

Driving Change from the Ground Up: A Series of Success Stories in Community-Led Development

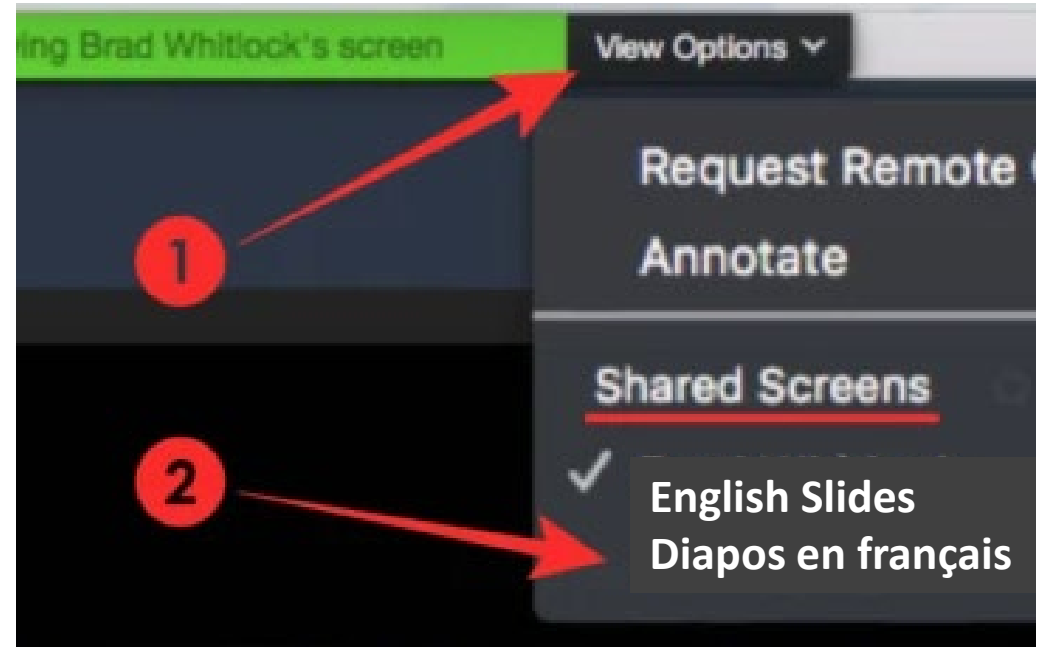
Part 1: Strengthening Communities' Capacity to Build Responsive Health Systems

Nov 19, 2024



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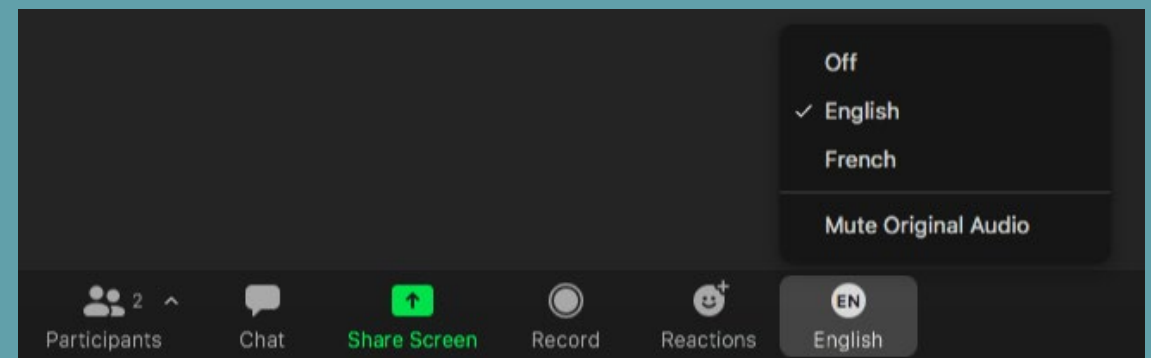
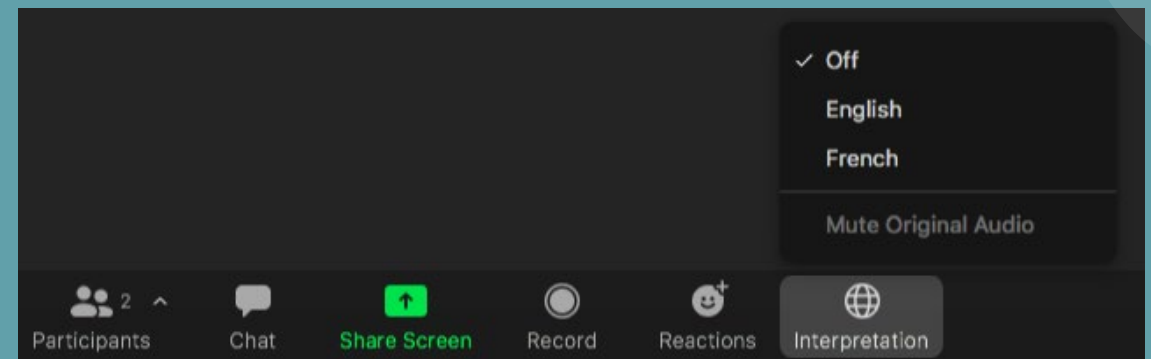
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- **Introduce yourself** in the chat! (name, organization, and location).
- If you have any questions, please submit them through the **“Q & A” function**.
- Feel free to share reflections and comments in the **chat** at any point!
- **Présentez-vous** dans le chat ! (nom, organisation et lieu).
- Si vous avez des questions, veuillez les soumettre par le biais de la fonction **«Q & A»**.
- N'hésitez pas à partager vos réflexions et vos commentaires dans **le chat** à tout moment !

