPE;
- Real time reporting of any concerns with regards to gender or SEA/SH;

- Any special assignments required by UGPE about quick verification, in-depth analysis of specific case/s of concern. This could include requests from UGPE to allocate additional time and attention to a specific thematic area requiring further verification and compliance regarding waste, infection prevention, etc. or for a specific vaccination site or others in order to deepen our understanding of the related risks/concerns;
- Field monitors/observers will also be required to verify, document and report security-related incidents and other impediments to vaccination activities or access of recipients to vaccination sites;
- Submit a final analytical report with lessons learnt and recommendations to the WB at the end of the contract (or as agreed).

In all the above steps, the Third Party Monitoring of COVID-19 Vaccination (TPM) agency will not collect or process any personal (or other sensitive) data.

Staffing:

The monitoring team will consist of a core team with the following Key Staff:

Table 4. TPM core team composition

Title	Function	Expertise	Languages	Quantity
Project Team Leader	Responsible for the overall monitoring, coordination and quality control of the assignment.	Prior experience in surveillance and monitoring of immunization programs is a requirement. Minimum of 7 years of relevant work experience.	Fluent in Portuguese . Knowledge of English is a plus.	1
Field Monitoring Team Leader	Responsible for the day-to-day scheduling of monitoring activities and follow-up with field monitors/observers.	Prior experience in surveillance and monitoring of public health programs is a requirement. Experience in monitoring immunization programs is preferable. Minimum of 3 years of relevant work experience.	Fluent in Portuguese . Knowledge of English is a plus.	1
M&E Specialist	Responsible for data management and analysis and report writing.	Prior experience in managing and analyzing real-time data related to public health programs. Hands-on experience in writing qualitative and quantitative reports, and communicating complex programmatic	Fluent in Portuguese .	1

		information in reader-friendly formats and styles. Experience in monitoring immunization programs is preferable. Minimum of 5 years of relevant work experience.		
Software development expert	Design and adapt the open-source digital platform to the needs of the monitoring assignment. Review and amend as needed.	Hands-on experience in designing, implementing and managing software programs.	Fluent in Portuguese .	1
E&S specialist	Responsible for monitoring the fulfillment of E&S requirements and for formulating relevant recommendations.	Prior experience in monitoring E&S aspects of public health programs. Experience in monitoring immunization programs is preferable. Minimum of 3 years of relevant work experience.	Fluent in Portuguese .	1
Social media and call center monitor	Review relevant posts from the main social media platforms and analyze data from MH call center.	Minimum two years of proven experience in a similar position. Good reporting and analysis skills. Knowledge of use of social media platforms.	Fluent in Portuguese .	1

Expected Deliverables and Reporting Requirements

- Inception reports with detailed work plan including methodology, tools and data management system to be used;
- Weekly reports summarizing findings and recommendations for action in key domains (Report includes all 7 activities in the form of agreed upon tables and check list, populated on daily and weekly basis as needed);
- Monthly reports summarizing findings and recommendations for the Government’s action in key domains to be shared with the World Bank;
- Real time reporting on critical issues of concern (as agreed with UGPE);
- Final report.

Work plan, tools and reports will be submitted to UGPE by email (list of recipients will be agreed upon).

Indicative schedule of payment:

Reports	% of remuneration upon approval of the reports
Inception report -	10

Monthly report – September	15
Monthly report October	15
Monthly report November	15
Monthly reports /December	15
Final report	35
Total	100

UGPE will tentatively revert with comments within the following time frame:

- Workplan, methodology and tools: 5 working days
- Weekly reports: 2 working days
- Monthly reports: 3 working days
- Final report: 10 working days

The agency will address the UGPE comments within:

- Workplan, methodology and tools: 2 working days
- Weekly reports: one working day
- Monthly reports: 2 working days
- Final report: 5 working days

The UGPE will clear the reports only when considered satisfactory. Once validated and cleared by UGPE, these reports will be shared with MHS. Monthly reports will be shared with the World Bank. Cleared reports will be made public. Reports that include allegations of fraud and corruption may require special treatment and will be addressed on a case by case basis in accordance with World Bank policy.

Contract Types

A Lump-Sum form of Contract shall be signed, payments of the Consultant remuneration are linked to approval of deliverables, and the payment of reimbursable expenses are made upon presentation of the receipt of the expenses occurred at the real cost.

Qualifications, Competencies and Work Conditions:

- A. Third party conducting monitoring on its behalf are obliged to implement appropriate data security measures. They should have sufficient experience and qualified staff for the ground to carry out the assigned tasks/deliverable with quality.
- B. Prior proved experience in surveillance and monitoring of public health is a requirement.

The agency will hand over all reports and raw data to UGPE upon satisfactory completion of TPM. In terms of disposal, the TPM data will be retained for a minimum of 3 months after WB approval of the TPM report and raw data sets. Paper documents will be shredded, and digitally stored information destroyed or securely overwritten. The TPM service provider will be expected to provide UGPE with a letter confirming that the data has been disposed appropriately. The TPM shall not retain any copy of such raw data.

