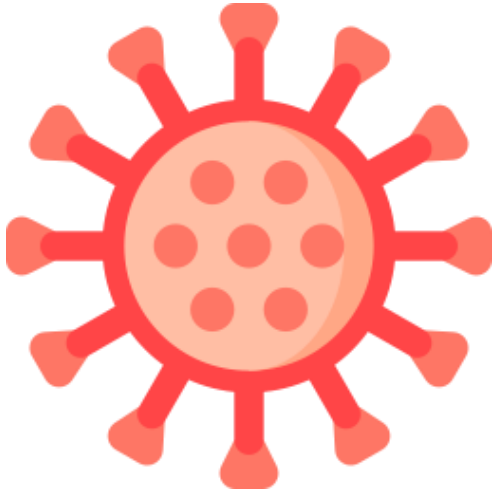
CCEOP Evaluation: Prospective monitoring of COVID-19 Context in Guinea (Round 1)

Findings and Recommendations for Endline Evaluation

November 2020

BACKGROUND & METHODS

Context of COVID-19 in Guinea

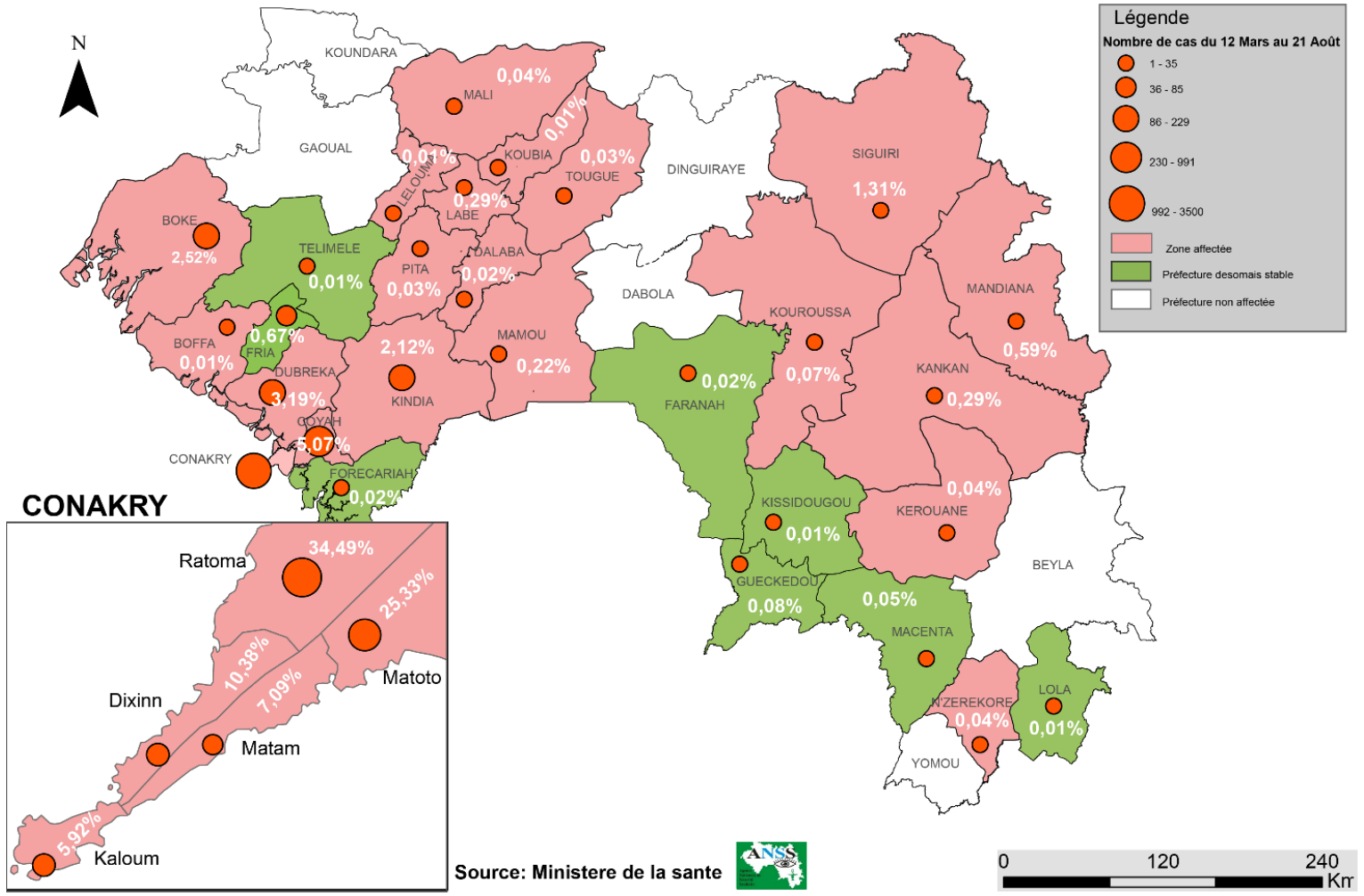


- First COVID-19 case detected on March 12, 2020
- As of the 22nd of August:

85,177 Tested	9,013 Confirmed
7,823 Recovered	54 Deaths

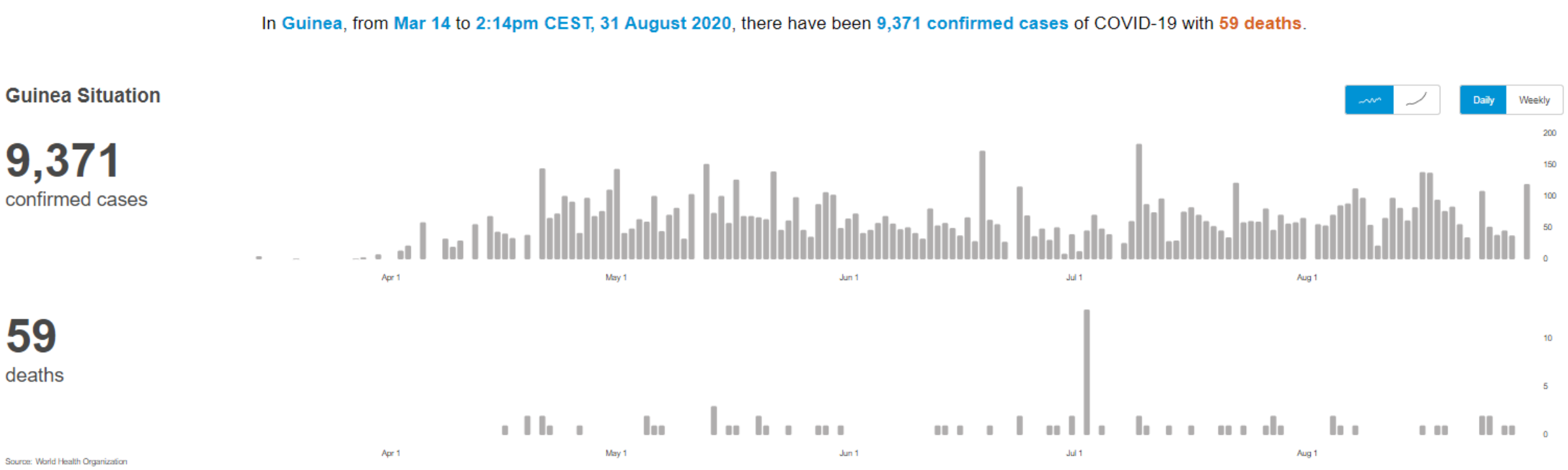
Context of COVID-19 in Guinea

COVID-19 case distribution by district



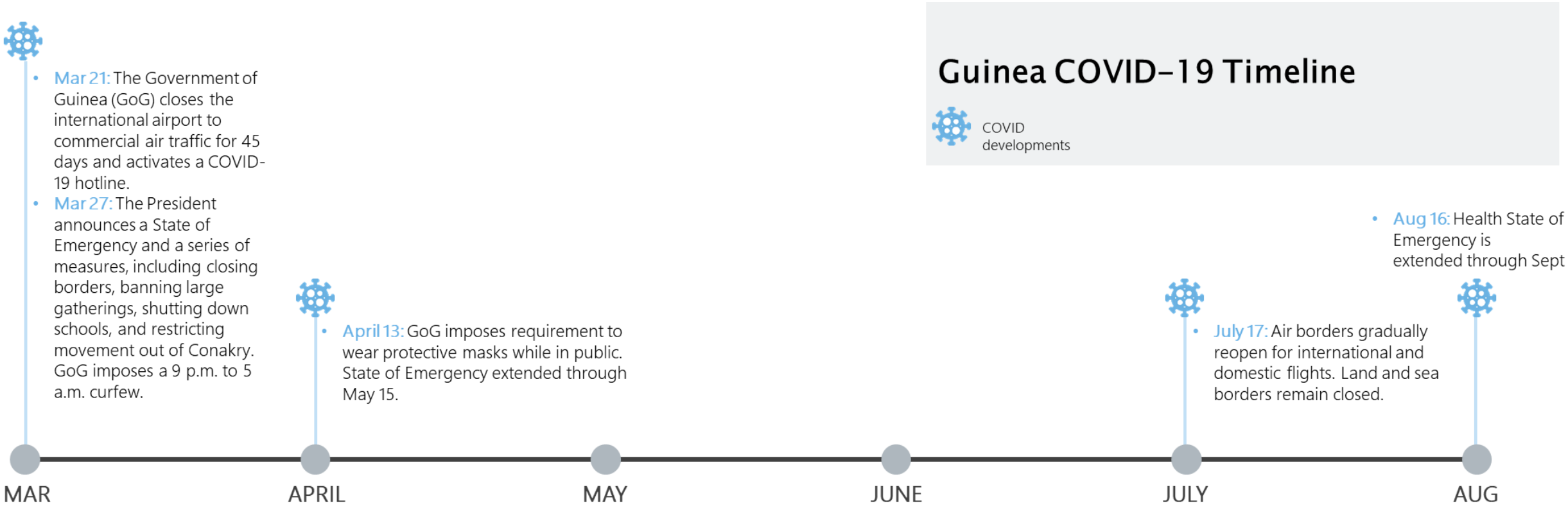
Source: Ministère de la Santé, Agence Nationale de Sécurité Sanitaire- Rapport de Situation 23/08/2020

COVID-19 cases and deaths over time in Guinea



Source:WHO, https://covid19.who.int/region/afro/country/gn

COVID-19 mitigation measures over time in Guinea



Purpose of Monitoring

1

Better understand the effects of COVID-19 on immunization supply chain and Cold Chain Equipment 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, and

3

Apply findings in order to adapt, plan and interpret findings from the endline assessment of CCEOP

Study Design

- Prospective tracking of data to identify COVID-19 related factors impacting immunization over three time points:
  - August (Round 1)
  - September*
  - October*
- Focus on program areas.
- Focus on understanding the impact on immunization services, specifically issues related to 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.

Methodology & Sample

- Collection of secondary data about COVID-19 from different sources
- Remote data collection using telephone interviews

National

- 1 key informant from the national EPI program
- 2 SBP representatives
- 1 key informant from UNICEF
- 1 key informant from WHO
- 1 other CCEOP PMT member

Region

- Regional Health Director in Boke
- Regional Health Director in Faranah

District

- In each region
  - 3 district health directors/officers
  - 1 district store Manager

Health Center

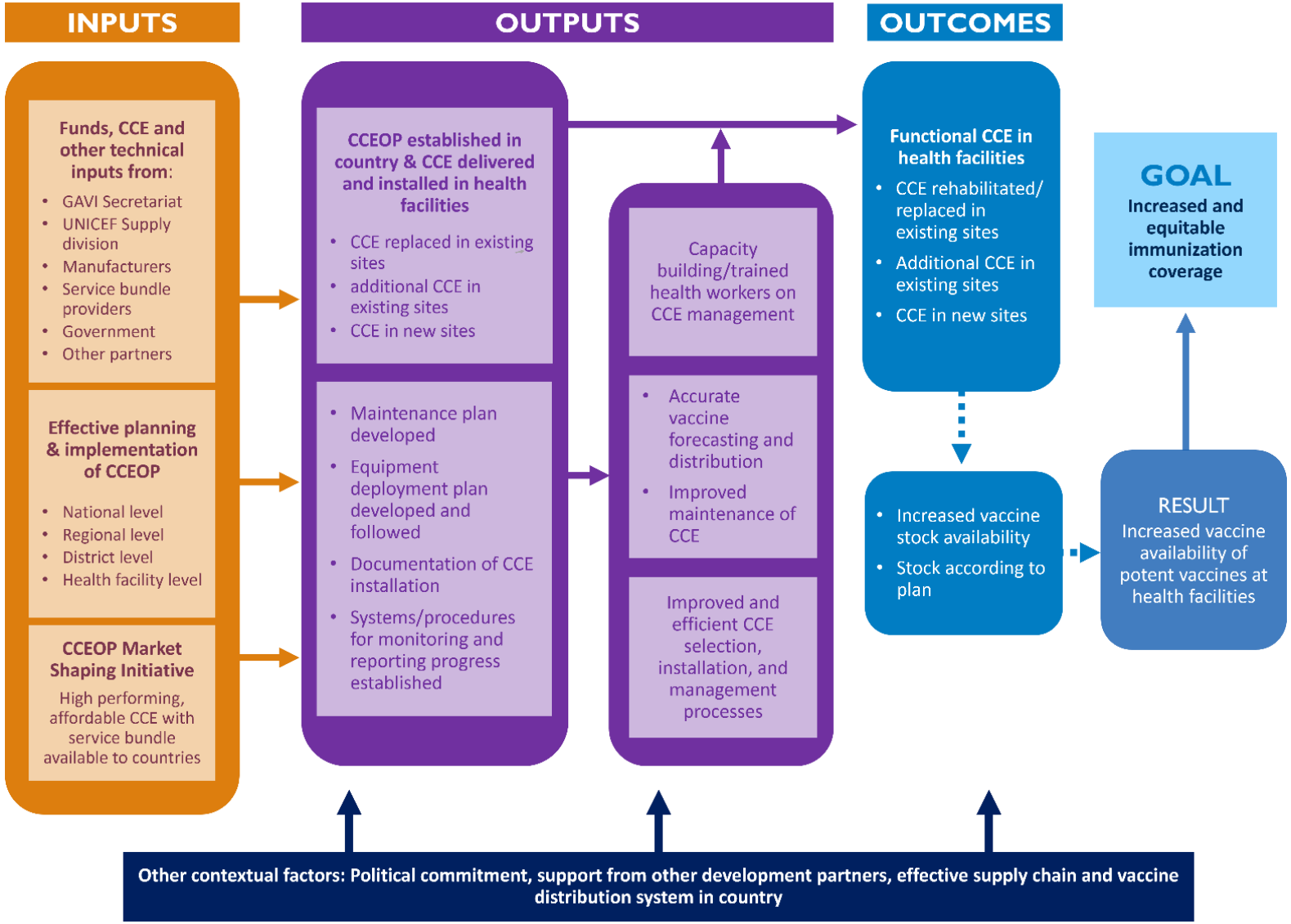
- In-Charge
  - 4 in Boke
  - 4 in Faranah

