CCEOP Evaluation: Prospective Monitoring of COVID-19 Context in Guinea, Kenya, and Pakistan

Findings and Recommendations from Round 1

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SVI STAT VIEW International

COVID-19 Context

- **Guinea**: First COVID-19 case detected on March 12, 2020. As of August 22, 2020
  - 85,177 tests
  - 9.013 confirmed cases
  - 7,823 recovered
  - 54 deaths
- **Kenya**: First COVID-19 case detected March 14, 2020. As of July 27, 2020
  - 268,171 tests
  - 17,975 confirmed cases
  - 6,774 recovered/discharged
  - 285 deaths
- **Pakistan**: First COVID-19 case detected Feb 26, 2020. As of Sept 1, 2020
  - 289, 232 confirmed cases
  - 13,633 active cases
  - 270,009 recovered
  - 6,190 deaths

National lockdown was lifted in May 2020.

Purpose of Prospective Tracking

1

Better understand the effects of COVID-19 on immunization supply chain and Cold Chain Equipment (CCE) in real time

2

Use these findings to guide any case studies that could delve deeper into the effects of the COVID context on CCE, supply chain and immunization

3

Apply findings in the adaptation, planning and interpretation of the endline surveys

Study Design

Proposed over three time points between July-Oct 2020

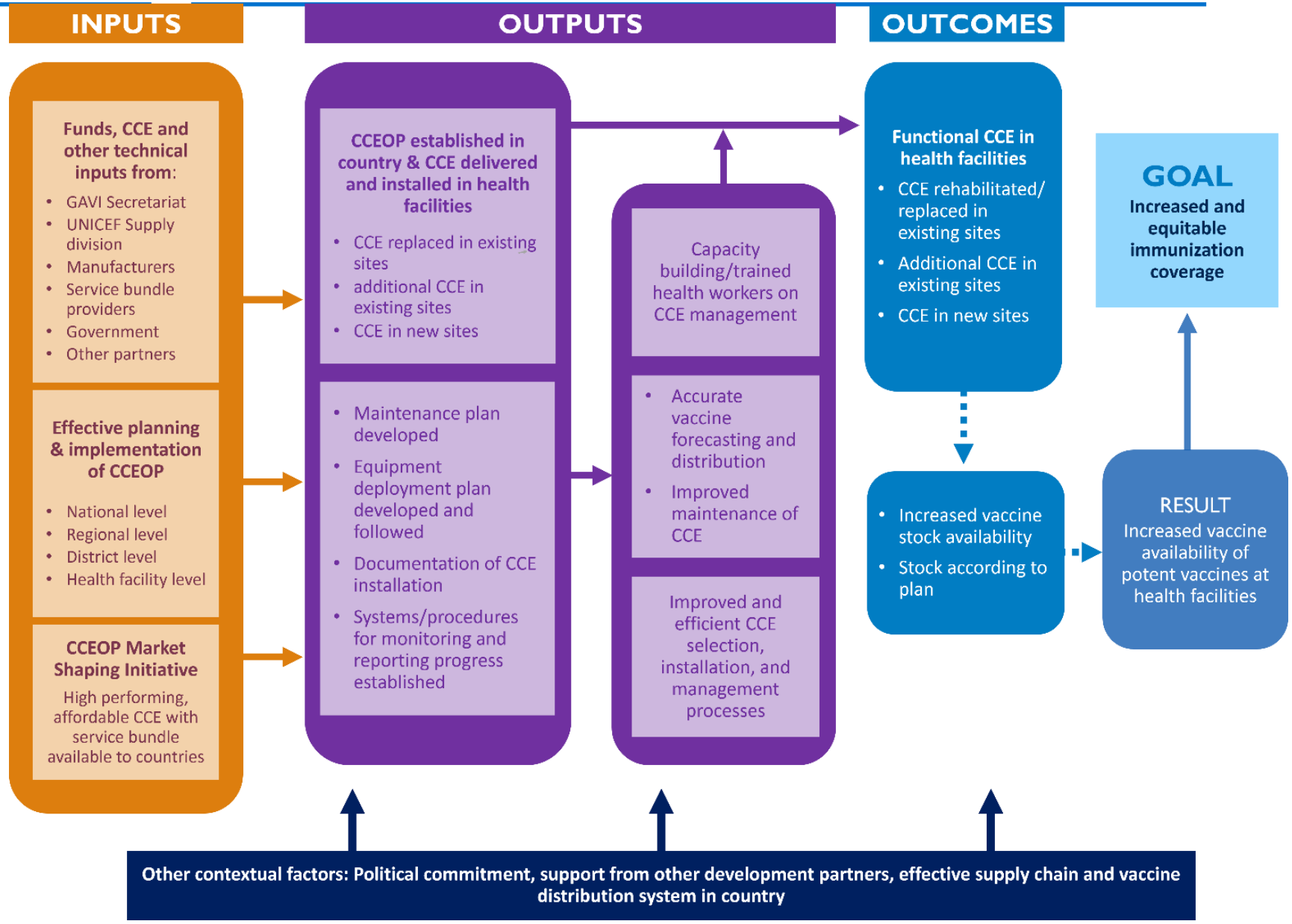
- Late July/early August (Round 1)
- September (Round 2)*
- October (Round 3)*

