

MOMENTUM
Routine Immunization Transformation and Equity

COVID-19 Vaccination Program in Review

March 2022–September 2023

SOUTH SUDAN





MOMENTUM Routine Immunization Transformation and Equity

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Acronyms

BHW	boma health worker
CHD	county health department
CGPP	Core Group Partners Project
EPI	Expanded Program on Immunization
HF	health facility
HPF	Health Pooled Fund
IP	implementing partner
MOH	Ministry of Health
NCVC	National COVID-19 Vaccination Campaign
ODK	Open Data Kit
PHC	primary health care
REC	Reach Every County
RCCE	risk communication and community engagement
TA	technical assistance
TOT	training of trainers
TWG	technical working group
SMOH	State Ministry of Health



Results

Reaching Underserved and Priority Populations



Reached **4,544,853 people** via **97 radio talk shows** on the benefits of COVID-19 vaccination across project-supported states.



Facilitated **87 community dialogue meetings** attended by **2,699 people**.



Supported COVID-19 vaccination advocacy meetings attended by **83 community leaders** and **government officials** in Central Equatoria, Eastern Equatoria, Western Equatoria, and Jonglei states.

Strengthening the Health Workforce



Trained **8,528 participants** on COVID-19 vaccination-related social mobilization, vaccination guidance, waste management, and Reach Every County (REC) guidelines through **138 training sessions**.



Conducted **498 COVID-19 vaccination-focused supportive supervision visits** across **208 health facilities** (HFs) in seven states.

Strengthening Health Systems Management



Supported **107 subnational COVID-19 vaccination coordination meetings**.



Supported development of **39 county** and **68 HF COVID-19 vaccination microplans**.

Background

South Sudan, the youngest nation in the world, is a landlocked country in East Africa with diverse geographies and culture. South Sudan confirmed its first COVID-19 case on April 5, 2020. By September 2023, more than 18,000 cases and 130 deaths had been reported in the country.¹ Yet these numbers are vastly underreported due to inadequate testing; the direct result of a fragile health care system and limited infrastructure.

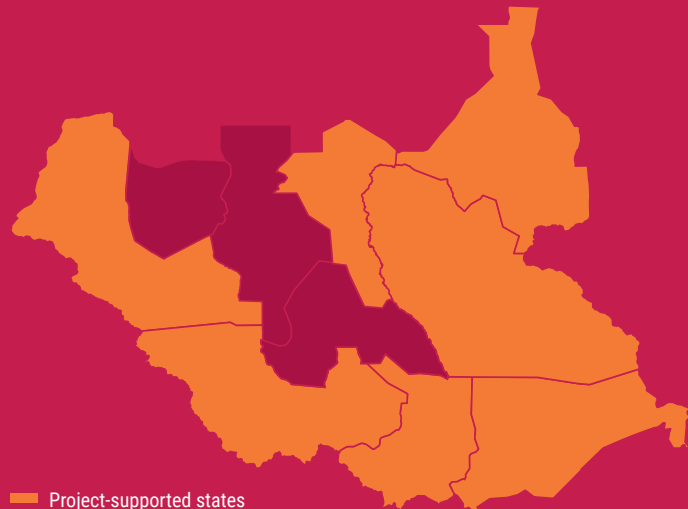
South Sudan received and began administering COVID-19 vaccines in April 2021, prioritizing health care workers, people with chronic diseases, internally displaced people, refugees, and people above the age of 60.^{2,3} Vaccination efforts met numerous hurdles, including problems with vaccine supply and distribution, funding, inadequate public awareness, and vaccine hesitancy. The government and immunization partners in South Sudan worked to intensify COVID-19 awareness through national COVID-19 vaccination campaigns (NCVCs) and outreaches with public and private institutions. By September 2023, 4,373,679 COVID-19 vaccine doses had been administered, with 70 percent of the country's eligible population (18 years and above) fully vaccinated.⁴ Building on the success of these efforts, South Sudan plans to integrate COVID-19 vaccines into routine immunization (RI) and broader primary health care (PHC) service packages in the near future.

