



TechNet-21
The Technical Network for
Strengthening Immunization Services



September 15th, 2022

Reaching Zero-Dose Children Immunization in fragile/conflict affected settings

Carrie Nielsen, PhD, Senior Officer Immunization, International Federation of Red Cross
Sara Al-Dahir, PharmD, PhD, BCPS, Clinical Professor, Xavier University of Louisiana
Enrique Paz, Immunization Lead, MIHR Project, Immunization Center, John Snow, Inc (JSI)
June Ojukwu, Community Health Advisor on the MIHR Project, South Sudan



TechNet-21
The Technical Network for
Strengthening Immunization Services



Immunization Rates During Conflict and Recovery: Anbar Region, Iraq as a Case-Study

Sara Al-Dahir, PharmD, PhD, BCPS-AQ ID



Immunization Rates During Conflict and Recovery: Anbar Region, Iraq as a Case-Study

Sara Al-Dahir, PharmD, PhD, BCPS-AQ ID

William Moss, MD, MPH

Kawsar Talaat, MD

Maria Knoll, PhD

Gilbert Burnham, MD, PHD

Tahseen Abdul Latif Hassan, MD

Alaa Khalil, MD

Objectives

Specific Aim 1 (SA1): To assess risk factors associated with **lack of immunization completion** by 12 months among children less than six-years of age in the conflict recovery area, Hadeetha, Anbar, Iraq comparing children from the ISIS occupation period (2014-2017) to the post-ISIS, recovery period (2018-2021).

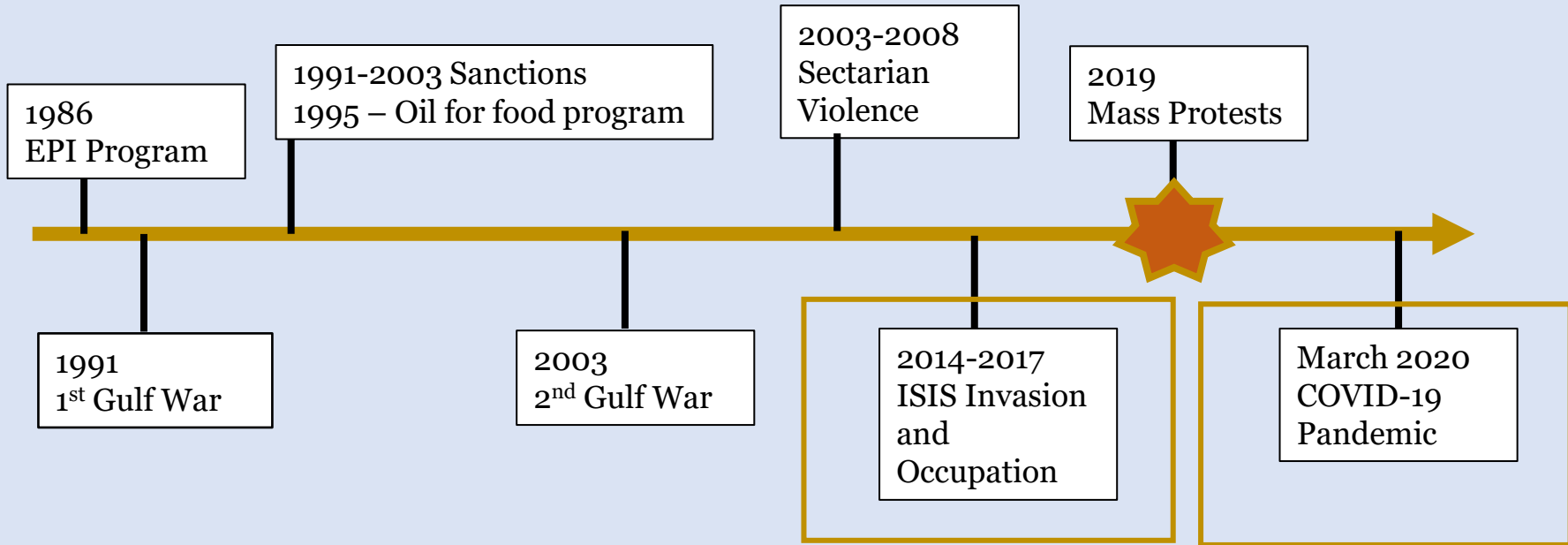
- ▶ *Sub Aim #1: Explore descriptive factors of conflict such as internal displacement, home damage, food insecurity and income interruption while either being occupied or surrounded by ISIS forces in the 2014-2017 time period.*
- ▶ *Sub Aim #2: Examine the extent that conflict impacted completion of the 12-month immunization schedule.*
- ▶ *Sub Aim #3: Examine demographics variables, maternal factors and household variables impacted completion of the 12-month immunization schedule.*

The aim of this study is to inform potential sustainable intervention strategies for children in recovery areas in Iraq.