- Focus on understanding the impact on immunization services, specifically issues related with the functioning of CCE, vaccine stock availability, and any effects on outputs and outcomes of CCEOP.

* Data collection for Rounds 2 and 3 did not take place, and questions are being incorporated into the CCEOP endline evaluation.

CCEOP Evaluation Framework

Questions framed to understand how COVID-19 has affected different aspects along the theory of change, from the inputs and planning for immunization to functioning of CCE to actual immunization outcomes



Methodology: Phase 1

- Secondary data on COVID-19 compiled from different sources
- Remote data collection **via phone** interviews at all levels of the health system
- In Round 1
  - A few in-person interviews were conducted by request
  - All national level and Punjab province respondents in Pakistan could not be interviewed

Sample of Respondents

Level	Guinea	Kenya	Pakistan
National	1 EPI program staff 2 Service Bundle Provider (SBP) representatives 1 UNICEF staff 1 WHO staff 1 other PMT member	1 EPI program staff 2 SBP representatives 1 UNICEF staff 2 other members of PMT	1 Federal EPI PMT staff 1 Federal CCEOP Focal person 1 UNICEF CCEOP Focal person 1 SBP Focal person
Region/ County/ Province	2 Regional Health Directors (Boke & Faranah)	3 key informants	2 Provincial PMT Focal persons (Sindh/Punjab) 2 Provincial CCEOP Focal persons (Sindh/Punjab)
District/ Sub-county	6 District health directors/officers 2 District store Managers	6 key informants	1 EPI Vaccine Store staff (Punjab) 1 District EPI Store staff (Sindh)
Facility level	16 facilities (8 Health center, 8 Health-post)	12 facilities	8 facilities (4 Punjab/4 Sindh)

FINDINGS FROM ROUND 1 (July/August 2020)

Coordination

- The CCEOP PMT was coordinating efforts and conducting meetings virtually in all three countries. In Pakistan, face-to-face meetings were conducted as needed.
- The SBPs communicate with the MOH/PMT and are addressing CCE repair and maintenance needs. Specifically, country MOH facilitated SBP travel as essential during lock-downs in Guinea and Kenya.
- Sub-national supervision of immunization has been challenging in Guinea.
- Delays in next phase of CCEOP in Kenya and Guinea and in completion of deployment in Pakistan.

Coordination

Guinea

National coordination meetings held virtually by phone and email.

EPI contingency plan in April to ensure that plans for immunization service continuity were integrated with other health programs.

Monthly immunization status reports regularly shared. But virtual coordination affecting the program, with limited sub-national supervision.

Continued communication and coordination with SBPs and reports on maintenance sent to the PMT and EPI.

Next phase of CCEOP delayed.