- 1 South Sudan: WHO Coronavirus Disease (COVID-19) Dashboard with Vaccination Data. *World Health Organization*. Accessed November 9, 2023. <https://covid19.who.int/region/afro/country/ss>.
- 2 *Leveraging a Novel Strategy to Address Gender Inequity for COVID-19 Vaccine Coverage in South Sudan*. World Health Organization, August 18, 2023. <https://www.afro.who.int/countries/south-sudan/news/leveraging-novel-strategy-address-gender-inequity-covid-19-vaccine-coverage-south-sudan#:~:text=Vaccination%20coverage%20increased%20from%20less,higher%20among%20men%20than%20women>.
- 3 Geng, Peter Garang. Issue brief. *The Sudd Institute*, April 30, 2019. https://www.suddinstitute.org/assets/Publications/5cd019ad53e07_ProtectionOfRightsOfOlderPersonsInSouth_Full.pdf.
- 4 Power BI Report. Power BI, 2023. <https://app.powerbi.com/view?r=eyJrIjoiaNTJmYTlkZTgtOTgyOC00ZWY-1LTmZDAtNzQ1OTIxNDhjZDIzIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTViYTQxNmU2ZGM3M-ClsImMIOjh9>.



Project Overview

The MOMENTUM Routine Immunization Transformation and Equity project (the project) applies best practices and explores innovations to increase equitable immunization coverage. The project is USAID's flagship technical assistance (TA) mechanism for immunization, building 18 countries' capacities 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 that have a range of circumstances and needs.



In March 2022, the project received funding under the American Rescue Plan Act Congressional Notification 18 to provide TA for COVID-19 vaccination in South Sudan. The project provided TA to Core Group Partners Project (CGPP) and the State Ministries of Health (SMOH) in 24 counties across Central, Western, and Eastern Equatoria States for rapid acceleration of COVID-19 vaccination. The goal in these counties was to help administer as many COVID-19 vaccination doses as possible before the rainy season began, as flooding in these areas makes travel extremely difficult. At the end of May 2022, the project received Global Fund COVID-19 TA Mission/Financial Support funding from USAID to support Global Fund partners, including the Health Pooled Fund (HPF), to cover 13 counties in four additional states (Western Bahr el Ghazal, Unity State, Upper Nile, and Jonglei). The project provided leadership and TA to strengthen the health system and workforce to ensure efficient COVID-19 vaccination roll out. The project also provided TA and implemented risk communication and community engagement (RCCE) activities in partnership with USAID-funded Breakthrough ACTION, CGPP, and the Ministry of Health (MOH) to:

- Build the capacity of health workers to increase the number of outreach and mobile teams and conduct bottom-up microplanning to accelerate COVID-19 vaccination.
- Build the capacity of state and county health departments (CHDs) and CGPP to report and use data for program monitoring.
- Build the capacity of supervisors from the state, CHDs, and CGPP to conduct supportive supervision.
- Build the capacity of state, county, and CGPP staff and boma health workers (BHWs) to conduct RCCE to overcome vaccination hesitancy.
- Support CGPP, SMOH, and CHDs during the rainy and post-rainy seasons to catch-up and accelerate vaccination.