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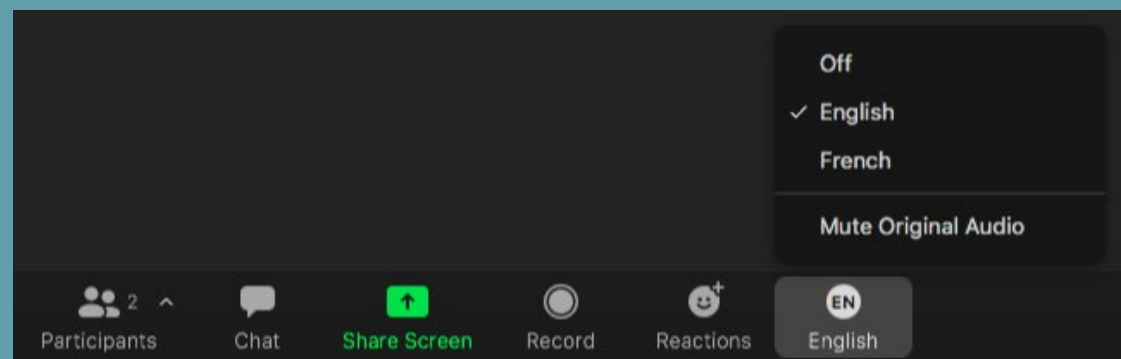
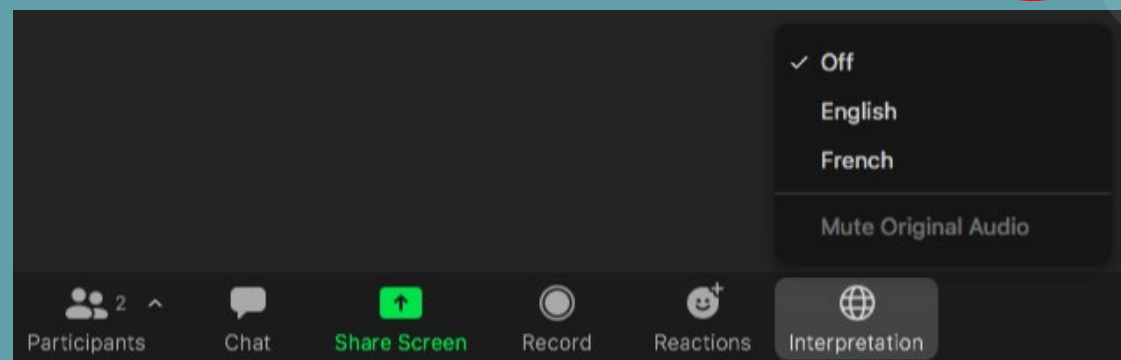
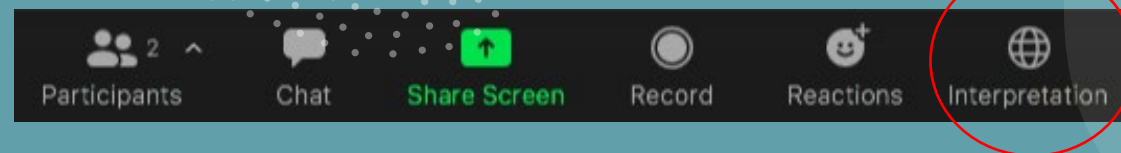
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Interprétation

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USAID MOMENTUM

USAID MOMENTUM is a flagship suite of awards working in more than 40 countries to:

- Accelerate improvements in maternal, newborn, and child health services.
- Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches, and strengthen the resiliency of health systems.



CORE Group

CORE Group has worked since 1997 to:

- Improve and expand community health practices for underserved populations, especially women, children, and adolescents, through collaborative action and learning.





Opening Remarks

Rachel Wax, Senior Director of Programs, CORE Group

Speakers



Lamunu Doris

Director, CORE Group
Partners Project-South
Sudan



Dr. Sa'adatu Ibrahim Ringim

Immunization State Team
Lead for Jigawa State,
Nigeria, MOMENTUM
Routine Immunization
Transformation and Equity
(MRITE)



Tobijo Denis Sokiri Moses

Technical Advisor, The
Rescue Initiative-South
Sudan (TRI-SS) Immunization

Strengthening Local Capacity to Support Immunization Service Delivery in Fragile and Conflict-Affected Communities in South Sudan

CORE Group Partners Project – South Sudan

Lamunu Doris, Director, CORE Group Partners Project-South Sudan

Context

- South Sudan's national immunization coverage has significantly improved over the past five years.
- Third dose of the DPT vaccine, increased from 59% in 2018 to 73% in 2022
- Only 26 percent of health facilities nationwide have at least two vaccinators, and only 29 percent of the health facilities have trained vaccinators.
- Irregular immunization services due to human resources gap and inadequate community outreach services.
- Given South Sudan's challenging context and sub-optimal immunization coverage, the country continues to have frequent outbreaks of yellow fever, measles, and vaccine-derived poliovirus.



