DRIVING CHANGE FROM THE GROUND UP: A SERIES OF SUCCESS STORIES IN COMMUNITY-LED DEVELOPMENT

Part 1: Strengthening Communities' Capacity to Build Responsive Health Systems

Questions and answers* extracted from the Q&A function during MOMENTUM x CORE Group webinar on November 19, 2024

*Edited for clarity, with additional responses added by speakers after the webinar. Responses cover the majority of questions asked during the webinar.

Questions for Panelists

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Are the different community-based vaccination cadres paid or compensated for their work/engagement with the program?

The vaccinators are paid for the work they do. They are recruited, trained, and then deployed to the selected health facilities with the population in the catchment area and have a functional cold chain installed by the Ministry of Health and UNICEF.

How successful is the human vaccination in the joint animal and human camps?

3,627 children were vaccinated in the 10-day joint vaccination program and 62,154 livestock were vaccinated against endemic zoonotic diseases.

How were defaulters tracked?

Defaulters were tracked by home health promoters through house-to-house visits. HHPs also confirmed vaccination of the referred cases either through the households or from the health facility registers

Do men help and support their wives reach health units in cases where the distance to health units is the principal challenge? What measures are in place to engage Central and Regional government authorities to encourage or mandate men to ensure they provide the requisite support and assistance to their wives?

Men do not see childcare as one of their roles, especially in a patriarchal community like South Sudan. Secondly decisions on whether the child should be immunized or not are made by the men. The government works with health implementing partners to sensitize men and increase male engagement in health care to learn about the importance of immunization.

What do you do concretely with community leaders to involve them in your awareness-raising efforts? Are they interested and willing to support you?

Yes, the community leaders are willing, as in any community you can only reach the community through their community leaders. We engage them as community key informants, sensitize them on the importance of immunization, and address the misinformation about vaccines, especially during the focus group discussion

I would like to know the nature of the resources mentioned in the challenges. What are the criteria for selecting these vaccinators?

Mainly logistical challenges due to the difficult terrain, wear and tear of the vehicles are high as well as the high cost of vehicle hire.

Have you ever explored group vaccination, where beneficiaries are gathered in one place and the vaccinator provides the service at one location instead of going door-to-door? How effective is this method in minimizing time and resources? What follow-up mechanisms are used for absentees?

Vaccinators do not move door to door, it's the home health promoters who move door to door to track defaulters. Yes during the house-to-house visit where there are more children an outreach site can be created especially where the health facility is far from the homestead.

How did you manage the vaccination of children in areas with significant security challenges? How do you ensure that the vaccinators and your officers are safe as they provide services to remote populations in hard-to-reach areas?

It's all about negotiating with the security in the particular community. The vaccinators and the officers from the same community as such it make it easy for them to maneuver the hard-to-reach areas

This is really interesting work. I'm interested to hear more about your thoughts on zero-dose children and recommendations to reach these children. Do you work with HHPs who support BHWs?

Through the house-to-house visit the HHPs are able to track for both zero dose and defaulters. The HHPs work together with the BHW though in some communities the BHW is still not yet fully established.