Technical Areas of Support

TECHNICAL AREAS



Health Worker Trainings



Supportive Supervision under Health Worker Training



Vaccine Service Delivery



Risk Communication and Community Engagement



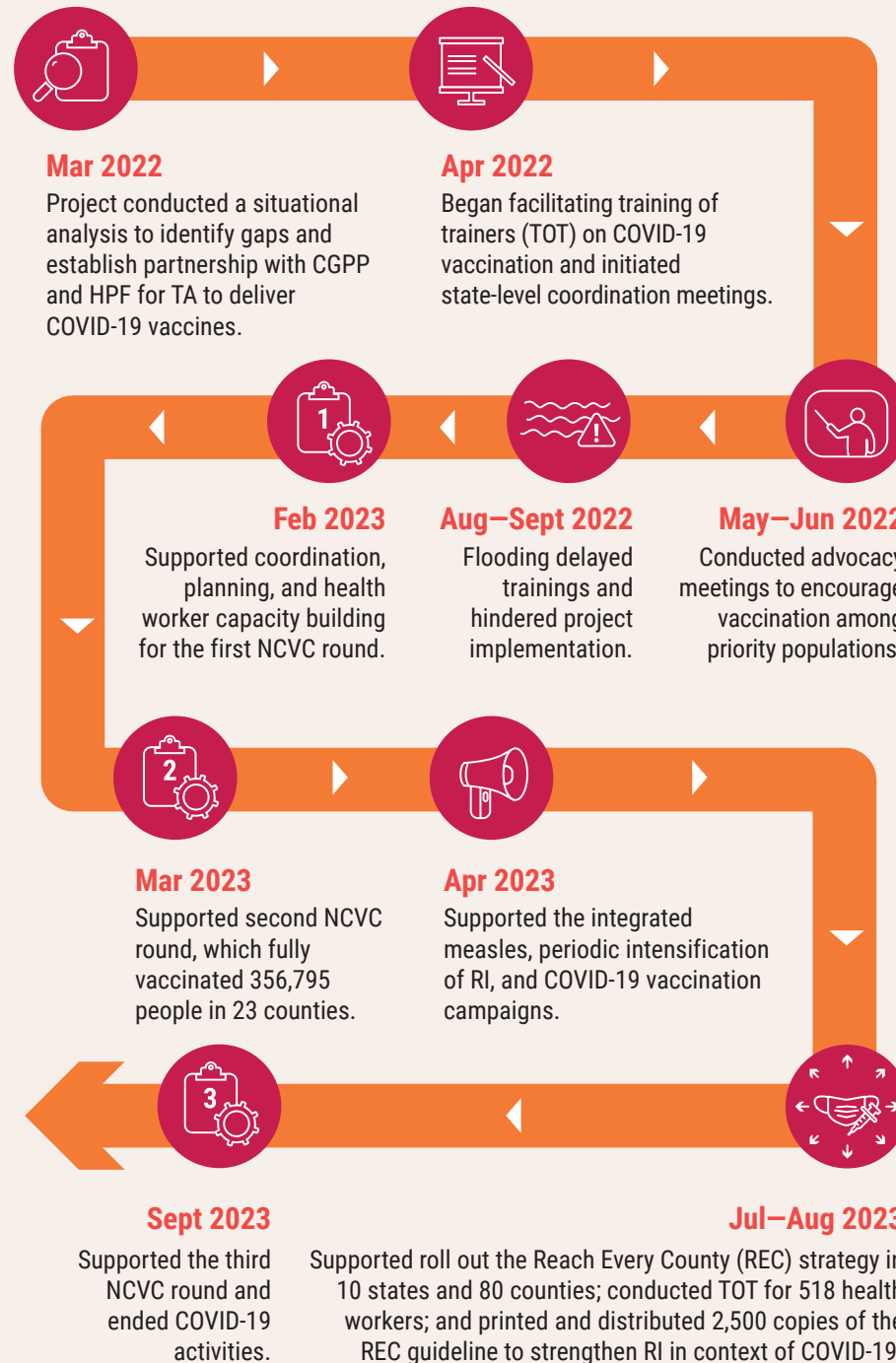
Strengthening COVID-19 Microplanning



Improving Data Quality and Use



Coordination, Collaboration, and Joint Planning



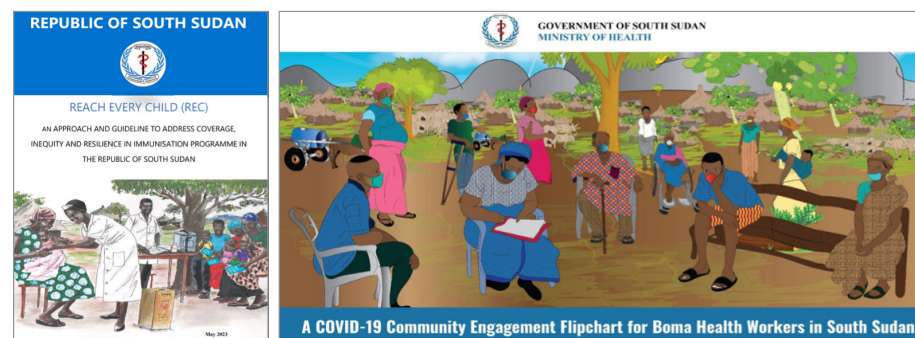
Strengthening the Health Workforce

The project supported CGPP as well as MOH staff at CHDs and SMOH to build the capacity of the health workforce to deliver COVID-19 information and vaccinations. The project conducted visits at the beginning of implementation to assess gaps and ascertain training needs. To ensure training efficiency and reach the most staff, the project took multiple approaches including TOT and cascading training in collaboration with other implementing partners (IPs) in the country. Project staff conducted post-training follow-up and supportive supervision visits with health workers to strengthen and reinforce training knowledge and skills.

BHWs are trained to provide basic health care services that are otherwise unavailable in rural and hard-to-reach areas in South Sudan. Because of their unique role, BHWs played a crucial role generating demand for COVID-19 vaccines. The project developed materials, including COVID-19 informational 'flipcharts' and worked with CGPP to conduct interpersonal communication trainings on COVID-19 vaccination for 615 BHWs across three states.

Table 1. Trainings by project role, audience, and topic

Audience and topic	Trainings	Trainees
Project role: course development and instruction	104	7,303
COVID-19 vaccination	66	5,671
Vaccination data management	11	259
Integrated COVID-19/ measles campaign	5	191
Social mobilization	22	1,182
Project role: funding and training	34	1,225
Cold chain, vaccine and waste management	17	394
REC	11	518
Social mobilization	4	253
Data management	1	36
Total	138	8,528



Health Worker Trainings