CORE Group Partners Project - Network

A community-based network that supports immunization system strengthening



Project Supervisor and
83 assistants

01

24  59 

1,053 Home Health
Promoters



03

243  805 

Building local
capacity to improve
immunization
service delivery

02

166 Vaccinators

52  114 

04

10,247 Community Key
Informants 5,014 F 5,233 M

5,014  5,233 

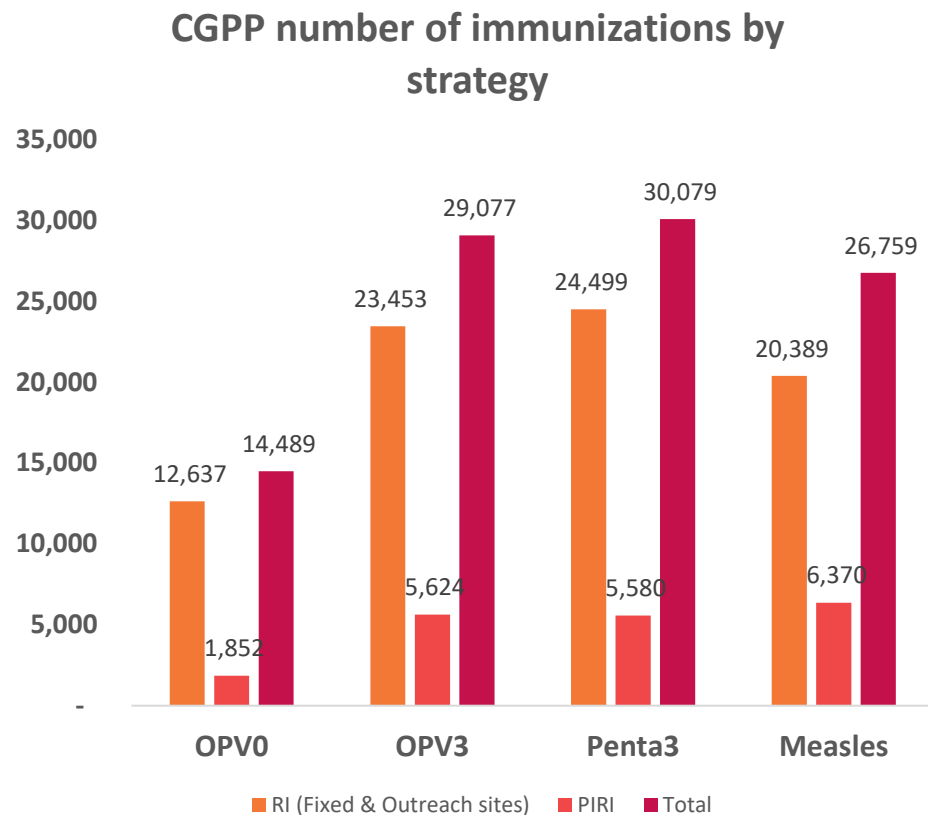
Strategies

- Use of Home Health Promoters to increase demand
 - Engage with key community influencers through focus group discussion
 - Mother-to-mother group meetings
 - Defaulter tracking through house-to-house visits
 - Tracing of newborns 0-14 months
 - Public awareness and sensitization in social places (churches, mosques, markets, water points)
 - Periodic Intensification of RI (PIRI) for hard-to-reach areas, mobile communities, border communities, and agro-pastoralist communities
 - Facilitated integrated outreaches through health facilities
- Training for CGPP-engaged vaccinators during outreach and PIRI
 - Joint animal and human vaccination in cattle camps
 - Male engagement for uptake of immunization
 - Commemoration of African Vaccination Week and World Polio Day



Results

CGPP Routine Immunization data



Achievement against Annual Target

Vaccine	Annual Target	Total	% Achieved
OPV0	35,843	14,489	40%
OPV3	32,182	29,077	90%
Penta3	32,182	30,079	93%
Measles	32,182	26,759	83%

Results

Demand Generation

Risk communication and community engagement

Strategy	Sessions	# of adults reached
House-to-house	307,923	1,344,533
Visits to social places	60,037	1,440,010
Mother group meetings	41,551	321,314

Defaulter tracing and referrals

	Identified and referred	Vaccinated	Percentage
Defaulters of RI	69,456	51,056	74%
Newborns	55,627	44,845	81%
WCBA	92,469	62,074	67%

Addressing Challenges and Barriers

Insecurity and access Issues: Strategies for negotiating with conflicting parties and ensuring safety for health workers

Access Difficulties: Reaching remote and mobile communities posed logistical challenges due to rugged terrain and limited infrastructure.

Socio-Cultural Barriers: Vaccine hesitancy and cultural beliefs sometimes hinder acceptance of immunization services.

- Understanding local beliefs and practices and engaging traditional healers and influencers.
- Community members dislike vaccinators who are brought from the town or other villages.

Resource Constraints: Limited resources and workforce to cover hard-to-reach areas effectively calls for maximizing impact with limited resources.



Lessons Learned

Community-based networks have proven valuable assets in improving immunization service delivery and enhancing surveillance of infectious diseases. Strengthening and investing in these local capacities are essential for sustainable health outcomes and resilience in fragile contexts.

Implementing **community-tailored strategies** and integrating services across sectors is crucial for improving immunization coverage in hard-to-reach and underserved areas.

Engaging communities by addressing their priorities leads to greater participation, builds trust, and contributes to the long-term success of public health efforts.

Continued focus on overcoming challenges **through collaboration, adaptation, and community engagement** is essential for achieving immunization goals and improving overall health outcomes in these communities.





THANK YOU

Q&A

Please submit and upvote questions for presenters using the Zoom Q&A function.

Creating Sustainable Solutions for Engaging Communities and Building Community-level Capacity in Jigawa State, Nigeria

MOMENTUM Routine Immunization Transformation and Equity

Jose Gonzalez and Dr. Arowolo Ayoola
Results for Development (R4D)

Dr. Usman Abba Ahmed
Deputy Director and Head of Human Resources for Health Unit, Jigawa State MOH

Dr. Sa'adatu Ibrahim Ringim (Presenter)
Immunization State Team Lead for Jigawa State
MOMENTUM Routine Immunization





Background

MOMENTUM Routine Immunization Transformation and Equity (the project) in Nigeria aligns with priorities of the Jigawa State Ministry of Health and shares a commitment to improving immunization coverage and equitable access to healthcare services.