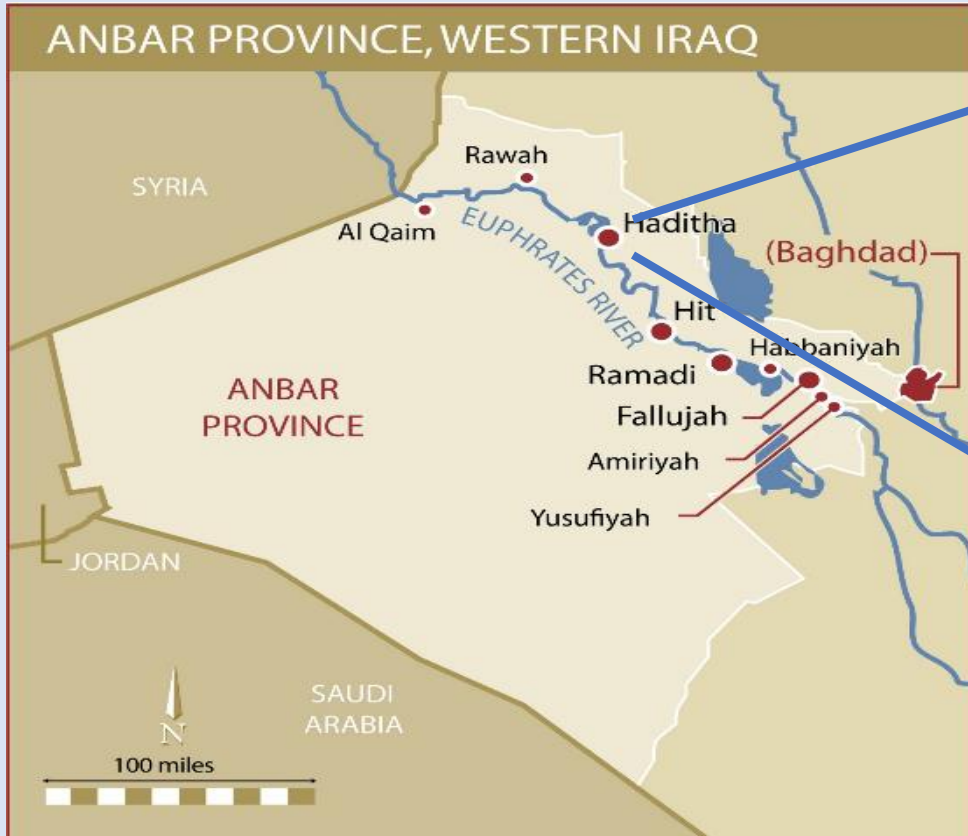
Background



Conflict in Iraq



Region of Area for Study



Images courtesy of: Google Maps and

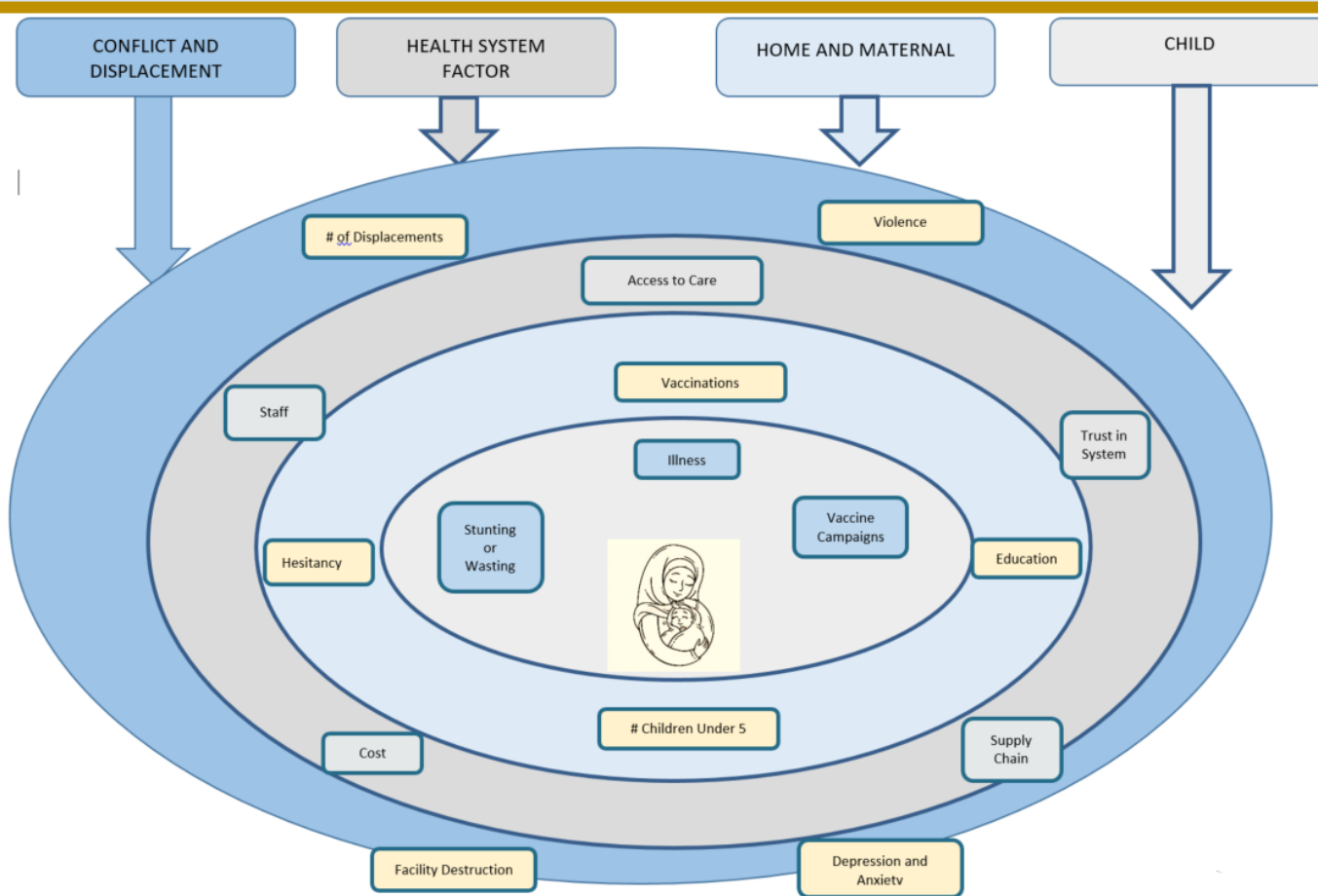
<http://musingsoniraq.blogspot.com/2013/11/iraqs-anbar-province-once-again.html>

Vaccination Coverage in Iraq Before 12 Mos of Age

	1999	2005	2010	2017	2019	2020
JRF Iraq DTP3	90%	84%	84%	81%	84%	74%
MICS Iraq DTP3	68.9%	71.6%	69.5%	64.3%		
MOH Anbar DTP3			77.8%	41.4%		
MICS Anbar DTP3	72.4%	66.4%	62.8%	40.3%		
MOH Hadeetha DTP3			75.5%	40.7%		
MICS Iraq Measles	78.1%	72.5%	75.4%	81%	82%	76%
MICS Anbar Measles	78.3%	64.5%	66.2%	60.9%		
MOH Anbar Measles			74.4%	46.39%		
MOH Hadeetha Measles			74%	81.9%		
Iraq MICS FIC	60.7%	35.6%	58.4%	58.7%		
Iraq MICS Anbar FIC	69.1%	23.9%	49.6%	27.2%		

FIC: Fully Immunized Child

Conceptual Model



Cartoon Image: <https://thumbs.dreamstime.com/b/muslim-mother-holding-baby-muslim-mother-holding-baby-best-mom-pretty-mother-holds-cute-baby-black-white-illustration-141752151.jpg>

Study Population

Sample



Birth Cohort	2015	2016	2017	2018	2019	2020
Total Surviving Births until 12 months of age	3,780	4,356	4,344	3,264	4139	3,674



Master list: 3,953 “Mutasaribeen” or “clinical lost to follow-up,” Missed a vaccination appointed and not rescheduled to restart the missed vaccination series at the time of the survey (Feb-Apr 2021).

JAN 2019 schedule											Country	Vaccine
CG	OPV vaccine	DTP	HIB	HEP-B	IPV	ROTA	PCV13	MEASLES	MMR	VIT A	Age	
CG	OPV0			HEPB-1							0-1 Week	
	OPV1	DTP1	HIB1	HEPB-2		ROTA1	PCV13-1				2 months	PNIA
	OPV2	DTP2	HIB2	HEPB	IPV1	ROTA2	PCV13-2				4 months	PNIA
	OPV3	DTP3	HIB3	HEPB-3	IPV2		PCV13-3				6 months	PNIA
								MEASLES		100,000 IU	9 months	
									MMR 1		12 months	
	OPV booster 1	DTP booster 1							MMR 2	200000 IU	18 months	OPV
	OPV booster 2	DTP booster 2								200000 IU	4-6 years	OPV



Hadeetha District

- ▶ Hadeetha was **surrounded** by ISIS (unlike Fallujah and Ramadi, which were occupied).
- ▶ Hadeetha has an estimated population of 107,000 (2021).
- ▶ Most of the energy supply comes from the Hadeetha dam, the largest hydroelectric facility in the entire country.
- ▶ Hadeetha's inhabitants mounted an offensive to prevent ISIS from claiming the central district.
- ▶ To **strangulate** the population, roadblocks prevented people from entering and exiting the district.
- ▶ Tribal and religious leaders, who are nearly 100% Sunni Arabs, emerged in central roles as replacements for an absent central government presence.
- ▶ Hadeetha/Haqlanniyah vs Bharwana
- ▶ Three PHC's in the site were only 50% functional as of 2019

Sampling

Mutasaribeen List

7 Centers and Sub-centers

Serve **91.86%** of Hadeetha's children

3,953 Children

12-72 months of age

451 Households
1 Child per Household



2,632 people

1,450 children under 5 yo

COVID-19 health protocols



Vaccine campaign
2-3 children per household vaccinated

Cartoon image from
<https://depositphotos.com/88311402/stock-illustration-middle-east-vintage-facades.html>



Analysis

- ▶ All baseline variables are analyzed using descriptive statistics and Chi-square analysis X^2 .
- ▶ The primary outcome variable was assessed using a log-binomial analysis to yield cumulative incidence ratios in a bivariate and multivariable approach
- ▶ Secondary outcomes included proportional completion of the sequential immunization series based upon the immunization schedule of 2 months, 4 months, 6 months and 12 months of age.
 - ▶ Non-proportional ordinal logistic regression
 - ▶ Bivariate and multivariable approach.