The project team collaborated with CGPP, WHO, UNICEF, HPF, and the MOH to review and provide training materials and facilitate training sessions that covered COVID-19 vaccination topics including community mobilization, data management, vaccine management, and cold chain and waste management. Participants included national immunization supervisors, CGPP staff, MOH, SMOH, county health staff, social mobilizers, data clerks and managers, IPs, and BHWs (Table 1).



The project supported **138 training sessions** attended by **8,528 participants**.

Reach Every County Training

The REC strategy, reviewed by the WHO and other immunization partners, improves RI access across Africa. The project supported the MOH to adopt and adapt the REC guidelines to include strategies to integrate COVID-19 vaccination into RI microplanning tools. The project facilitated a national TOT on the new guidelines, and state- and county-level trainings for MOH staff and IPs in all states of South Sudan. These trainings built the knowledge of 518 people in to integrate COVID-19 and RI into PHC.



Supportive Supervision

The project's baseline assessments identified:

- Low use of COVID-19 vaccines at HF in the seven project supported states due to limited community awareness and demand.
- Stockouts of vaccines and supplies.
- Lack of health worker COVID-19 vaccination knowledge and skills.
- Challenges with data quality, tracking, and usage.
- Vaccine misconceptions among health care workers.

After the initial supportive supervision visits, project staff sent status reports to the CHDs and SMOH with recommendations. The project developed strategic action plans including on-the-job training for data recording and tracking, supply chain assessments, and social mobilizer outreach session planning. The project partnered with CGPP and SMOH to enhance CHD staff capacity, update microplans, and improve vaccine inventory records. The project also provided on-the-job training on cold chain management and use of data reporting tools to health workers.