Challenge

LGA health staff lack essential skills, awareness of the budget cycle and process, and confidence to effectively communicate financial needs for RI to local actors involved in resource allocation.

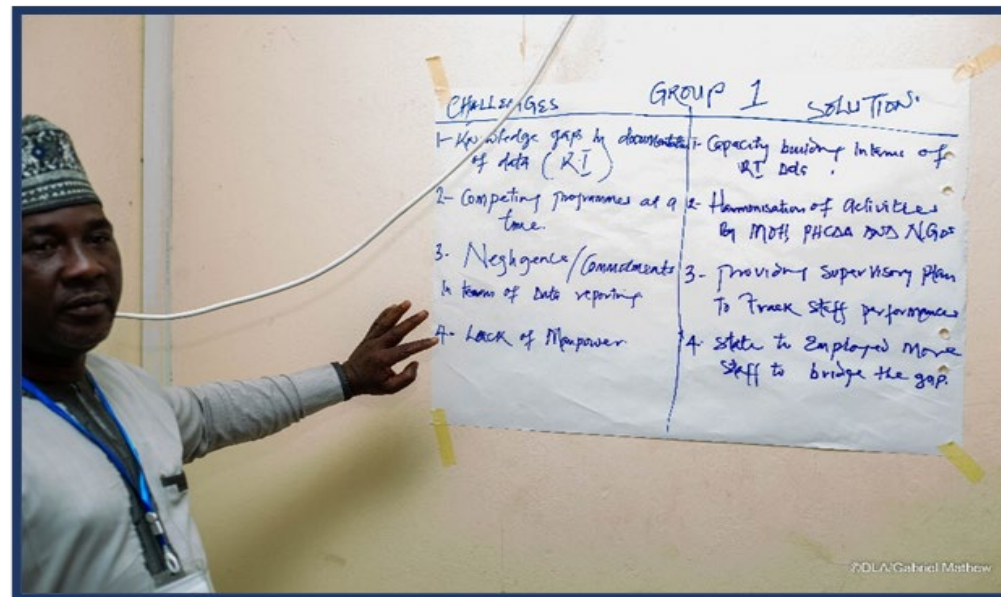
- Resource needs and gaps identified in microplans are not incorporated into annual LGA budgets and funded.

Intervention

From June 2023 to August 2024 the project aimed to train and support district health and EPI officers to engage local finance officers and other officials to advocate for increased funding for operational costs to reach zero-dose communities.

Approach

- Conducted health financing landscape and stakeholder mapping.
- **Co-created and co-implemented a capacity-building plan** with SMOH and SPHCDA for LGA PHC managers, offering technical assistance, training, and mentorship **aligned with the state budget cycle.**
- Focused on two LGAs – **Dutse** and **Kiyawa**



**March 2024
Workshop 1:**
Data analysis
and reporting
+ situational
analysis



**May 2024
Workshop 2:**
Budget
preparation
and fund
request memo
development



**August 2024
Workshop 3:**
Effective
advocacy +
meetings with
LGA Chairmen
and SMLGA



Workshop 1: Data analysis and situational analysis

Objective: To equip the participants with the skills and knowledge on how to leverage data analysis in support of domestic resource mobilization for routine immunization.

Participants:

- Routine Immunization Officers (RIOs)
- Local Immunization Officers (LIOs)
- PHC Managers
- Director of Admin and General Services
- Supervising Counselors for Health





Workshop 1: Outcome

- Increased knowledge and proficiency of stakeholders involved in routine immunization programs about immunization funding
- Substantial improvement in test scores were promising for enhanced data-driven decision-making capacity within the LGAs





Workshop 2: Budget preparation and fund request memo development

Objective: To provide a comprehensive understanding of the Jigawa State budget cycle, processes, and templates, and give participants practical experience in drafting a budget for RI and a fund request memo.

Participants:

- PHC managers
- Local government Immunization Officers (LIOs)
- Routine Immunization Officers (RIO)
- Monitoring and evaluation officers and logisticians
- HOD WASH, Director Admin and General Services (DAGS)





Workshop 2: Outcome

- Understanding of budget cycle steps, regulatory and policy framework, key stakeholders, and their roles.
- Creation of draft budgets for Dutse and Kiyawa LGAs.
- Draft a Fund Request memo template.

Workshop 3: Effective advocacy + meetings with LGA Chairmen and SMLGA



LGAs PHC Managers:

- Prepared robust budgets for RI together with the SMOH and SPHCDA.
- Requested the creation of a budget line for RI for the 2025 FY.





Workshop 3: Outcome

- Both Dutse and Kiyawa LGAs have included **for the first time** budgets of Naira 20 million (approx. \$12,000 USD) for RI in 2025 to support targeted activities including:
 - Capacity building for *Jakadun Lafiya* (health ambassadors).
 - Advocacy efforts directed at traditional and religious leaders in ZD communities.
 - Logistics support for quarterly EVM monitoring and outreach services.
- **The State Ministry of Local Government Affairs has directed all LGAs in Jigawa state to include Naira 20 million budget for RI.**
- In addition to funding capacity building for health ambassadors and engagement with traditional and religious leaders, the budget will provide logistical support for quarterly monitoring and outreach services.
- By mobilizing local budgets for community engagement activities, we maximize the sustainability of these efforts.

Next steps

- Organize a virtual meeting with PHC managers from the 25 LGAs to share the experiences from Dutse and Kiyawa on RI planning, along with budget templates and planning tools, in collaboration with the Jigawa State MOH and Ministry of Budget.
- Schedule follow-up advocacy meetings with the newly elected LGA Chairmen from Dutse and Kiyawa to secure their commitment to prioritize routine immunization in the 2025 fiscal planning.
- Document the processes and results.



