

Q&A for Mini-cPIE Clinic #03: Country Experience Sharing and Lessons Learned from Fragile States/Humanitarian Contexts

Tuesday, 12 October 2021

Thank you for attending the above mini-cPIE clinic session for countries and partners. Please see below consolidated questions and answers from the session for your reference from South Sudan and Somalia presenters.

QUESTIONS FOR SOUTH SUDAN

Which ODK app is the country using?

We are using the ODK and linking it to PowerBI. Check out our platform on this link <https://app.powerbi.com/view?r=eyJrIjoieYzZkMGRmYjQtZTQzYS00MTVjLWVjZmZlMDI0YzU4NGQ5NjJlIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>.

In the course of the review, did you look at how the COVID-19 vaccination campaign affects (negatively or positively) other healthcare and vaccination services?

For the case of South Sudan, routine healthcare activities continued normally and routine immunization was not affected since the cadres who were engaged in supporting the COVID-19 vaccination program were nurse vaccinators. It is in the current phase that staff supporting routine immunization will be engaged to support COVID-19 vaccination.

For South Sudan, how many COVID-19 vaccination sites were established and how many days were they functioning? What was the population covered by each centre?

In South Sudan, we vaccinated in all ten states, 36 out of 80 counties, and about 100 vaccination centres. Currently, with rolling out J & J, we are going all out in ten States, all 80 counties and 250 vaccination centres.

South Sudan has an excellent COVID-19 dashboard for the coverage, vaccine supply and AEFI. What was the vaccine wastage rate? Was there any vaccine wastage due to the short vaccine shelf life?

In the first phase, we had 8% wastage, and in the second phase, we utilized all the vaccines; hence there was no wastage.

Have you tapped into the COVAX humanitarian buffer opportunity given that you have an ongoing crisis?

South Sudan has not, as we do not comply with the requirements, unfortunately!

What is the gender-wise analysis of vaccination in the country?

For South Sudan, there is a low uptake of vaccines among females. At first, there were fears that the vaccine would make them infertile, and with so much communication in social media, this was amplified and resulted in low uptake. More so, our Risk Communication and Community Engagement colleagues noted that some women indicated that they needed permission from their husbands to go and get vaccinated. Others complained about long distances from their homes to the vaccination points (especially at the beginning when MOH was using more fixed sites and very minimal outreach activities).

What is the system for AEFI surveillance?

There is a dedicated network of the AEFI team at all vaccination sites to capture that information and manage them accordingly.

Bravo South Sudan for the comprehensive online dashboard. Do you have data on serious AEFI?

Yes, we do capture AEFI linelist via the ODK too.

Did South Sudan integrate COVID-19 vaccine delivery with other services, public health information or health interventions?

In South Sudan, the COVID-19 vaccination program was a stand-alone program that was not integrated into other health interventions. However, the team has learned that using multiple approaches during responses in the field, targeting nutrition points, conducting outreaches, among others, are the strategies that will be employed going forward to increase consumption of COVID-19 vaccines among the general population.

What were the challenges that you faced during the process to collect disaggregated data?

(Presenter answered this question verbally – please refer to the recording).

QUESTIONS FOR SOMALIA

Did Somalia integrate COVID-19 vaccine delivery with other services, public health information or health interventions?

Yes, COVID-19 vaccine delivery was integrated with public health information.

What is the gender-wise analysis of vaccination in the country?

39% are female among the total vaccinated.

What is the system for AEFI surveillance?

Surveillance system in the country, including AEFI, is donor-dependent; it is functional but needs strengthening.

Did you face any challenges with the cold chain infrastructure? If so, how was it resolved?

No challenge faced so far.

Have you tapped into the COVAX humanitarian buffer opportunity given that you have an ongoing crisis?

Not yet, as in NDVP, all population is considered, including population living in inaccessible areas.

What were the challenges that you faced during the process to collect disaggregated data?

Somalia introduced an electronic recording and reporting tool for COVID 19 vaccination, there was the challenge of data entries, and one state refused to use the electronic tool.

For Somalia, how many COVID-19 vaccination sites were established, and how many days were they functioning? What was the population covered by each centre?

(Presenter answered this question verbally – please refer to the recording).

What were the main challenges for the IDPs living in protracted areas?

(Presenter answered this question verbally – please refer to the recording).

Did you consider prioritizing specific types of vaccine, such as the J & J vaccine which is only one jab, to reduce the risk for healthcare workers going back for a 2nd dose?

(Presenter answered this question verbally – please refer to the recording).