Results



Baseline Variables: Conflict vs Post-Conflict

Household and Regions Variables:

Area/Region: Rural, No internet at home, head of household education primary or less, more than 5 individuals in household, more than 2 children < 5 yo,

Maternal Variables:

Maternal vaccination status, Maternal education primary or less, Age

Child Variables

Child was not breastfed, child's father is deceased, child was born at home

Reasons Did Not Vaccinate Child	Conflict (n=141)	Post-Conflict (n=310)	
Vaccine was not available	81 (57.45%)	50 (16.13%)	0.000
Child was ill at time to be immunized	10 (7.09%)	76 (24.52%)	0.000
Unaware of the importance of vaccine	34 (24.11%)	128 (41.29%)	0.000
Conflict prevented vaccination	119 (84.4%)	82 (26.45%)	0.000
Unaware vaccine was due	72 (51.06%)	190 (61.29%)	0.027
Time Limitations	25 (17.73%)	103 (33.23%)	0.000

Conflict Experience 2014-2017

27.9%
**Displaced at
least once**

**41% Lost
income**

**65.9% Surrounded
by ISIS**

Difficult or Very Difficult:

- **78.9% Access Healthcare**
- **73.8% Child's healthcare**
- **81.4% Access Medicine**
- **75.2% Access Vaccine**
- **82.7% Access Food**

**14.9% Home was
damaged**

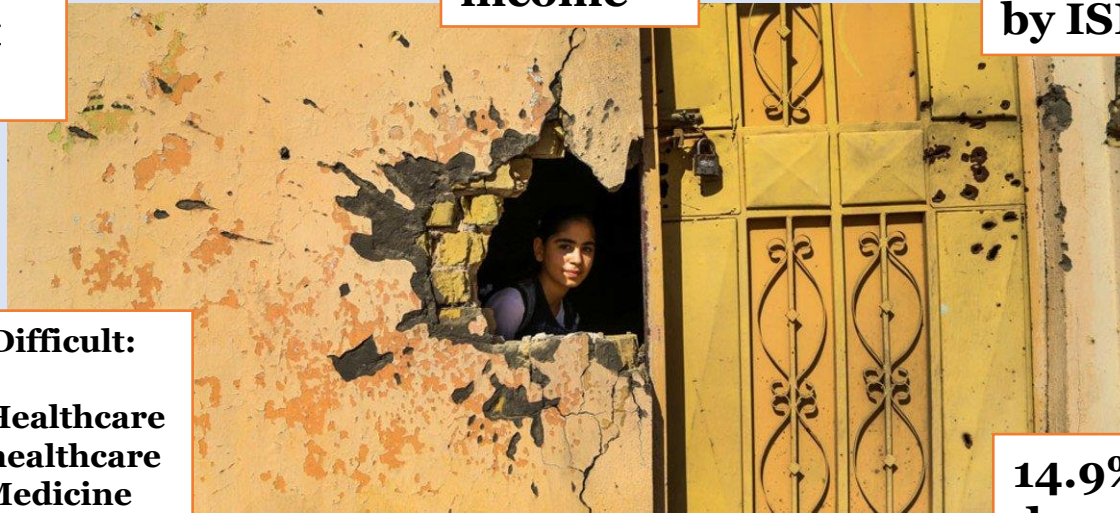


Image from <https://news.un.org/en/story/2016/12/548562-iraq-un-habitat-rehabilitates-123-conflict-damaged-houses-anbar-governorate>

Predictors of Immunization by 12 months by six antigens from Best Fit Model Using AIC Determination

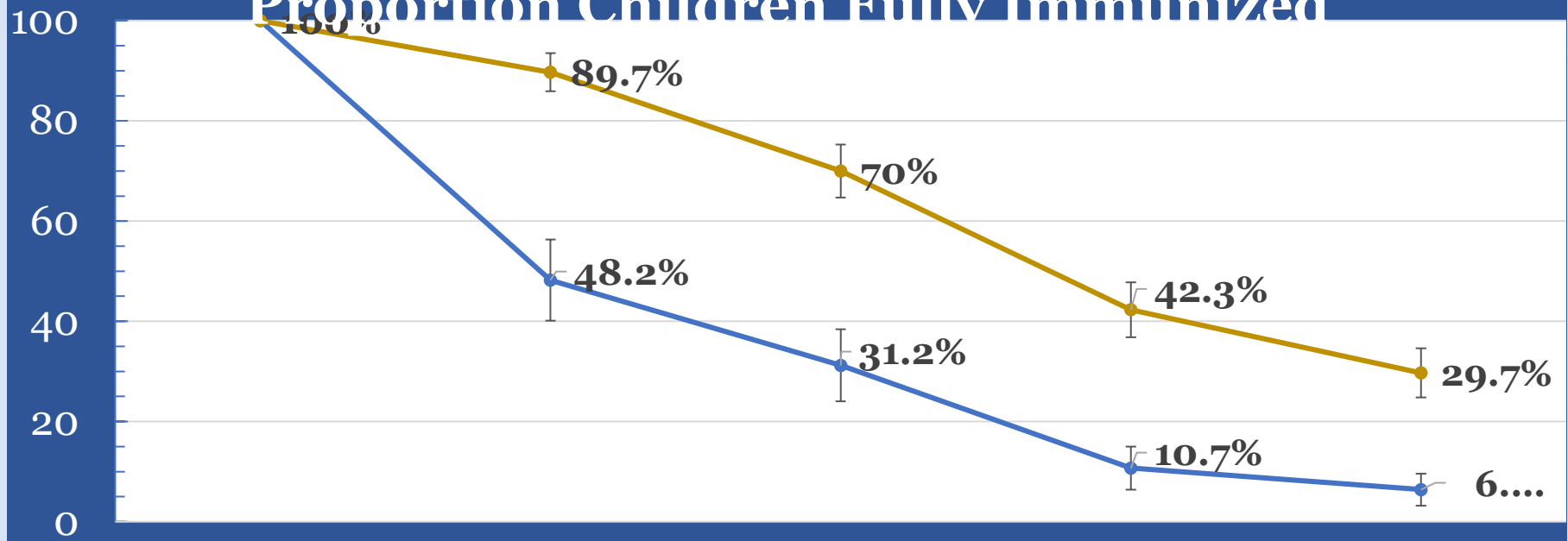
	Fully Immunized (N=101)	Not Fully Immunized (N=350)	Adjusted CIR
Conflict cohort (141)	9 (8.9%)	132 (37.3%)	0.41 (0.19, 0.85)*
Bharwana vs (Hadeetha/Haqlaniyah) (154)	47 (46.5%)	107 (30.6%)	1.68 (1.1, 2.57)*
Rural (124)	11 (10.9%)	113 (32.3%)	0.53 (0.26, 1.07)
Internet not available at home (148)	17 (16.8%)	131 (37.4%)	0.75 (0.41, 1.39)
Indicated any difficulty in accessing food, medicine or healthcare from 2014-2017 (384)	76 (75.3%)	308 (88%)	0.63 (0.37, 1.05)
Maternal age (Mean, SD)	29 (4)	30 (5)	0.98 (0.93, 1.04)
Maternal education			
Primary or less	27 (26.7%)	135 (38.6%)	---
Some secondary or beyond	74 (73.3%)	215 (61.4%)	0.96 (0.53, 1.7)
Beyond secondary	6 (5.9%)	44 (12.6%)	0.4 (0.15, 1.09)
Mother received tetanus before/during pregnancy (319)	82 (81.2%)	237 (67.7%)	1.2 (0.67, 2.17)
Child born at home (184)	28 (27.7%)	156 (44.6%)	0.91 (0.57, 1.46)
Reasons did not vaccinate			
Vaccine not available (131)	8 (7.9%)	123 (35.1%)	0.39 (0.18, 0.84)*
Vaccine side effects (43)	2 (2%)	41 (11.7%)	0.12 (0.03, 0.5)*