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The project conducted **498 supportive supervision visits to 208 HFs** between April 2022 and September 2023, providing COVID-19 vaccination mentorship and on-the-job training to **995 health workers**.

Reaching Underserved and Priority Populations



Vaccine Service Delivery

The project worked with CGPP, MOH, and other IPs to strengthen awareness and intensify efforts to promote NCVC rounds in March, April, and September 2023. Before the campaign, the project conducted supportive supervision visits and trainings with social mobilizers and health workers; helped HFHs develop and update microplans and install Open Data Kits (ODKs) for data entry and submission; and strengthened coordination and technical working group (TWG) meetings. During the campaigns, the project provided logistical support to transport vaccines to state and county HFHs and verify data. After each round, the project organized review meetings with the government and IPs to discuss data outcomes, successes, challenges, and lessons for the next round.



629,948 people received COVID-19 vaccinations in project supported states during 3 different rounds of the NCVC in 2023.

In April 2023, the project supported the MOH and CGPP in planning, monitoring, and implementing the integrated measles follow-up campaign across 18 counties in Greater Equatoria. This campaign integrated various PHC services including immunization, vitamin A supplementation, deworming, mid-upper arm circumference screening, and COVID-19 vaccination. Four-hundred and eighty people 18 years and above, including health workers and caretakers, received COVID-19 vaccines through this campaign.

Project contributions to this effort included:



Transporting vaccines and supplies.



Supporting development of vaccine distribution plans.



Supporting last-mile vaccine delivery.



Revising training materials.



Conducting supervision and mentorship for health workers.



Validating campaign data using ODK and participating in post-integration campaign evaluation.



Risk Communication and Community Engagement

The project took multifaceted measures to combat misinformation and enhance COVID-19 vaccine acceptance across various communities. These efforts involved organizing dialogue and advocacy meetings that engaged influential community leaders, security forces, and civil society organizations to inform and encourage COVID-19 vaccination within their communities. The project used multiple channels of communication, including radio talk shows, face-to-face communication, and the distribution of informative brochures to address community concerns regarding vaccine safety in rural settings. The project developed and distributed COVID-19 information 'flipcharts' to social mobilizers and BHWs. Additionally, the project provided RCCE training in preparation for vaccination campaigns to national- and state-level MOH staff and health workers, aligning with the WHO, UNICEF, and HPF initiatives, and worked with Global Fund partners and the MOH to review and finalize tools to track rumors about COVID-19 and which IPs were conducting activities to dispel them.



The project held advocacy meetings in **four states attended by 83 people.**

The project conducted advocacy meetings for government officials, community and local organization leaders, and activists in Central Equatoria, Eastern Equatoria, Western Equatoria, and Jonglei states to combat rumors associated with COVID-19 vaccination. The meetings aimed to debunk vaccination safety concerns and secure support for vaccine acceptance among high-risk populations including older people, people with underlying medical conditions, teachers, and military personnel.

The project worked with CGPP, MOH, and local health workers to organize and facilitate sessions to discuss the importance of COVID-19 vaccination, understand community members' hesitation about getting vaccinated, and dispel myths and misconceptions about the disease and its vaccine. These meetings were held in all project-supported states and attended by 2,782 community and religious leaders, members of women's groups, politicians, youth leaders, and teachers. The project also supported smaller and more structured focus group discussions in May and June 2023 in Central Equatoria and Jonglei state with teachers, boda boda (taxi drivers), and members of women's groups.

The project coordinated and developed talking points for live radio talk shows across all seven supported states to convey information about the benefits of the COVID-19 vaccine and booster doses, debunk rumors, and promote the NCVCs. The shows were facilitated by the SMOH, which answered listener's called-in questions.



The project supported **97 radio shows** across **seven states in South Sudan**, reaching **4,544,853 people** with COVID-19 messaging and information.

