

MOMENTUM Routine Immunization Transformation and Equity

Reaching the Hard-to-reach with COVID-19 Vaccines
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Overview of Presentation

1. Introduction to MOMENTUM Routine Immunization Transformation & Equity
2. Reaching Under-served Populations in **India**
3. Addressing Vaccine Confidence and Uptake in **DRC**
4. Working with Community Leaders to Address Vaccine Hesitancy in **Mozambique**
5. Reaching Remote Communities in **Vietnam**

Our Vision

Award Date: July 27, 2020
Period of Performance: 5 years
Funding to date: \$ 97 million

MOMENTUM Routine Immunization

Transformation and Equity envisions a world in which all people eligible for immunization, from infancy throughout the life-course, and particularly underserved, marginalized, and vulnerable populations, are regularly reached with high-quality vaccination services and use them to protect their children and themselves against vaccine-preventable diseases.



Supporting COVID-19 Vaccination



VACCINATION POLICY AND PLANNING FOR EQUITABLE DELIVERY

- Develop and update National Deployment and Vaccination Plans.
- Adapt global and regional guidance to develop and disseminate local protocols.
- Facilitate stakeholder planning to reach priority groups, including microplanning at subnational levels.
- Analyze equity and gender considerations of alternative vaccine delivery strategies.
- Conduct macro-level testing of deployment plans against data on supply chains, human, and other resources.



SUPPLY CHAIN AND LOGISTICS

- Assess cold chain to identify capacity needs and priorities.
- Plan supply chains to optimize resources and align with evolving service delivery strategies, to ensure vaccine availability and use.
- Adapt logistics information systems to inform efficient distribution.
- Foster innovative partnerships to secure additional cold chain equipment.
- Build capacity of logisticians in vaccine specifications and cold chain equipment management.



SERVICE DELIVERY AND USE

Delivery Modalities

- Assess and develop alternative service delivery models and strategies.
- Identify service delivery options that optimize the supply chains and vice versa.
- Tailor microplanning to reach previously untargeted populations.

Health Worker Capacity Building

- Adapt WHO curriculum to various cadres of health workers and managers.
- Apply virtual and digital tools for remote health worker training and supervision.
- Establish systems for continuous updates about evolving vaccination policies.
- Build health worker trust and skills to communicate with clients about importance of vaccination.

Community Engagement, Demand Generation, and Risk Communication

- Support integrated communications strategies with messages tailored to various target populations.
- Engage new partners for outreach to target groups (e.g., medical associations, pension administrators).
- Develop crisis communication plans to correct misinformation.
- Design service delivery and behavioral strategies.



FINANCING

- Cost National Deployment and Vaccination Plans.
- Conduct cost analysis of alternative vaccine distribution and service delivery strategies.
- Advise on public financial management adaptations to support service delivery activities.
- Support resource mobilization and advocacy.



GENERATION AND USE OF HIGH QUALITY DATA

- Strengthen information systems and apply new technologies to monitor COVID-19 vaccination coverage by target populations.
- Adapting existing data systems to include scheduling and other functions to support vaccination.
- Review and strengthen reporting systems and response protocols for adverse events following immunization.
- Apply adaptive learning techniques to inform real-time management response.

MOMENTUM Routine Immunization Transformation and Equity Country-Level Activities

	DRC	Mozambique	Kenya	Niger	India	Vietnam	Nigeria	Mali	Madagascar	Ghana	Ethiopia	Haiti	South Sudan	Kyrgyzstan	Bosnia and Herzegovina	Moldova	North Macedonia	Serbia
Routine Immunization	✓	✓	✓		✓		✓											
Polio	✓	✓																
COVID-19																		
Planning and Coordination	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓
Supply Chain		✓	✓	✓	✓			✓			✓		✓					
Health Worker Capacity Building	✓	✓	✓	✓	✓	✓	✓			✓		✓	✓	✓		✓	✓	✓
Demand Generation / Community Engagement	✓	✓			✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓
Data / Monitoring & Evaluation	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓		✓			



Reaching Under-served Populations in **India**

India

Context	Population	Funding
18 states: Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Chhattisgarh, Jharkhand, Jammu & Kashmir, Ladakh, Odisha, Punjab, Madhya Pradesh, Maharashtra, Tamil Nadu, Rajasthan, Karnataka	Country: 1.38 billion Project-supported areas: 636.5 million	\$35 million