Predictors of Immunization by 12 months by six antigens from Best Fit Model Using AIC Determination

	Fully Immunized (N=101)	Not Fully Immunized (N=250)	Adjusted CIR
Conflict cohort (141)	9 (8.9%)	132 (37.3%)	0.41 (0.19, 0.85)*
Bharwana vs (Hadeetha/Haqlaniyah) (154)	47 (46.5%)	107 (30.6%)	1.68 (1.1, 2.57)*
Rural (124)	11 (10.9%)	113 (32.3%)	0.53 (0.26, 1.07)
Internet not available at home (148)	17 (16.8%)	131 (37.4%)	0.75 (0.41, 1.39)
Indicated any difficulty in accessing food, medicine or healthcare from 2014-2017 (384)	76 (75.3%)	308 (88%)	0.63 (0.37, 1.05)
Maternal age (Mean, SD)	29 (4)	30 (5)	0.98 (0.93, 1.04)
Maternal education			
Primary or less	27 (26.7%)	135 (38.6%)	---
Some secondary or beyond	74 (73.3%)	215 (61.4%)	0.96 (0.53, 1.7)
Beyond secondary	6 (5.9%)	44 (12.6%)	0.4 (0.15, 1.09)
Mother received tetanus before/during pregnancy (319)	82 (81.2%)	237 (67.7%)	1.2 (0.67, 2.17)
Child born at home (184)	28 (27.7%)	156 (44.6%)	0.91 (0.57, 1.46)
Reasons did not vaccinate			
Vaccine not available (131)	8 (7.9%)	123 (35.1%)	0.39 (0.18, 0.84)*
Vaccine side effects (43)	2 (2%)	41 (11.7%)	0.12 (0.03, 0.5)*



Proportion Children Fully Immunized



Birth

2-month

4-month

6-month

12-month

—● Conflict (n=141)

—● Post-Conflict (n=310)

Proportional adj Odds
(95% CI)

0.18
(0.1, 0.33)

0.31
(0.18, 0.53)

0.51
(0.19, 1.39)

0.41
(0.19, 0.85)



Proportion of children **who did not complete** other vaccinations based on immunization table at any time

	Conflict Cohort (n=141)	Post-Conflict Cohort (n=310)	p-value
Vaccinations to be completed by 12 months of age			
Rotavirus 2 (4 months)	105 (74.5%) (66.8%, 81.1%)	111 (35.8%) (30.6%, 41.3%)	0.000
PCV3 (6 months)	129 (91.5%) (90.5%, 97.8%)	241 (77.7%) (72.9%, 82.1%)	0.000
Vaccinations to be completed by 18 months of age			
	Conflict Cohort (n=141)	Post-Conflict Cohort (n=229)	p-value
MMR (18 months)	43 (30.5%) (23.4%, 38.4%)	104 (45.4%) (39.1%, 51.9%)	0.000

Public Health Impact

Population estimations for incomplete vaccination for Hadeetha, Anbar, Iraq for Children 12-72 months of age

	A Study Sample Results (2014-2020) (n=451)	B Study Sample results applied to total number of Children on the “Mutasaribeen” (n=3,953)	C Proportion of All Children in Hadeetha District 12-72 mos of age (n=23,557)
	n (%) (95% CI)	n (estimate in full cohort)	n (%) (95% CI)
Incomplete Immunization by 12 months of age	350 (77.6%) (73.6%, 81.3%)	3,068	3,068 (13%) UNDERESTIMATES
GAVI Underimmunised (Missing DTP3)	279 (61.9%) (57.4%, 66.4%)	2,447	2,447 (10.4%)
Zero Dose Per GAVI Definition (Missing DTP1)	89 (19.7%) (16.3%, 23.6%)	779	779 (3.3%)
True Zero Dose (No Birth Dose)	5 (1.1%) (0.4%, 2.4%)	44	44 (0.19%)

Discussion



- ▶ Improved trends in childhood mortality since 2006
- ▶ Persisting **vulnerabilities** of select children within recovery districts.
- ▶ Children in the **conflict cohort** are **substantially underimmunised** for the six required antigens
- ▶ Despite the **elapsed three years since the cessation of ISIS** related conflict, these children remained in **isolated clusters**
- ▶ **Lack of vaccine availability.**
- ▶ Limitations:
 - ▶ *Thus, this study focused on children identified as vaccine non-completers*
 - ▶ *The impact of the COVID-19 pandemic also skewed the proportion of children in the sample that were non-completers from the 2018-2020 period.*



Support Provide by:



- **Gulf Medical Relief Fund, Inc (Metairie, Louisiana)**
- **Iraq Ministry of Health, Anbar Province, Hadeetha District**



TechNet-21
The Technical Network for
Strengthening Immunization Services



Immunization Resilience in Fragile Settings: the Momentum Integrated Health Resilience (MIHR) USAID approach

Enrique Paz, MIHR Immunization Lead
Isabelle Bremaud, MIHR Regional Resilience Advisor

Immunization Resilience in Fragile Settings: the Momentum Integrated Health Resilience (MIHR) USAID approach

September 15, 2022

Enrique Paz, MIHR Immunization Lead
Isabelle Bremaud, MIHR Regional Resilience Advisor



USAID
FROM THE AMERICAN PEOPLE



USAID Momentum suite of awards 2020-2025



Integrated Health Resilience

Improving MNCHN/FP/RH in fragile and conflict-affected settings.



Country and Global Leadership

Strengthening country capacity and contributing to global technical leadership and policy dialogue in MNCHN/FP/RH.



Private Healthcare Delivery

Strengthening private provider contributions to MNCHN/FP/RH.



Safe Surgery in Family Planning and Obstetrics

Improving access to and use of safe surgery for maternal health and voluntary family planning.



Routine Immunization Transformation and Equity

Strengthening immunization programs to reach all who are eligible with high-quality vaccination services.



Knowledge Accelerator

Facilitating learning, adaptation, innovation, knowledge sharing, and strategic communication for MOMENTUM.