Q&A

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Strengthening Local Capacity In South Sudan To Support USAID's Localization Goals

The Rescue Initiative - South Sudan (TRI-SS)

Tobijo Denis Sokiri

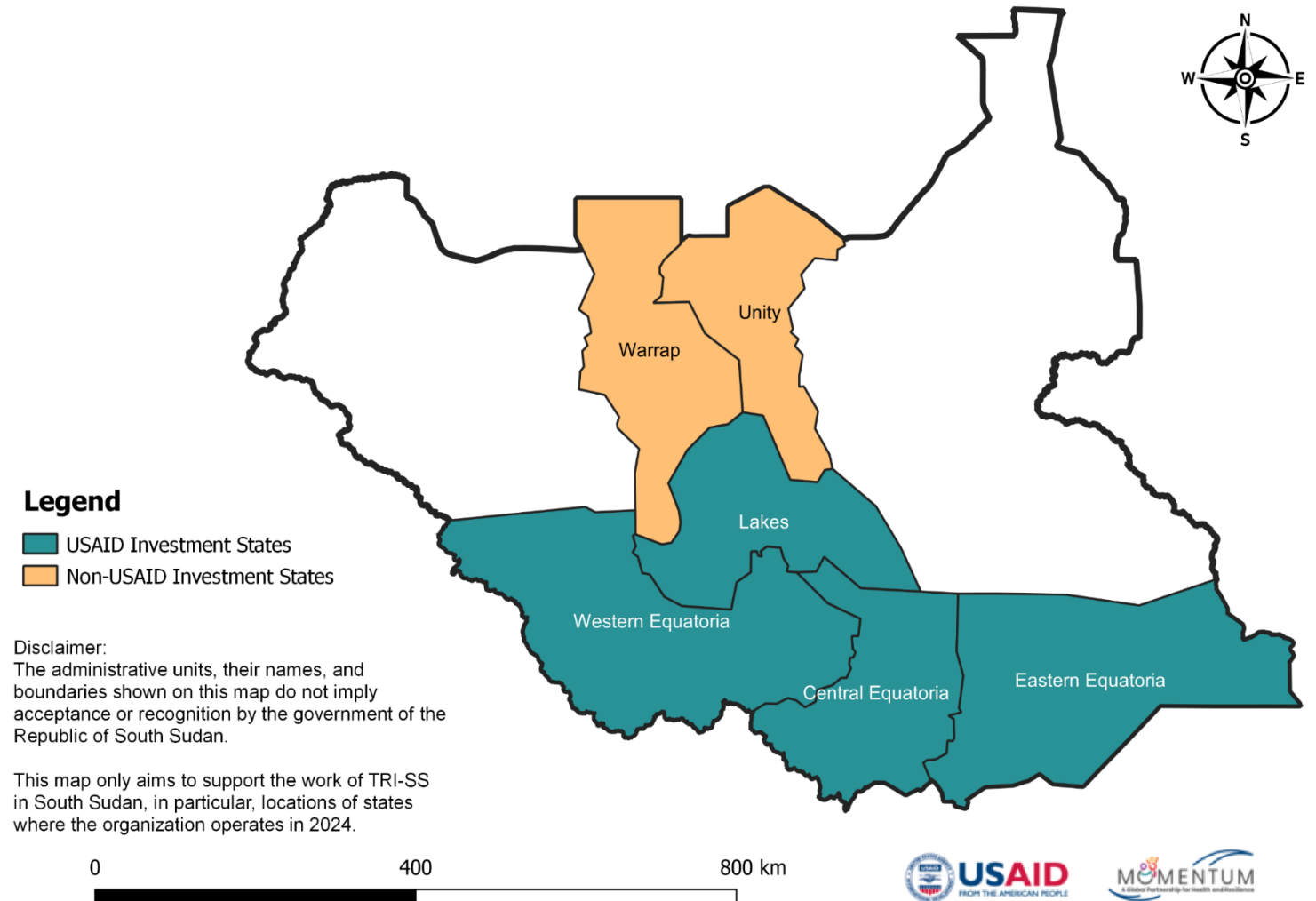


USAID
FROM THE AMERICAN PEOPLE



The Rescue Initiative-South Sudan (TRI-SS)

- Founded in 2014 (10+ years)
- Emergency and development
- 6 States and one Administrative Area (4 States/PEPFAR/USAID & MIHR investments)
- Grassroots focus on youth/women/girls/boys and people with disabilities





TRI-SS/MIHR Partnership in South Sudan

- The partnership commenced in April 2022, after an elaborate RFA selection process
- It was followed by a comprehensive pre-award assessment for subaward management and compliance systems.
- Sub-Agreements and budgets
- Participated in a co-creation workshop to develop project work plans.
- The project focused on organizational and technical performance, grants management capacity strengthening, and FP/RH/MNCH community programming
- Gradual increment in the annual allocation

Organizational and Technical Capacity Strengthening

Key Objectives

To strengthen the:

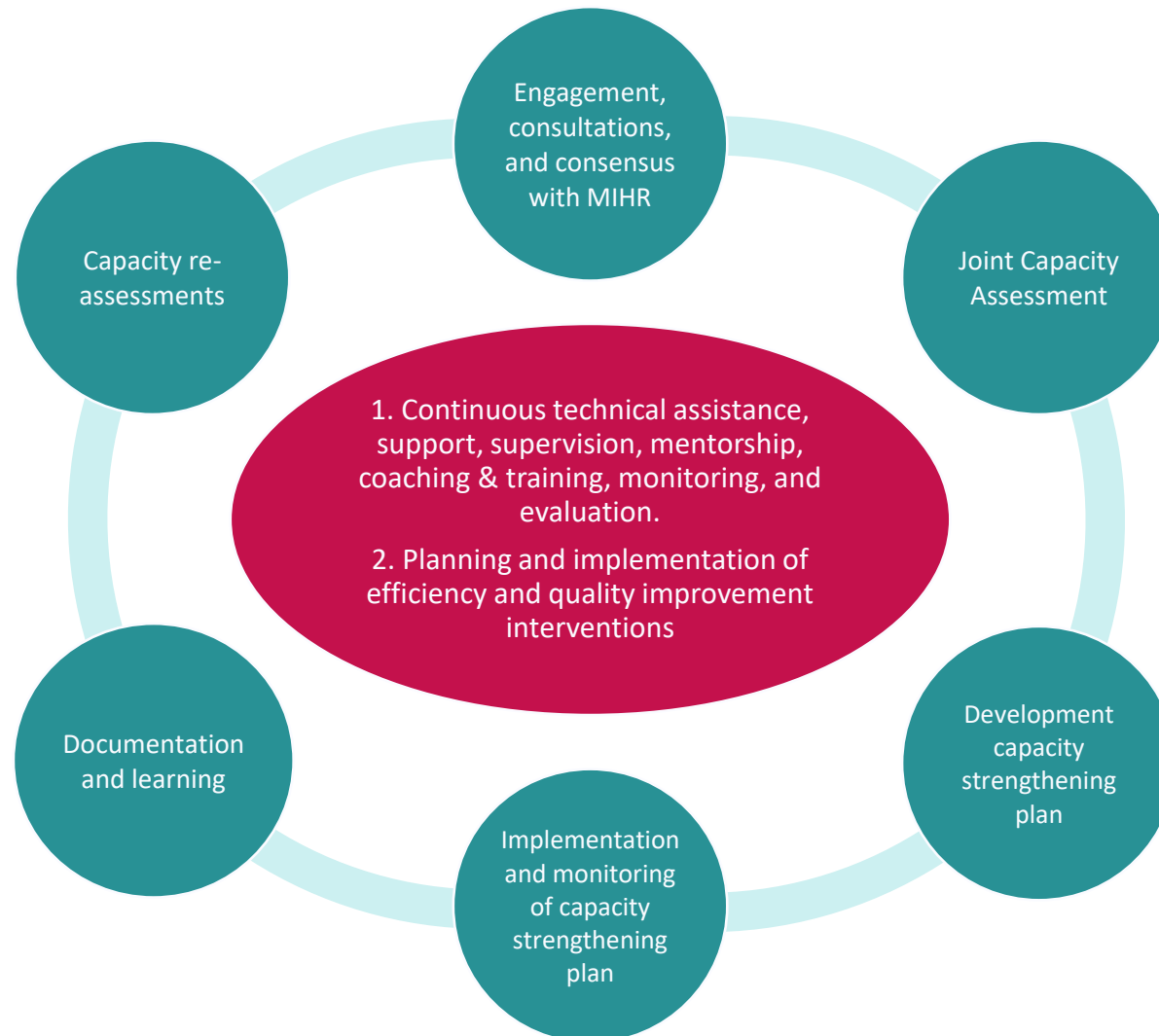
- Organizational capacity of TRI-SS to implement its locally driven mandate more effectively in fragile settings.
- Technical capacity of TRI-SS to implement FP/RH/MNCH-related activities in the community
- Grants development capacity to apply, manage, and account for direct donor funding from USAID and other donors.
- Relational capacity (partnerships, collaborations, and networking) to expand its influence and footprint in the South Sudan health system.

Organizational and Technical Capacity Strengthening

Process

- Comprehensive engagement with MIHR (purpose and goals of CS)
- Comprehensive facilitated self-assessment undertaken to identify capacity gaps (LOICAT, OPI, PERFORM Tools)
- Gap analysis and development of annual prioritized capacity-strengthening plans
- Implement the capacity strengthening plans to address gaps
- Support from onsite partner (MIHR) – mentorships, technical assistance, training, on-the-job training, and coaching
- Documentation of the learnings from capacity strengthening in a fragile setting (successes, challenges, and lessons learned)
- Annual re-assessment to measure changes in the TRI-SS organizational and technical capacity