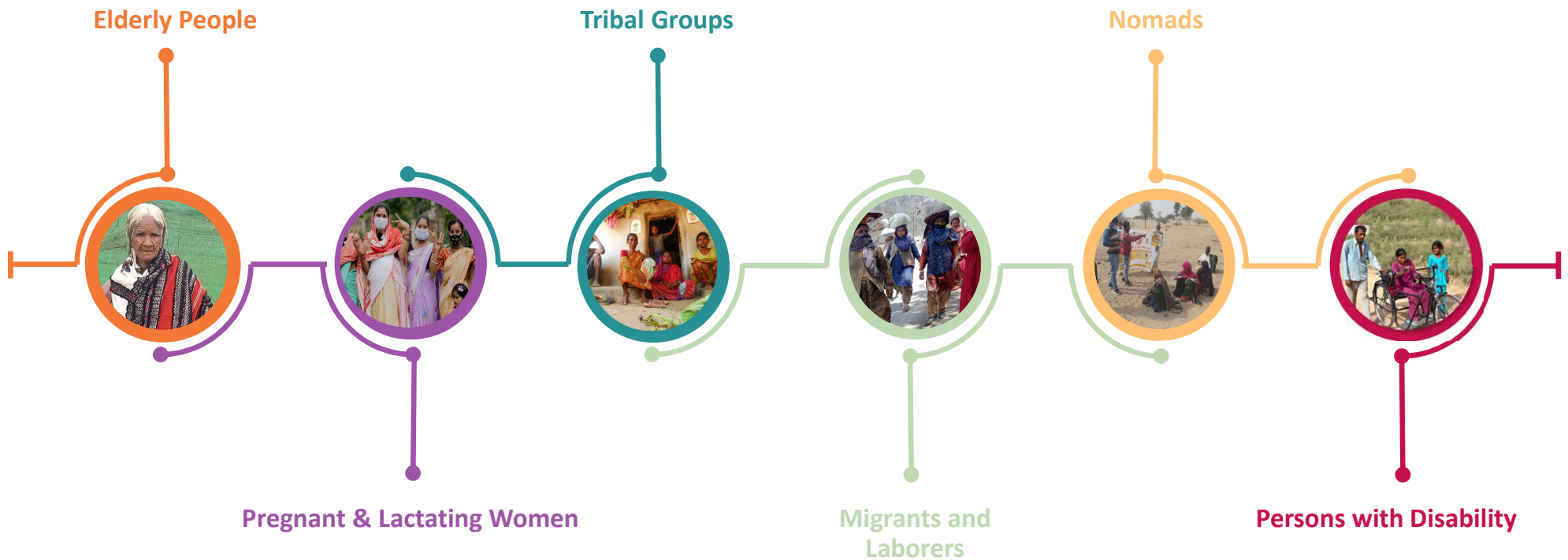


Strategic Objectives

- Support national-level COVID cell via seconded staff for data analytics and compilation supply side analyses.
- Increase demand for and uptake of COVID-19 vaccination in targeted states, particularly among vulnerable and marginalized populations.
- Support state-level efforts to build capacity for supply chain logistics, service delivery and use, including modified delivery modalities, such as mobile vaccination and door-to-door campaigns.
- Engage local NGOs to extend reach of project activities to the community level through risk communications and community engagement with focus on marginalized groups.

Reaching the Most Underserved

Vulnerable and Marginalized Populations



State Highlights



Involvement of Local NGOs



Deployment of Mobile vaccination units



Contextualization of IEC materials



Customized demand generation approaches



Meeting with influencers to join as vaccine champions



Vaccination under Har Ghar Dastak and Amrit Mahotsava



Technical assistance for supply chain management



Leveraging special days for spreading awareness

Key Innovations



Helpline number
181, Chhattisgarh



AIIMS Bhatinda,
Punjab



Border Security Force, Punjab



Mobile Vaccination Units – Vaccine Express



Boat for
awareness



Tea Gardens,
Assam



Camel cart –
Rajasthan



Innovation: Reaching the Last Mile

- **Reaching left-out cohorts:**

- Sunday strategy pilot (Nagaland, Tamil Nadu) & Evening vaccination initiative (Chhattisgarh, Manipur) to reach the left out vulnerable population.
- Supported Har School Dastak (Nagaland, Mizoram, Manipur, Tripura, Arunachal Pradesh) & Har Office Dastak (Nagaland, Mizoram, Meghalaya) to target and increase coverage in left out groups usually not captured in Har Ghar Dastak.

- **Approaches to address last mile delivery gaps via Vaccine Express/Teeka Express:**

- Vaccine express has integrated solutions to match demand and supply via awareness, mobile vaccination camps and transportation.
- 744 operational Mobile vaccination vans reached 5,93,468 vulnerable population.



Key Project Achievements

Partnered with **26 NGOs** across **18 states of India** with **3000+** outreach workers implementing the field activities to provide support to state governments and making a positive shift towards vaccination in **298 project districts**.



~36.7 mn beneficiaries reached through messaging

~13 mn doses facilitated through sub awardee

~76,000+ FLWs & HCWs oriented on COVID-19 vaccination

~4 mn beneficiaries from Vulnerable Groups vaccinated

~250 partnerships with private/local bodies established

Facilitated 50+ policy level, technical meeting at state level

Key contributor to CoWIN development and data management





Addressing Vaccine Confidence and Uptake in **DRC**

Innovative Partnerships

Barriers to vaccination in the DRC including **low demand and availability of vaccines, lack of sustainable funding** for immunization, and the **poor quality of immunization data**.

Engagement to create **innovative partnerships** to generate demand, increase access and unlock resources.