Strengthening Health Systems Management



Strengthening COVID-19 Microplanning

Microplanning identifies priority populations for COVID-19 vaccination and details the strategies and resources needed to reach them at the local level. It involves coordination to overcome the unique challenges and requirements associated with COVID-19 vaccination. This process is dynamic and contingent upon factors such as vaccine types and availability, the demand for and use of health services, and continuous monitoring and evaluation of resources. In order to effectively reach the target coverage for COVID-19 vaccination, the project provided TA to CGPP and the 39 CHDs to develop updated county-level COVID-19 vaccination microplans based on the WHO operational guidelines. The project visited states and supported HFs that lacked updated RI or Expanded Program on Immunization (EPI) microplans and had not achieved coverage goals. The project also provided TA to update the REC guidelines and tools, which resulted in the development of an integrated COVID-19 and RI microplan. A number of partners—community leaders, health workers, the MOH, the WHO, and CGPP—participated in microplan review meetings, which were chaired by CHD directors. Partners implemented newly developed and updated microplans using MOH strategies of outreach intensification, which involved deploying CHD mobile teams to remote areas for COVID-19 vaccination.



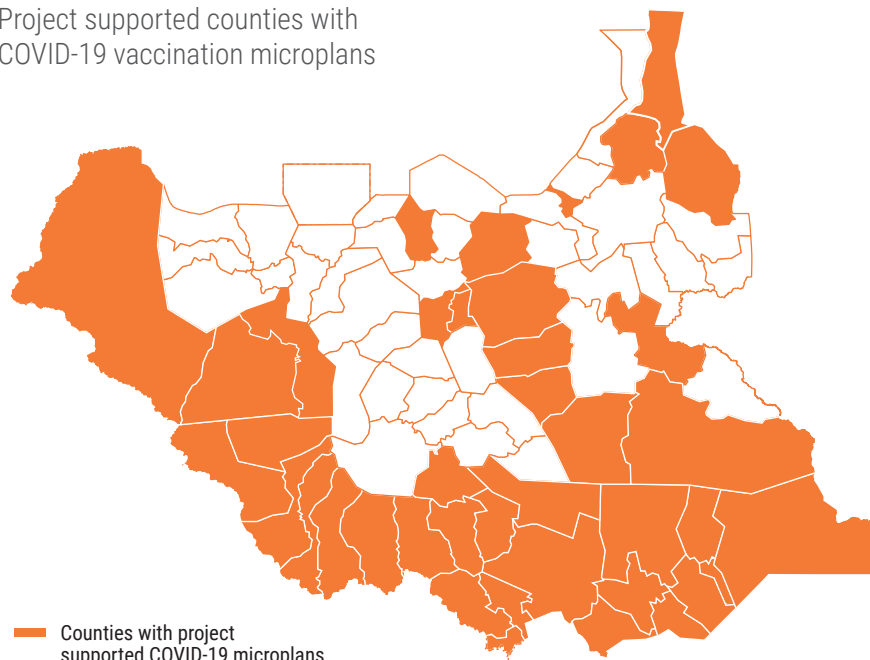
The project supported the development of **39 county** and **68 HF-based COVID-19 microplans**.



Improving Data Quality and Use

The project provided TA to the MOH at county and state levels to enhance their report quality to inform COVID-19 vaccination supply chain and service delivery decisions. These reports were submitted to the national level through open-source health system software and tools including DHIS2, ODK, and Power BI. The project provided supportive supervision and training to health workers on ODK installation and use for vaccine data entry and submission. The former involved spot checks, data verification, and data quality assessments and analysis from servers. This was aimed at improving the quality of health care services in supported HFs, where project staff improvements in recording, reporting, session organization, and waste segregation were noted.