TRI-SS Capacity Strengthening Process

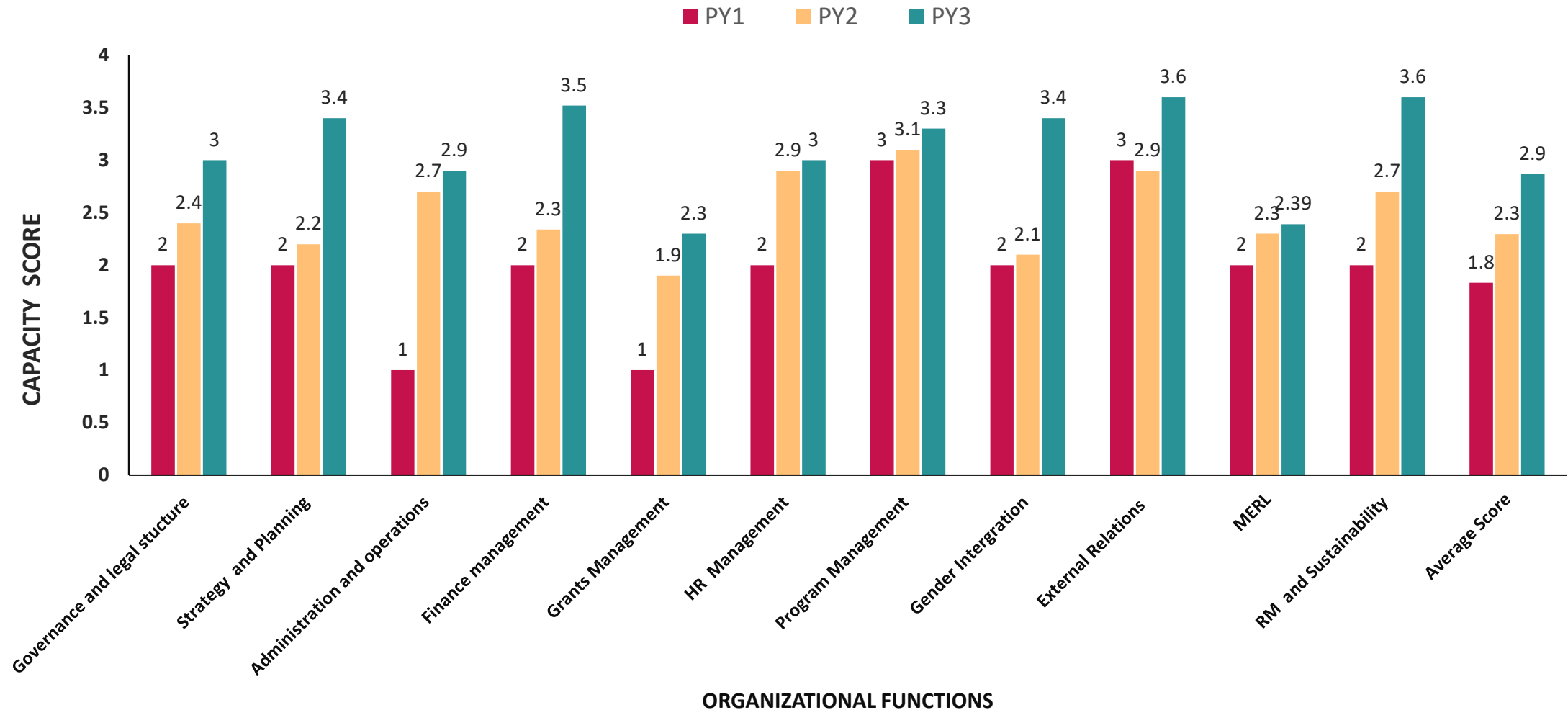


Organizational and Technical Capacity Strengthening

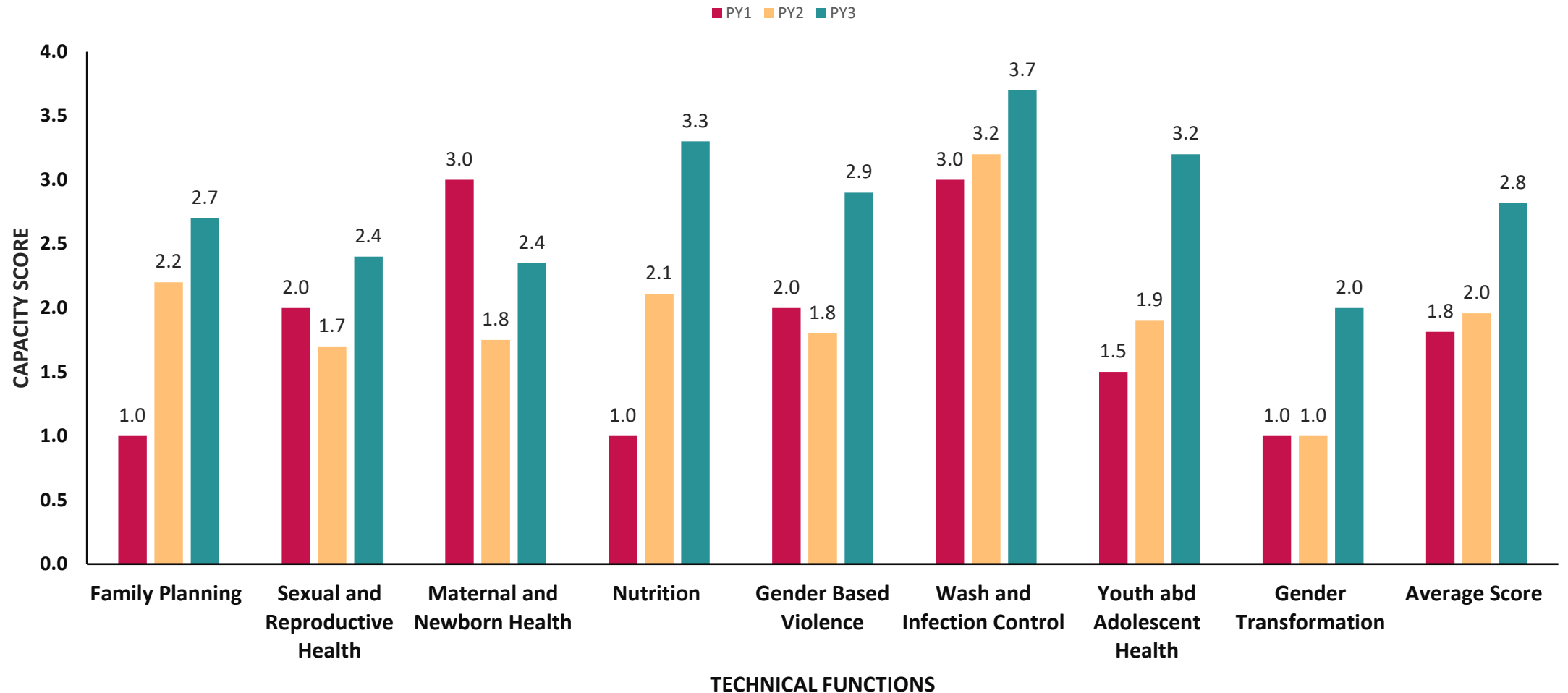
Outputs/Results

- Developed and revised various organizational strategies and policy documents that provided clear guidelines.
- Streamlined and institutionalized various organizational practices that have improved effectiveness in most organizational systems.
- Enhanced skills and knowledge of staff through organizational development, leadership training, and mentorship sessions.
- Organizational capacity scores improved from **an average of 1.8 to 2.9 in the first three years of the project.**
- Technical capacity scores improved from **an average of 1.8 to 2.8 in the first three years of the project.**
- TRI-SS successfully responded to USAID NOFO 72066822R00008 and qualified to receive direct funding of \$2 million.