Kenya

The core PMT members continue to meet and discuss CCEOP-related issues as needed through the logistics working group., but meetings are held virtually.

Coordination and supervision through Whatsapp.

The SBPs continue to communicate with the MOH and monitor CCE through remote temperature monitoring devices and service equipment, as needed.

Application for next deployment to be submitted in Dec 2020.

Pakistan

The CCEOP PMT conducted monthly meetings on an as needed basis.

Meetings also conducted between the PMT and the provincial level, WHO, and UNICEF, teams as needed.

While coordination initially occurred virtually, with easing of restrictions some face-to-face meetings with precautions in place are resuming.

Target of 90% of CCEOP deployment to be completed by Sept 2020 is delayed.

Immunization CCE & Supply Chain

- CCE procured under CCEOP has required few repairs. Regular preventive maintenance is being performed.
- Some disruptions in vaccine stock (Guinea) and spare part supply (Kenya). No similar challenges in Pakistan.

Immunization CCE & Supply Chain

Guinea

For non-CCEOP CCE in health centers, maintenance is an ongoing challenge. Maintenance has been suspended due to COVID-19, thus prolonging the response time to the health centers, which are also supplying the health posts with vaccines.

Disruptions in vaccine stock replenishment. from the central level, probably due to financial reasons. Vaccine distribution resumed in May.

Kenya

CCE is largely unaffected, particularly CCEOP equipment..

Immunization supply chains have not been affected by COVID-19, but challenges pre-dating the pandemic remain.

Some disruptions to the spare part supply chain due to delays in clearance.

Pakistan

Preventive maintenance schedule on CCE was maintained throughout the pandemic.

There was low demand for stock during lockdown and since reopening. Vaccine supplies have been sufficient. The stock situation may adjust as clients fully return and immunization outreach fully reaches pre-COVID levels..

Immunization Service Provision

- Changes in immunization service provision
  - Outreach was suspended in Kenya and Pakistan and has since been resumed in Pakistan. Kenya is offering facility based fixed immunization sessions called "in-reach services".
  - Immunization services not being offered in health facilities designated as COVID-19 isolation centers in Kenya.
  - Little disruption in service provision in Guinea.

Immunization Service Provision

Guinea

Few disruptions in providing routine immunization services. Both fixed and outreach services have been operating to ensure vaccination services were and are continuously available.

Kenya

Outreach services have been suspended until further notice.

Some health facilities have been converted to COVID-19 isolation centers. Immunization services at these facilities have been diverted to other facilities.

Facilities are offering more fixed immunization sessions, calling them "in-reach services."

Pakistan

Temporary stoppage and subsequent slowing down of many health services, including vaccination activities. But immunization activities were largely able to continue through the pandemic and facilities largely remained open.

Outreach activities stopped for four weeks and then resumed with new precautions.

Monthly reports and operations continued largely uninterrupted and there no outbreaks of measles or polio.

PPE kits were available to all facilities/stores at the time of the interview; only two facilities conveyed initial difficulties getting PPE.

Demand for Immunization

- Decrease in demand for immunization
  - Although provision of immunization services has resumed, the client-load has not rebounded to pre-COVID levels due to complex factors, such as community demand.
  - Families accessing services were reportedly negatively affected by both fears of COVID-19 transmission and misinformation/myths.

Demand for Immunization

Guinea

In March and April, immunization activities slowed down, but services were never discontinued.

Communities were reluctant to use immunization services at first. Use of immunization services is slowly showing improvement due to immense efforts in awareness activities.

Kenya

Facility staff reported decreases in immunizations given at facilities due to fear of contracting COVID-19 and the distance of facilities offering immunization services due to closure and/or repurposing as COVID-19 isolation centers. Immunization coverage declined in March and April, but this has reportedly rebounded.

Pakistan

Decrease in immunization clients, but the drop was in part due to concerns over COVID-19 and misinformation on the effect of routine immunization on susceptibility to COVID-19

Although services are open and clients are returning, client-load is not yet at pre-COVID-19 levels.