Overview

Countries with MIHR-supported Immunization/Child Health activities:

- South Sudan
- DR Congo
- Mali
- Burkina Faso
- Niger

Note: MIHR involvement in immunization is primarily sub-national in these countries, in designated districts (or equivalent)

Lead and Resource Partners on MIHR:



PATHFINDER

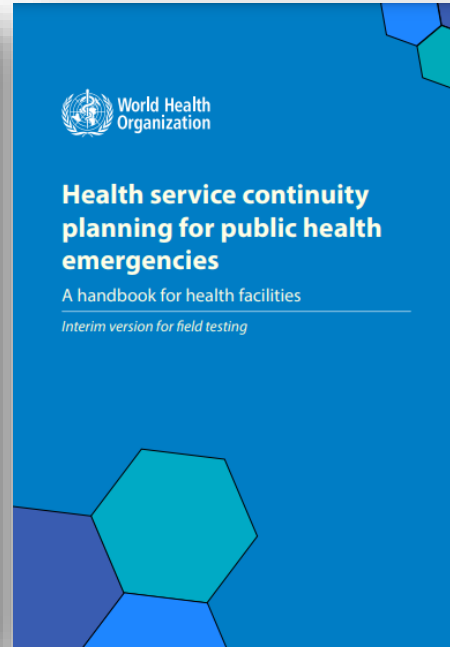
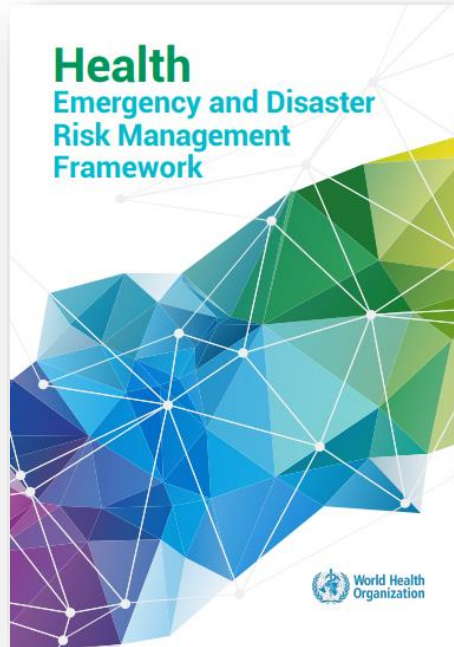
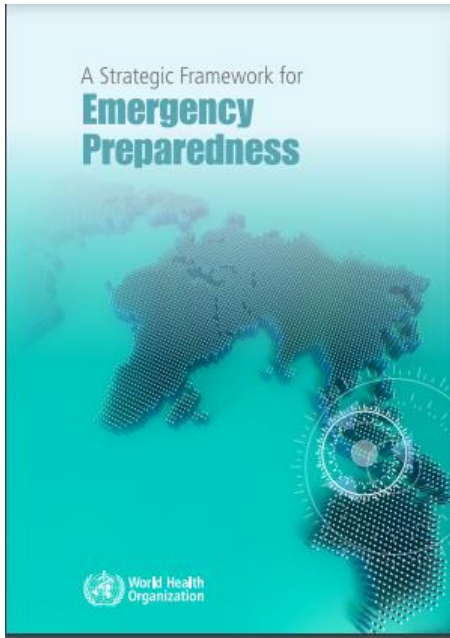




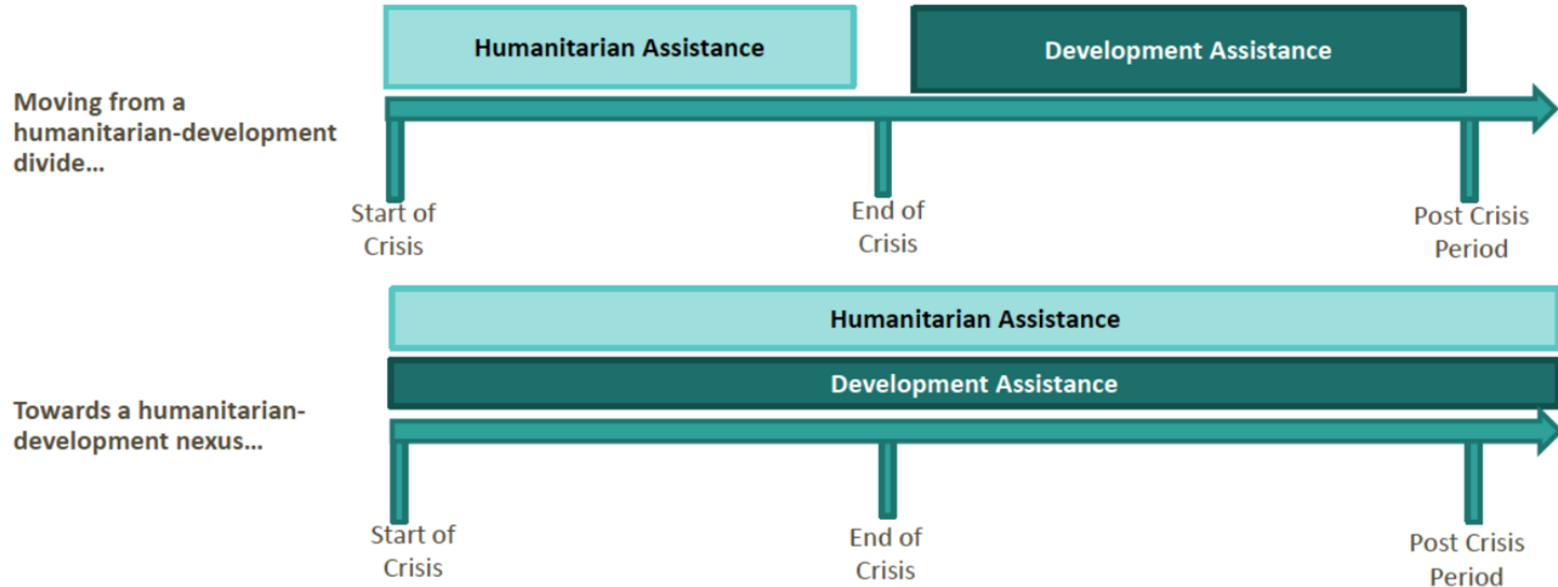
Health Resilience

USAID defines health resilience as the “ability of people, households, communities, systems, & countries to mitigate, adapt to, & recover from shocks & stresses, in a manner that reduces acute and chronic vulnerabilities, and facilitates equitable health outcomes.”