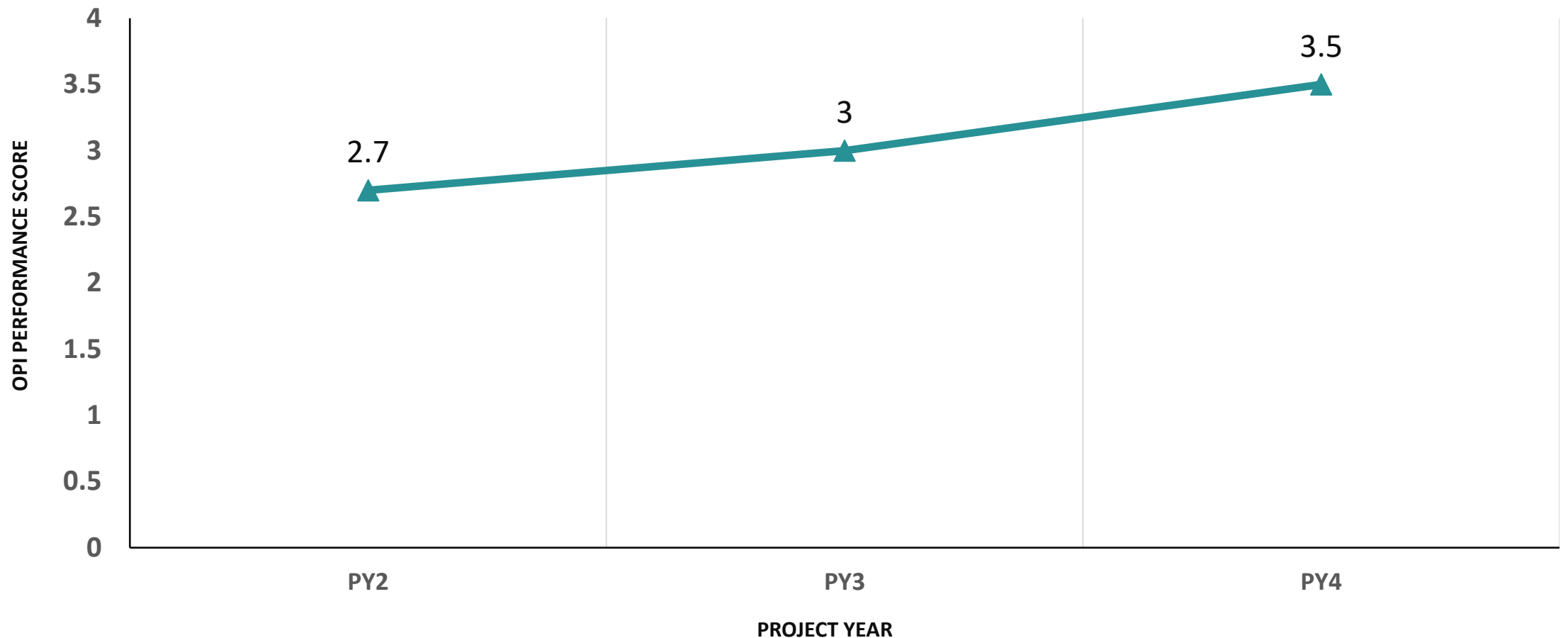
TRI-SS Changes in Organizational Capacity Scores PY1–PY3



TRI-SS Changes in Technical Capacity Scores, PY1–PY3



TRI-SS Organizational Performance Assessment Scores - OPI (Effectiveness, Efficiency, Relevance, Sustainability, and Resilience), PY2 – PY4



Engaged local communities to strengthen grassroots capacity



What do we know about the community?

- Local context/culture
- Local stories
- Mobilization capacity
- Existing groups-Women/Youth/Religious
- Leadership structure-Quarter council/
Payam/Boma Administrators/Chiefs etc.

Engaged local communities to strengthen grassroots capacity



What are the key capacity gaps in the community?

- **Existing gaps**
- **Recognition**
- **Resources**

Engaged local communities to strengthen grassroots capacity



What did we do to address deeply-rooted cultural barriers?

- Local Capacity mapping
- Cultural profiling
- Training

Engaged local communities to strengthen grassroots capacity



Worked together to address challenges/ barriers to FH/RH-PDQ

- Social Advocacy/Accountability (Community Dialogues, Radio Listening, Sports, Dramas, Board game, Success stories, Role Plays, Campaigns)

Q&A

Please submit and upvote questions for presenters using the Zoom Q&A function.



Moderated Panel Discussion

Facilitated by Rachel Wax, Senior Director of Programs, CORE Group



What did you think?

Please complete survey, link is in the chat!

Stay Tuned! More updates on upcoming webinars in the series soon...

The *Driving Change from the Ground Up: A Series of Success Stories in Community-Led Development* webinar series—co-hosted by MOMENTUM and CORE Group is continuing in the new year:

Part 2: Amplifying Multi-Sectoral Partnership

Part 3: Engaging and Amplifying Voices of Non-Traditional Health System Actors

THANK YOU

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