- Facilitated a **workshop with the PEV** and professional associations, faith leaders, and civil society members who could contribute to immunization.
- Workshop members agreed upon commitments to action including:
 - *Ordre Des Infirmiers* agreed to organize education for nurses on COVID-19 vaccine importance.
 - *CNOM* committed to setting up a permanent framework for consultation between PEV and workshop partners.
 - *CAFCO* will work to encourage mothers bringing children for routine immunization to get the COVID-19 vaccination.



Engaging with Faith Leaders

Bishop Josué Wembi, the Secretary General of the Plateforme des Églises de Réveil (UMOJA), a network of revivalist churches in Kinshasa, initially discouraged his fellow pastors and members of his congregation from getting vaccinated due to misinformation.

- After the workshop, Bishop Josué and other pastors were vaccinated.
- The project worked with the Bishop to coordinate COVID-19 information sessions for other pastors
- UMOJA also mobilized vaccination clinics for congregation members.

“The only information I had was through social networks such as WhatsApp,” he said. “The information that was circulating gave me the impression not only that COVID-19 didn’t exist, but also that the vaccines being manufactured were also dangerous.” - Bishop Josué Wembi



Mass Media

- The project and PEV worked with a Kinshasa-based communications firm to produce **TV and radio spot interviews** to inform the public about the availability and safety of the COVID-19 vaccination in the DRC.
- Together with Breakthrough ACTION, the project supported **interactive mass media broadcasts** with **non-traditional partners** (Network of Journalists in Support of Children – JAE) to share testimonials from vaccinated people including pregnant women to encourage vaccination among hesitant populations in Haut Katanga, Kinshasa, and Kongo Central Provinces.





Working with Community Leaders to Address Vaccine Hesitancy in **Mozambique**

Addressing Vaccine Hesitancy Community by Community

- Supported district health authority to create a **crisis management committee** including government staff, religious and other community leaders, and health-care workers.
- Committee members played key roles:
 - Vouch for the **safety of the vaccine** to other community members.
 - Create and **disseminate key messages** and help recognize and stop rumors and misinformation.
 - **Lead community engagement**, mobilization, and coordination of campaign efforts.
- Visit community congregation sites, reaching women and local influential leaders who are mobilizing agents and are involved in mobile brigade microplans to improve community engagement.
- Training for health care workers to provide information on COVID-19 vaccines and to improve communication skills.



“We have discussions in the health committees and we talk of the importance of the vaccine, the vaccine calendar, and diseases preventable through vaccination.”

Domingos Salvador | Mozambique



PHOTO CREDIT: NELSON
SABONHA-KOBEKUN
ROUTINE PROMOTION
AND COMMUNITY
EQUITY

Domingos Salvador wakes up every day with a mission — to get his community vaccinated against life-threatening, preventable diseases. As a community health worker in Herema, in Zambézia province, Domingos serves a critical role as the link between his community and the nearby Curruane Health Center.

Influence of Religious Leaders

- Held community Q&A sessions with religious leaders to discuss:
 - The importance of completing the vaccination schedule.
 - The involvement of men in vaccination sessions.
 - How to promote COVID-19 vaccination uptake.
- Trained religious leaders conduct social mobilization and generate demand for COVID-19 vaccination in churches, mosques, and communities.



Photo credit: Neide Guesela, JSI

Religious leaders training conducted by the project to encourage them to promote immunization services.



Photo credit: Nelson Sardinha, JSI

Community hearing on male involvement with the Namanda health committee in Gurue, Zambézia Province.



Reaching Remote Communities in **Vietnam**

Reaching Last Mile COVID-19 Vaccination in Vietnam

The project focused on improving access to COVID-19 vaccination among **hard-to-reach communities** including:

- Living in geographically remote or rural areas
- Ethnic minorities
- Migrant workers
- Elderly and disabled population

Barriers to improving access to COVID-19 vaccination among hard-to-reach communities:

- Rough terrain and limited paved roads means long travel times to health centers and vaccination sites
- Limited equipment and local financial and human resources
- Language barriers
- Vaccine hesitancy

Project Activities

- Supported house to house survey and microplanning
- Conducted trainings for health workers and non-health workforce
- Deployed Mobile vaccination teams
- Improved aggregation of vaccination data to support decision-making

Mobile Vaccination Strategy



To increase efficiency at mobile vaccination sites, the project conducted **household surveys** to identify and figure out where unvaccinated and not fully vaccinated people are located.

- Carefully mapped clusters of villages.
- Identified appropriate locations and times for particular groups to receive vaccination and communicated in advance of clinics.

Older and Disabled Population in Remote Villages

- Health workers cluster several villages together with the support from village leaders.
- Bring out the older population and people with disabilities to the most convenient culture house in the area for immunization.



Reaching Last Mile COVID-19 Vaccination in Vietnam

Through household surveys conducted by the project, over **1.6 million unvaccinated or not fully vaccinated people** were identified in all disadvantaged villages and communes in the five project provinces.



The project supported **1,318 mobile vaccination sites** in five hard-to-reach, mountainous provinces.



The project administered **737,877 COVID-19 vaccination doses** at these sites.



THANK YOU

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