Incorporating global guidance - "all-hazard" approach



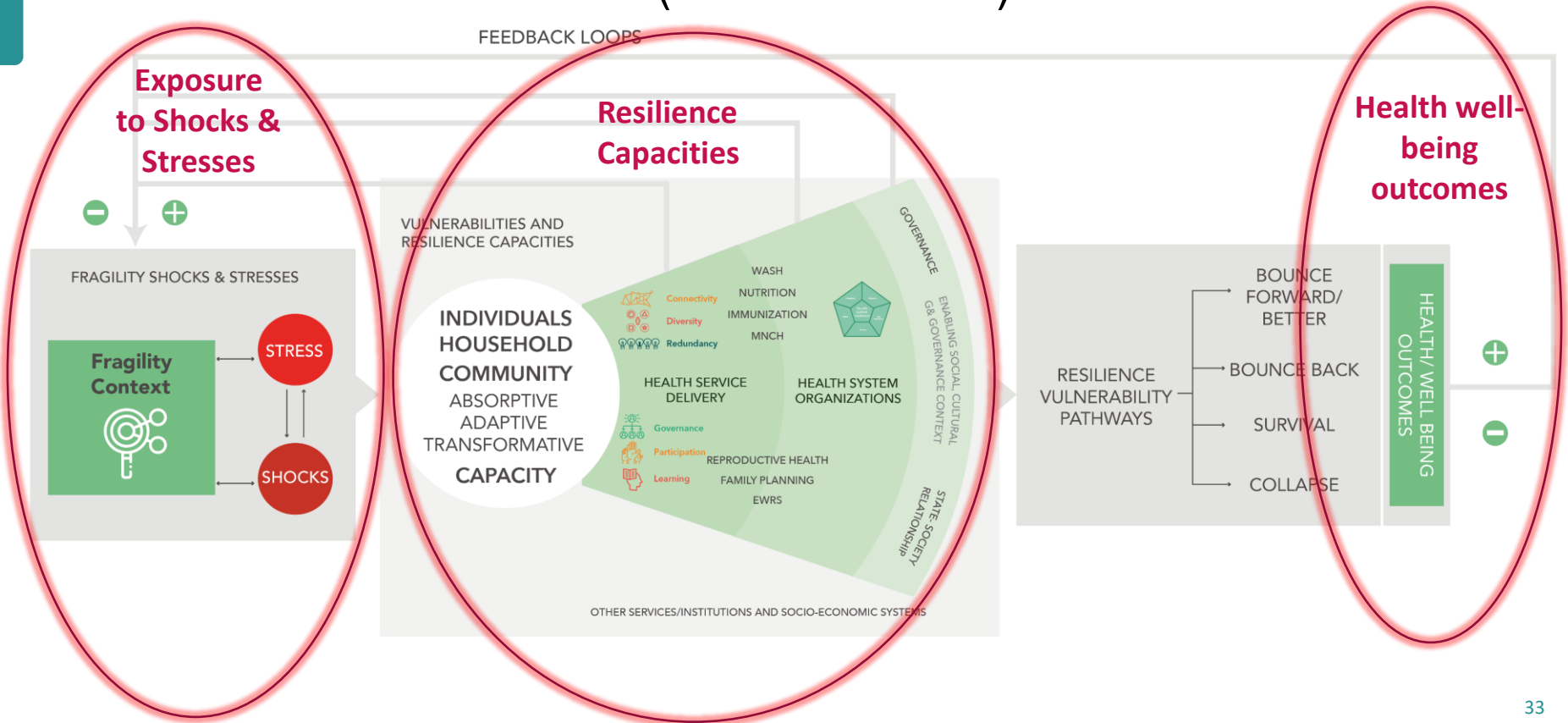
Working in the Humanitarian-Development Nexus



MIHR is working as a **development actor** to accelerate stabilization and recovery in fragile settings.

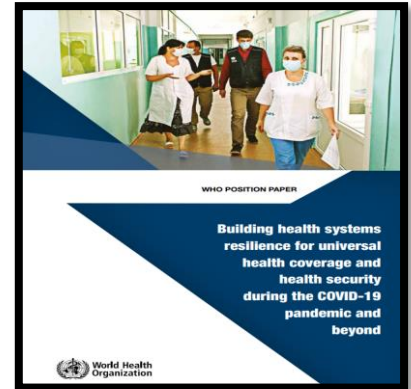
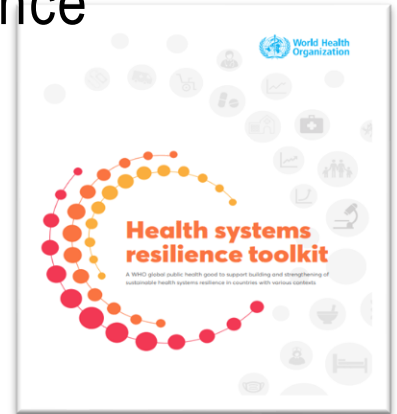
<https://usaidmomentum.org/resource/humanitarian-development-nexus/>

MIHR health resilience (measurement) framework



MIHR is active in Immunization Agenda (IA) 2030 TWGs (notably SP5) and linking with health system resilience initiatives

Building Resiliency During COVID-19 Pandemic



Health Resilience Capacities

Ensuring relative **stability** during crisis

Absorptive capacity: Prevention and coping measures to avoid permanent, negative impacts from shocks and stresses and to maintain health system stability

Making incremental changes towards greater **flexibility**

Adaptive capacity: The ability to make changes in response to longer-term change. The capacity of the health system to make adjustments while improving overall system performance

Making structural changes towards **transformation** of the system

Transformative capacity: The enabling environment for system change. The ability to make fundamental changes that address underlying vulnerabilities and contextual dynamics that impact system performance and progress toward improved health outcomes



Resilient Health Systems:

1. Prepare for and respond to emergencies
2. Continue and improve functionality when confronted with emergencies

MIHR's Approach to Reaching Zero Dose Children in the Humanitarian-Development Nexus

HUMANITARIAN

DEVELOPMENT

Response

Stabilization

Strengthening

Health Resilience-Preparedness and Response

Absorptive Capacity

- Microplanning for shocks and stresses
- VPD preparedness (i.e measles, polio, C-19)
- Supporting vaccine availability and use
- Guidance with trained vaccinators
- Emergency preparedness and response plans and Early Warning System

Adaptive Capacity

- Healthcare workers and facilities prepared and equipped in fragile contexts
- Immunization service delivery integrated with other health services
- Inputs to the national and sub-national health emergency preparedness and training response plans (and links with VPD surveillance)

Transformative Capacity

- Immunization is part of the established national and sub-national health emergency preparedness structure (clusters)
- Information systems for local decision-making, more robust financial and procurement mechanisms
- Re-organize services and multi-sectoral networks
- CHWs and immunization services (outreach, fixed, mobile; RI and COVID-19) within continuity of care

Vaccine Delivery and Integration

Subnational health system strengthening and resilience

- Use health systems capacity strengthening approaches (HSCB), including RED/REC, to improve performance and resilience capacities of health services at subnational level
- Adapt 'periodic intensification of RI' and 'missed opportunities for vaccination' with other services

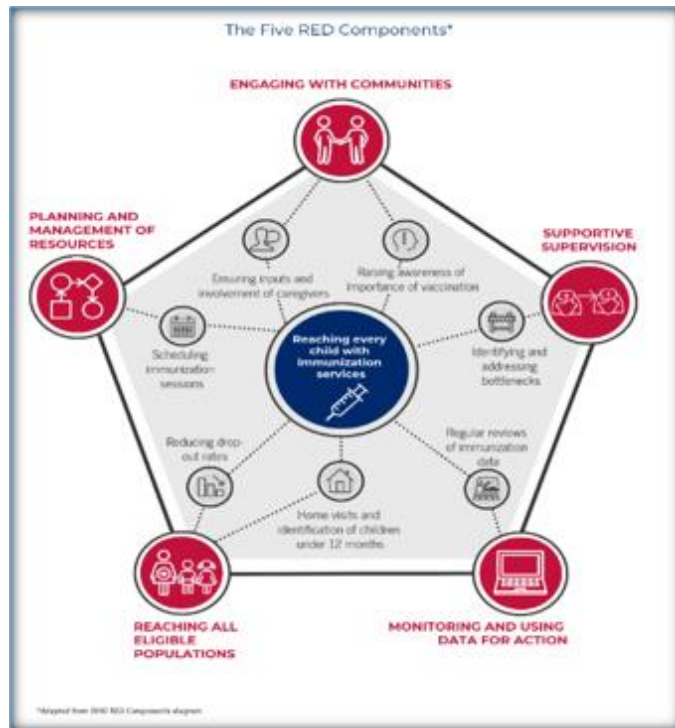
Strengthen, maintain, and restore immunization services to reach Zero Dose children and missing communities in fragile settings at the H-D nexus

- Support countries to “build back better” during and after COVID-19 through RED/REC, MOMENTUM’s Commitment to Immunizing zero dose, adapting IRMMA (Gavi) and other strategies tailored to fragility.
- Assist with immunization data collection and analysis, including adapting tools and training to local subnational context
- Contribute to improving immunization supply chain