Health Post

- In-Charge
  - 4 in Boke
  - 4 in Faranah

CCEOP Evaluation Framework

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



FINDINGS

Coordination

Continued (virtual) coordination & communication at national level

"Indeed, there have been small changes, because at the start of COVID-19, we continued to hold our meetings. But, when the government took social distancing measures from COVID-19, we had to stop our meetings for a while first. We have set up a rotation…and asked that not everyone come to the office at the same time…to keep program activities going. The face-to-face coordination meetings, which we held every Thursday with our partners, have been replaced by virtual meetings." ***(National MOH)***

- A Ministry of Health (MOH) circular suspended all in-person meetings to prevent the spread of COVID-19 in March. National coordination meetings were conducted virtually by phone and through emails after the first weeks in March. Conference calls with regions focused on issues encountered that required reporting to the central level. The EPI relied heavily on partners for virtual meeting connections.
- The national MOH developed the EPI contingency plan in April to ensure that plans for immunization service continuity were integrated with other health programs. This plan has been validated, the budget has been finalized and the first activities started in June.
- Great effort was made to ensure continued communication from the national level with the regions and districts— sharing monthly immunization status reports.
- Despite efforts to continue virtual communication, the virtual coordination (i.e. the number of virtual meetings) is affecting the operational aspect of the program.
- Communication and coordination with the service bundle providers (SBP) have continued and reports on maintenance are sent to the PMT and EPI.

Coordination

Disruptions in coordination & supervision between levels

"At the national level there was a disruption as you know because activities had stopped even campaigns and there was not enough communication with the EPI coordination during that time [referring to end of March-beginning of April]. In comparison, at the district level, not much of a difference in the coordination of activities."

(District Health Director)

- At the regional level, there was also less communication with the central level in March. Supervision visits from the regional to the district level ceased due to the COVID-19 response in March.
- At the regional and district level, there was a reduction of activities in the end of March and April, which led district officials to focus on raising awareness by coordinating with the health facilities.
- After ceasing meetings in March, Boké and Faranah districts resumed meetings of no more than 20 persons in June.
- Monthly meetings with facilities were not taking place due partly to precautionary measures against COVID-19 and because of community agents' engagement in community sensitization.
- Sub-national supervision had to be adapted by replacing monthly visits with visits to only a priority list of facilities and conducting integrated supervision.