Project supported counties with COVID-19 vaccination microplans





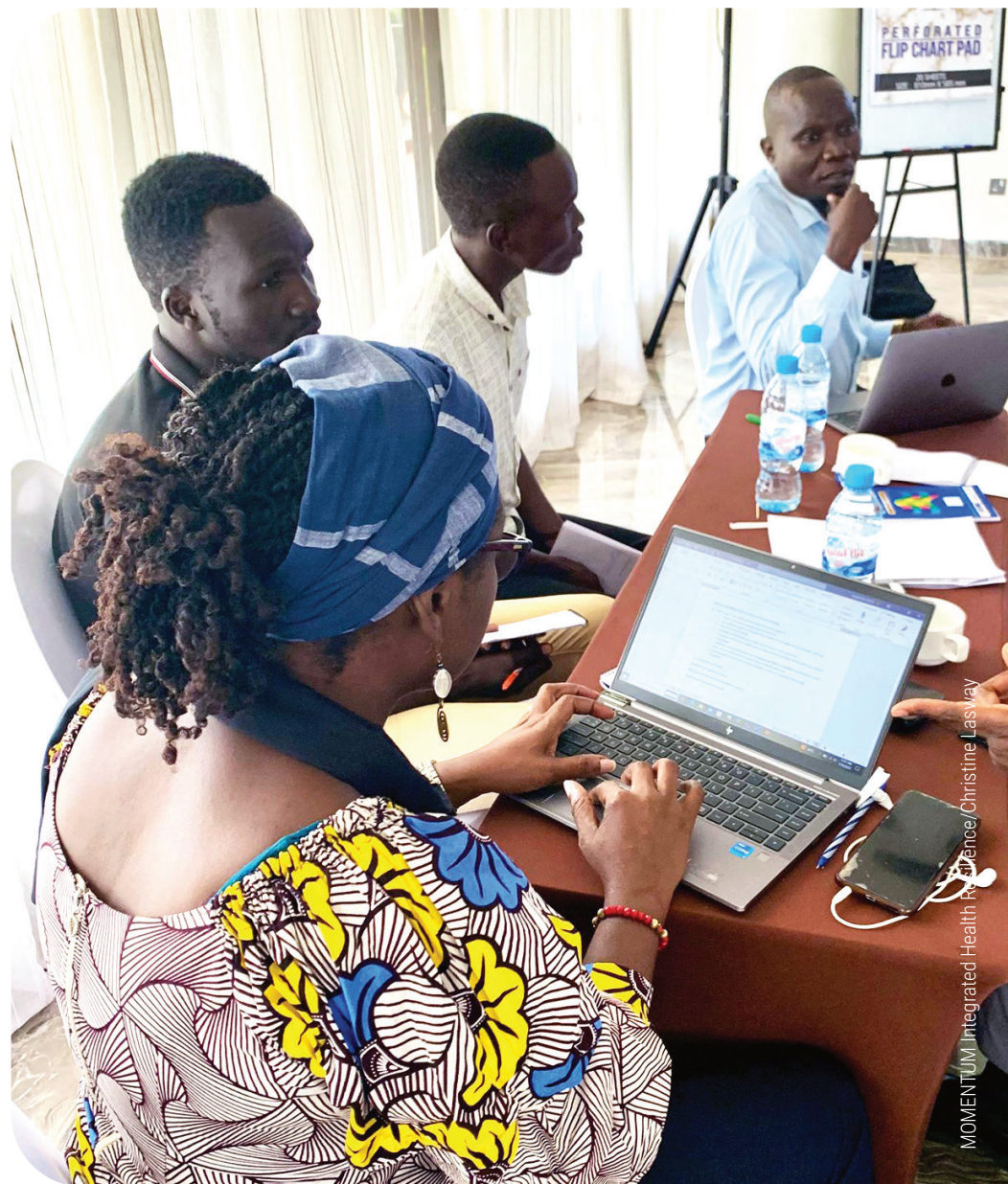
Coordination, Collaboration, and Joint Planning

The project strengthened COVID-19 vaccine coordination through various meetings and establishing TWGs. Before the project, many states did not have a TWG, which hindered COVID-19 vaccination activities across the country because there was no opportunity for IPs, SMOH, or MOH to plan and coordinate them. The project coordinated national, state, and county EPI monthly planning and performance reviews; COVAX/ Intensified COVID-19 Vaccination Optimization, EPI and RCCE TWGs; and COVID-19 post-campaign evaluation meetings. Project participation included developing and facilitating presentations, taking minutes, contributing to discussions, and providing updates. Project staff also attended humanitarian coordination forums of the HPF-organized state oversight committee, and USAID IP review meetings to present updates, challenges, and successes from partners' work in immunization.