Immunization global coordination and thought policy dialogue

- Collaborate with the GAVI 5.0 Humanitarian Partners Group and the IA2030 SP5 TWG on fragile settings (including contributing to the Theory of Change for zero-dose children and communities)
- Contribute to regional immunization forums and link with partners (EPI, WHO, UNICEF, CSOs)
- Coordinate with other MOMENTUM awards (e.g. MRITE, MCGL, MKA)
- Interact with other disease control initiatives (GPEI, MRI, CoVDP, others)

Adapting RED/REC with a resilience lens and microplanning with zero dose



- Planning for Service Continuity and Emergency Preparedness and Response Planning at Health Facility Level (HF-EPRP)
- Fragility, Crisis sensitivity, and Complexity (F2C) assessment
- Household level – building resilience capacities
- Household level – Recurrent Monitoring Surveys (RMS)
- Community-level: Analysis of the Resilience of Community to Disaster in Health (ARC-D Health)

Way forward

- MIHR will continue to work with and support partner countries to restore, strengthen, and maintain immunization services:
- focus on community engagement to identify and reach zero-dose children and under-served populations.
- assist countries to implement health system strengthening approaches (including RED/REC) to improve planning, performance, integration, and resilience of MNCH services at subnational levels.
- collaborate with partners at global, regional, and country levels to provide technical guidance to help close immunity gaps and recover routine immunization programs (during the COVID-19 pandemic and other times of severe disruption)



THANK YOU

MOMENTUM **Integrated Resilience Health** is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by **IMA World Health** with partners **JSI Research & Training Institute, Inc., Pathfinder International, GOAL USA Fund, CARE, Africa Christian Health Associations Platform (ACHAP)** under USAID cooperative agreement **#7200AA20CA00005**. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of **IMA** and do not necessarily reflect the views of USAID or the United States Government.



@USAID_MOMENTUM



@USAIDMOMENTUM



USAID MOMENTUM



USAID MOMENTUM



TechNet-21
The Technical Network for
Strengthening Immunization Services



Resilience of Immunization Program, South Sudan, Progress and Perspectives

George Manga, Resilience Advisor MIHR South Sudan
June Ojukwu, Community Health Advisor MIHR and Immunization

Immunization and Resilience

MOMENTUM Integrated Health Resilience

SOUTH SUDAN

George Manga, Resilience Advisor MIHR South Sudan,

June Ojukwu, Community health Advisor and Immunization

September 15, 2022

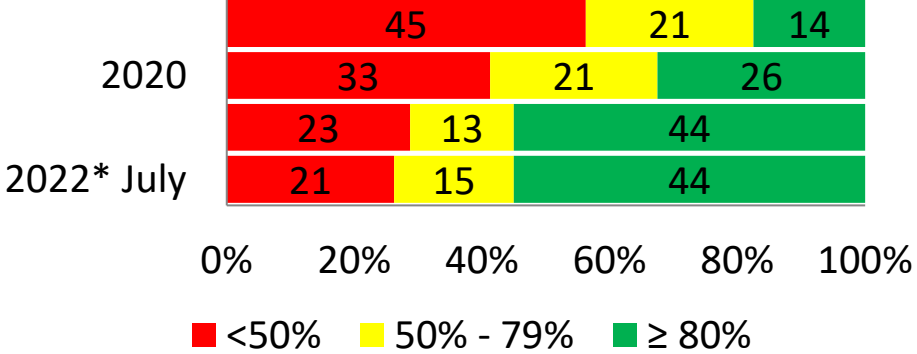


USAID
FROM THE AMERICAN PEOPLE

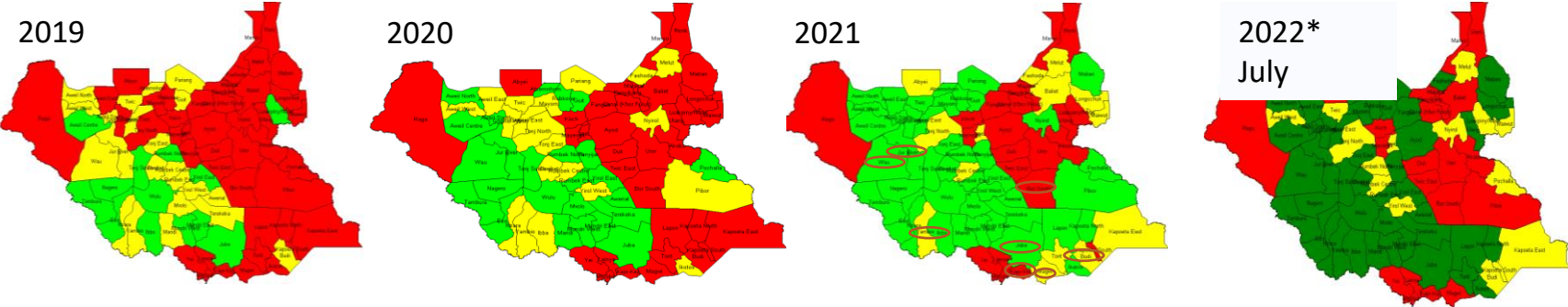


RI Penta 3 Performance by County: Six MIHR counties circled

Number of counties attained Penta 3 % by county



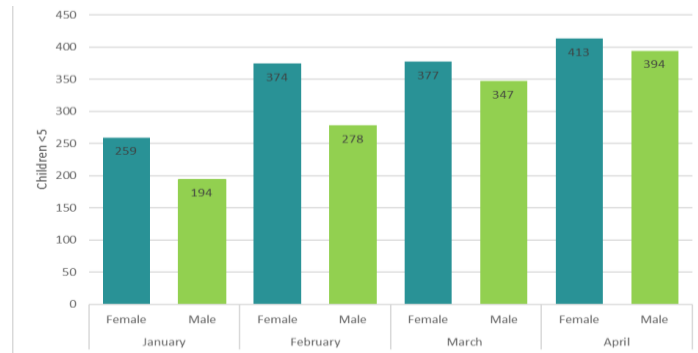
- Although there was significant improvement of the coverage in 2021, outliers were being reported in some counties
- Flooding has critically effected RI activities in greater Upper Nile region (Jonglei, Upper Nile and Unity) in 2021-2022



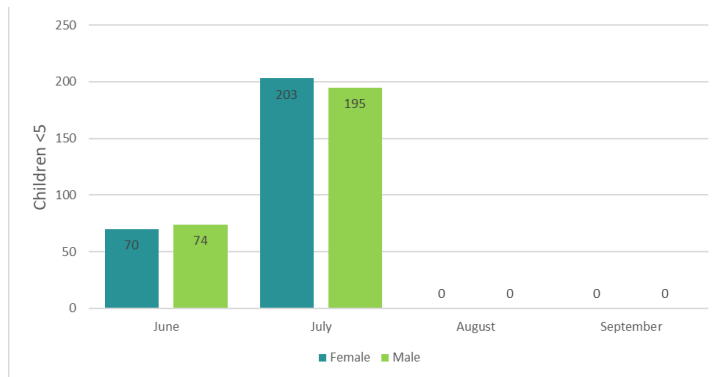
Routine Immunization in S. Sudan

- Graphs show number of under 5 year olds referred for vaccination by Boma Health Workers (BHWs) with MIHR support in 8 counties
- Development of county micro-plans
- MIHR integrated outreach in hard-to-reach areas, reaching both children (zero dose and defaulters) and pregnant mothers
- Monthly performance review meetings with community leaders