Mitigation Strategies to Sustain Immunization

- Unique adaptations to mitigate the effects of COVID-19 on immunization at all levels.
  - Development of protocols and guidelines
  - Provision of PPE to service providers
  - Adaptations to identify and reach defaulters (Kenya & Pakistan)
  - Counseling and awareness generation to dispel fears and misinformation and promote vaccination, done by health staff, community volunteers, leaders and local organizations.

Mitigation Strategies to Sustain Immunization

Guinea

The MOH and its partners have supported distribution of masks and hygiene kits in villages to protect health agents and community agents while conducting awareness activities.

District efforts to strengthen supply chain management.

Strengthened processes for infection prevention and control in the health facilities.

Intense focus on raising awareness of COVID-19. Local authorities and community agents (imams, youth, and women) worked to raise community awareness of COVID-19 in villages.

Kenya

The national level MOH has been developing guidelines on providing routine immunization services during the pandemic that include social distancing at facilities, precautions to be taken by vaccinators.

Adaptations are in place to meet immunization needs and to reduce number of defaulters. Greater number of fixed immunizations called "in-reach" services.

National level MOH is also performing supportive supervision at the subnational levels to ensure continuity of services.

Use of community volunteers and leaders to promote immunization services.

Pakistan

The GOP/Ministry of National Health Services developed Guidelines and Standard Operating Procedures.

Increased counselling and awareness creation at health facilities and in outreach activities to dispel myths around vaccination and COVID-19. Emphasis also on health staff training.

Continued engagement of other organizations such as Tameer-e-khalq Foundation to support/monitor immunization outreach activities in Karachi and Hyderabad in Sindh province.

RECOMMENDATIONS

Strengths

- Data provide new information about COVID-19 disruptions to immunization coordination, CCE, supply chain, service delivery as well as mitigation efforts at different levels of the health system.
- The information helps to determine factors affecting the supply chain and immunization services, and to identify areas for investment to better support health workers to quickly adapt to emerging situations, such virtual learning platforms to better disseminate SOPs, guidelines, and protocols.

Limitations

- The small sample size in this data collection limits generalizability.
- Conducting interviews remotely was a challenge to collect robust qualitative data.
- The pandemic affected the availability of some key informants.
- Trends in actual numbers of infants being immunized could not be observed. Immunization data for 2019/2020 from routine sources, such as the national HMIS or LMIS are not currently available.
- Given that the reported declines in immunization rates or increased stock outs are somewhat regular occurrences, especially in Kenya, it is difficult to attribute changes in immunization or the supply chain to one single event, like COVID-19.

Recommendations for The Country Program

- The PMT and Logistics Management Working groups should continue to coordinate CCEOP related activities.
- The MOH should work on better coordination with the sub-national level, especially in Guinea.
- The MOH and partners should consider combining COVID-19 awareness activities with advocacy for immunization of vaccine preventable diseases, as is being considered in Guinea.
- Continued efforts and resources are needed to increase immunization coverage to pre-pandemic levels through training and equipment of health staff to provide services safely, tracing of infant and women who dropped-out during the COVID-19 period and community-led activities to increase demand for immunization.

Recommendations for Endline and Case Study

- Prospective monitoring should continue to document adaptations to mitigate effects of COVID-19 on immunization. The CCEOP endline assessment should include questions about observed disruptions and adaptations, such as virtual coordination, community champions and defaulter tracing efforts. These topics will be especially pertinent to examine in the case studies.
- Prospective monitoring and the endline data collection should examine the implications of CCE repair processes with the SBPs as facilities transition from COVID-19 closure measures. If there were SBP changes, current and previous SBPs should be interviewed.
- Endline data collection and analysis should consider the complex interactions and patterns between client-load variations and supply and how this affects immunization supply chain.
- In Kenya, the evaluation team should identify isolation centers for the endline assessment and add to the sample if there is interest in the use of CCE for COVID-19 response or remove them from the sample if only focusing on routine immunization CCE.

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