The selected TPM service provider shall not at the same time be an implementing partner for activities being monitored by the TPM service provider in the same geographic area as the assignment during the

assignment period. A partner who has an active program implementation, funded by the World Bank, cannot undertake TPM in the same programmatic and geographic area due to conflict of interest.

The TPM will cost the office space, computers, tools, logistics, transports, insurances, and security during the office field level monitoring activities, as part of their direct overhead costs. This includes any usage of tablets, computers, mobile phones expected from field monitors/observers.

Duration of the assignment

This assignment is to be carried out until end of December 2021 and may be extended as needed and upon satisfactory performance.

Annex:

Indicative tools/ checklist for use at vaccination site (all checklists and tools for spot checks will be developed in collaboration with selected agency)

Suggested Checklist for use at Vaccination sites
Social mobilization
Site clearly identified by banner or other means
Health workers/volunteers actively support recipient to maintain order and social distancing as they wait for vaccination
Health workers explain to caregivers about the vaccine and possible side-effects
Cold chain and vaccine handling
Correct vaccines and correct diluents stored, Good Storage Practice (GSP)
Diluents used appropriately
Vaccinator writes time of reconstitution on vial
Reconstituted vaccine discarded after 6 hours
Availability of vaccines and supplies
Sufficient vaccine and diluent
Vaccines bundled with enough reconstitution and AD syringes
Enough tally sheets
Enough safety boxes
Site organization
Site well organized (e.g. no bottlenecks), entrances and exits
Sufficient vaccinators and volunteers
Every recipient is recorded immediately after vaccination
Immunization safety and waste management practices
Vaccinator checks VVM (for future COVID vaccines) at cap of vaccine vial (Not applicable for Pfizer)
Vaccinator checks expiry date of vaccine and diluent
Injection given correctly
Used syringes inserted into safety boxes without recapping
AEFI reporting forms present at site and procedures applied
Safety boxes correctly used and filled

Effective administrative, infectious-controlling (eg. Use of PPEs) and engineering controls to handle the vaccination process and medical waste
Recording and use of data
Tally sheets and Digital platform entries correctly completed
Number of vials used, and recipients vaccinated as per tally sheet match (wastage around 5 %)
Counselling of recipients
Health workers explain to caregivers about times and location for second dose
Grievance Redress Mechanism
GRM information readily available and clearly visible
Health workers/volunteers clearly aware of the GRM

Sample Questions for Exit interview for Vaccine Recipients

A. Description of the context of the interview

A1-Date of the interview ____/____/____

A2- Location of the interview: Municipality _____ **Location** _____

A3- Where Do you live?

Specify _____

B. Access to Vaccination Services

B1-How did you register for the vaccination? _____

Specify _____

B2-Did you receive vaccination from the health facility?

(1) Yes

(2) No

B3-Which doses of COVID-19 vaccine have you already received?

(1) 1st Dose

(2) 2nd Dose

B4-When did you receive your 1st dose of COVID-19 Vaccine?

Specify _____

B5-When did you receive your 2nd dose of COVID-19 Vaccine (if applicable)?

Specify _____

B6-Where did you receive your 1st dose of COVID-19 Vaccine?

Municipality _____ **Location** _____

B7-Where did you receive your 2nd dose of COVID-19 Vaccine (if applicable)?

Municipality _____ **Location** _____

B8-Were you charged or asked to pay fees for the registration for COVID-19 Vaccine?

(1) Yes [go to question B9]

(2) No [go to question B10]

B9-If yes, what is the total amount of money you paid?

Specify _____

B10- Were you charged or asked to pay fees for the screening diagnoses before receiving the COVID-19 Vaccine?

(1) Yes [go to question B11]

(2) No [go to question B12]

B11- If yes, what is the total amount of money you paid?

Specify_____

B12- Were you charged or asked to pay fees for the administration of COVID-19 Vaccine?

- (1) Yes [go to question B13]
- (2) No [go to question B14]

B13- If yes, what is the total amount of money you paid?
Specify_____

B14- Were you charged or asked to pay fees for the COVID-19 Vaccination Card?

- (1) Yes [go to question 15]
- (2) No [go to question 16]

B15- If yes, what is the total amount of money you paid?
Specify_____

B16- Were you charged or asked to pay fees for any other services provided related to the COVID-19 Vaccination?

- (1) Yes [go to question B17]
- (2) No [go to question B18]

B17- If yes, what is the total amount of money you paid?
Specify_____

B18- Did you pay or notice someone pay extra to be vaccinated against COVID-19 faster?

- (1) Yes
- (2) No

C. Satisfaction

C1-How long did you wait between the time you arrived at this facility and the time you received COVID-19 Vaccine?

C2-Are you satisfied with the services you received?

- (1) Yes
- (2) No

C3-Were you told when to come back for the next dose (if applicable)?

- (1) Yes
- (2) No

10 – Have you been informed about the grievance redress mechanism and the uptake channels in case you have any follow-up calls/questions or concerns?

- (1) Yes
- (2) No