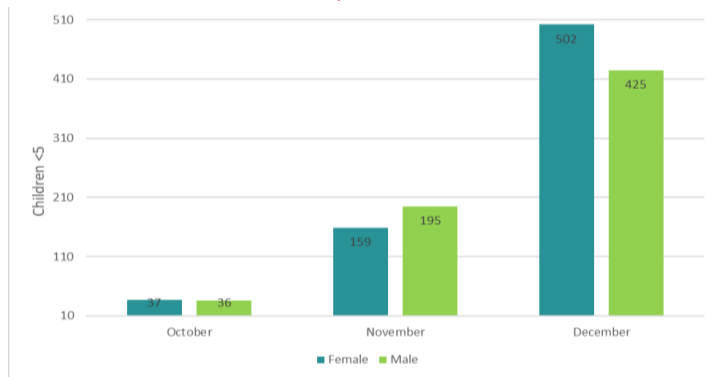
January-April 2022, administrative data



June-September 2021, administrative data



October-December 2021, administrative data



Note: Challenges with facing out CHWs replacing by BHWs in Aug – Nov, with intensified efforts from Dec 2021 onwards

Number of Children under 5 years referred to HF for immunization, by gender

Microplanning

- MIHR support partner (Core-Group) with the training of County/Payam supervisors on community engagement and micro-plan
- MIHR at county level involve in micro-planning process



MIHR immunization support (with Counties, facilities, communities)

- Community integrated outreach
- Defaulter tracing and referral
- Identification of zero dose children
- Follow up with children due for immunization
- Verify with immunization register
- Check the cold chain function and vaccine placement, vaccine vial monitors, and temperature logs during field visits
- Cross learning and county learning



MIHR SS Immunization and resilience

Develop **EPRPs (emergency preparedness and response plans)** for health facilities to be able to ensure continuity of services, including immunization, despite shocks or stresses.

Next plan to increase health resilience including immunization in MIHR locations, especially:

- Establishment and operationalization of EWRS (early warning and response system) is an effective immediate action to progress health resilience, particularly at community level. It will increase risk awareness, coordination among stakeholders and develop strategies for response.
- Health resilience action plan and emergency preparedness capacity development plan for the Boma level

Immunization and RH/FP/MNCH

- BHWs and health facility staff provide information on primary health care services
- Parents referred for counselling on LARC by BHWs
- The FP provider/mentor provides menu of other available services e.g., Immunization, growth monitoring, etc.
- Parents referred to immunization section with the child -- to complete his/her schedule



South Sudan World Vaccination Week WVV April 26,2021

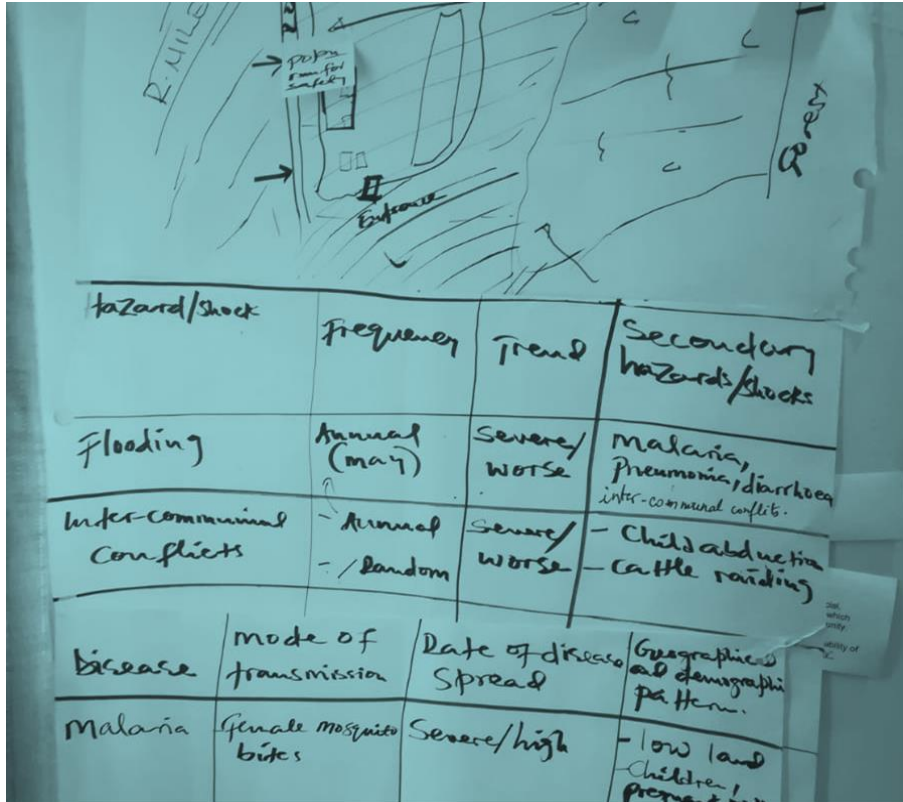
- In South Sudan Yambio PHCC and Yambio Hospital of Western Equatoria state are selected for MIHR and implementation started in January.
- The services at MIHR facilities includes Family planning, MNCH (Postnatal is a component) and Health Education.
- During post-natal care in Yambio hospital there was shortage of BCG dosage because of the number of vials administered per day, the parents were referred to Yambio PHCC to received BCG for their child to complete postnatal care with immunization card filled.
- This is to ensure strong coordination and integration with immunization section. The father was very determining and follow the steps for both his wife and the child.



"Our child is our responsibility after knowing the important of BCG and OPV-0 from the Postnatal unite, I feel like to fulfil my duty as a father to scot my wife for all those service so that my child will not miss a dose and if my wife is busy I can easily remind her when the child is due for vaccination or I can even bring my child myself.

I thank all of you for the knowledge and information about the important of immunization during postnatal and will also talk to my fellow colleagues about the reasons of escorting a wife to the facility for the services and as well the priority given for couples"

Planning for Service Continuity and Emergency and Response at Health Facility Level



Objectives of HF-EPRP

- Short term – functional EPR plans & teams
- Mid-term – less interruption of health services during crisis and while responding to emergencies
- Long-term: increase of service utilization and reduced Mortality – at all times.

Developing HF-EPRP in South Sudan



Training of Trainers
3 Days
January 2022



12
Participants/
trainers from
MIHR and MoH



Roll-out of workshops in each
county with health facilities and local
stakeholders
Feb-May 2022



Participants from:
Health Facilities, County
health departments, NGO
representative, Community
leaders, RRC, County
authorities, Cluster
representatives



13 Plans developed

- Simulation – 6 months
- Review and improvement of the plans 1/year

Highlight: Continuity plans

Risk Scenario : -----

Activation trigger: -----

“Deactivation” trigger: _____

Services offered by the HF	Continuity modality (to be continued; done remotely/ outreach; to be suspended, etc) Explain any changes in service delivery	Input needed			
		Staff needed	Equipment / assets (incl. IPC measures as needed)	Budget	Person in charge
e.g. MNCH					
FP					
RH					
Immunization					
Etc.					

THANK YOU

MOMENTUM **Integrated Resilience Health** is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by **IMA World Health** with partners **JSI Research & Training Institute, Inc., Pathfinder International, GOAL USA Fund, CARE, Africa Christian Health Associations Platform (ACHAP)** under USAID cooperative agreement **#7200AA20CA00005**. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of **IMA** and do not necessarily reflect the views of USAID or the United States Government.



@USAID_MOMENTUM



@USAIDMOMENTUM



USAID MOMENTUM



USAID MOMENTUM



TechNet-21

The Technical Network for
Strengthening Immunization Services



Questions & Answers