In April 2022, the project began planning monthly EPI coordination meetings in Equatoria state with CGPP, WHO, UNICEF, and HPF. The project extended its support to MOH and partners to reactivate EPI and RCCE TWGs in all seven states and continued to organize and facilitate these meetings. Along with EPI meetings, the project supported TWGs that collaborated with the MOH and IPs to enhance coordination, data use, and partnership in EPI activities. These TWGs were used to plan, implement, and monitor activities, including the NCVI in January 2023 and discuss how COVID-19 vaccination would be integrated with RI. Between May 2023 and September 2023, the project conducted a survey with 59 stakeholders who participated in the TWGs, and nearly all expressed satisfaction with subnational coordination.



The project supported **107 subnational TWG meetings.**



Lessons Learned



Meetings with **SMOH** and **IPs** across the project-supported states facilitated **COVID-19 vaccination** and **integration into RI and PHC**.

- There was a disconnect between national-level discussions and decisions and their implementation at state and county levels.
- When some partners and SMOH missed regularly scheduled meetings because of security threats, the project supported internet installation to allow virtual attendance.
- EPI/RCCE TWG meetings with SMOH and IPs promoted inclusive planning and minimized resource duplication. A survey indicated that 97 percent of TWG members were satisfied with the project's support at these meetings.



Building data use, quality, and analysis capacity allowed feedback on **COVID-19 vaccination** and **RI integration** to be shared and assessed on **national, state, and county levels to improve performance**.

- Knowledge gaps made it difficult for health workers and county- and state-level staff to understand data analysis feedback and make changes.
- Embedding staff at state level helped to close human resource gaps and transferred skills for planning and coordination of partners efforts.
- The REC roll-out emphasis on microplanning enhanced health worker and supervisor capacity to identify immunization coverage challenges.



Advocacy and dialogue meetings helped overcome **COVID-19 vaccine hesitancy** and **improved uptake**.

- Vaccine champions helped communities understand that COVID-19 vaccines are effective and safe.
- Coordination and collaboration with opinion leaders allowed IPs to enter communities and lessened resistance to COVID-19 vaccination.
- Integrating COVID-19 with other health outreach services helped vaccinate people in remote communities. Continuous engagement of community and opinion leaders increased vaccination acceptance because of community respect
- Dialogue meetings clarified questions and information about COVID-19 vaccination, which increased uptake. Some people even got vaccinated immediately after the meetings.
- Intensifying vaccination during the dry season facilitated access to locations that are flooded during the rainy season.

A Way Forward

MOMENTUM Routine Immunization Transformation and Equity increased health worker and health system capacity to reach people with COVID-19 vaccination information and messaging, and strengthened vaccination coordination and delivery in seven states in South Sudan. The project's partnerships with CGPP, MOH, SMOH, HPF, Breakthrough Action, and other IPs was a major contributor to the project's success.

The project's work in South Sudan offers valuable lessons for immunization programming. Inclusivity, regular communication, and collaboration with local partners is necessary to reach priority populations with essential health services, and the project's dedication to health worker training and its focus on data analysis and feedback mechanisms demonstrated that a well-equipped and informed workforce can lead to substantial improvements in immunization service delivery and integration. These lessons and the outcomes of the project's efforts will contribute to a strong and sustainable future for immunization in South Sudan.

Readers can find additional information about MOMENTUM Routine Immunization Transformation and Equity's work in South Sudan at: <https://usaidmomentum.org/where-we-work/south-sudan/>





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