Impact on CCEOP Program Management Team's (PMT) capacity to conduct supervision and obtain CCE inventory to inform the second phase of CCEOP

- The CCEOP PMT meetings have not been taking place since the start of this year. When necessary, PMT members communicate by email to resolve issues. The PMT does not have an operational plan and there are no funds dedicated for the PMT's supervision visits. So far, the PMT has conducted only one supervision to cover the whole country.
- Once CCE installations were completed, a committee put in place to monitor the functioning of CCE was sharing reports with the PMT. Reports allow the PMT to evaluate the functioning of the two different CCE brands acquired through CCEOP and the customer service of the two SBPs'.
- The EPI Logistics Unit reports issues related to CCE, including those procured through CCEOP. In turn, the PMT communicates with the SBP to request maintenance or for CCE replacement.
- The PMT/EPI has assisted the SBP to clear some shipments of regulators, fans and thermometers. The PMT also facilitates the COVID-19 testing of the SBP staff when there is a need to travel to provide maintenance.
- The preparation of the second phase of CCEOP has been delayed because the CCE inventory could not be conducted in May–June 2020 as planned.

Maintenance of CCE is an on-going challenge, but not necessarily related to COVID-19

- The National EPI facilitated maintenance under CCEOP. The MOH wrote an official letter for the SBP to travel outside of Conakry after testing their team members for COVID-19, as a safety precaution, before they were cleared for travel.
- One SBP has recently expressed financial constraints to ensure maintenance and has been advised to write a formal letter.
- For non-CCEOP CCE in health centers, maintenance is an ongoing challenge. A number of health centers have malfunctioning CCE, some since September 2019. 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.

Ongoing issues with supply chain & stocks, some related to COVID-19

"There was a time when there was frankly a vaccine stockout. When I take the case of my health district, I had to send the … to Conakry to submit the supporting documents for the activities funded by GAVI so it was when he left that I took the opportunity to also make a vaccine order." ***(District Health Director)***

- The central level had not received its stock expected in March due to the disruption in global logistics. The shipment arrived instead in May.
- The quarterly stock distribution from the central level ceased in March and April. Districts attributed the lack of stock replenishment to COVID-19, however national level respondents confirmed it was due to financial constraints. To avoid stockout, districts used their own resources to transport vaccines from the central level. In May, the central level had resumed vaccine distribution.
- There may be stock imbalances at the health center level due to regular vaccine supply from districts despite the decrease in demand for services. A district store manager in Faranah reported receiving a three-month supply in January which helped avoid a stock out at the district level. Meanwhile, a health center in the same region has reported receiving supplies three times between March and June and is overstocked due to declines in demand.

"Basically, as the central level was not responding there was a disruption, we left (to go to the central level) as a contingency solution to be able to solve the problem. And the same contingency solution continued to supply the other structures in the district." ***(District Health Officer)***

COVID-19 Response

*"... since March because the official declaration of COVID-19 was on March 12 and the announcement of the pandemic at the onset of the outbreak in December 2019, we were sufficiently alerted and the agency for National Health Security had sufficiently prepared the ground because we were surprised by Ebola and we no longer want to be surprised by another disease. This is why COVID has found(our district), like other districts, well prepared.." (**District Health Officer**)*

- The ministry and its partners have supported distribution of masks and hygiene kits in villages to protect health agents and community agents while conducting awareness activities. In Boké, prior to receiving personal protective equipment (PPE) from the central level, the district had already made use of the PPE stock available in the district from the Ebola epidemic.
- There was an intense focus on raising awareness of COVID-19 since the first case was identified in Guinea. To ensure immunization against vaccine preventable diseases such as measles and polio is maintained, the MOH recently advised integrating COVID-19 sensitization with immunization activities.
- In areas where COVID-19 cases were detected, health center heads were in charge used resources for vaccination such as motorbikes for surveillance and COVID-19 contract tracing.
- Districts involved local authorities (the sub-districts and mayors) and community agents (imams, youth, and women) to raise community awareness of COVID-19 in villages.

Few disruptions in providing routine immunization services

- The national EPI, in collaboration with partners, elaborated guidelines for immunization in the COVID-19 context, including additional measures to be put in place for the staff and clients' safety during routine immunization service, surveillance and campaigns.
- Both fixed and outreach services have been operating to ensure vaccination services were and are continuously available. Health agents are taking precautionary measures to ensure those who need to be vaccinated are accessing the services safely.

"The plans of outreach strategies are respected to the letter, currently the other districts are in campaign of vaccination, but because of COVID-19 Boké waits first and after it will be our turn to distribute vitamin A. Vaccination services were offered until now, it has never been influenced (by COVID-19). For the outreach strategy, for example the month of August, it is due to road accessibility (because of the rains), and not because of COVID-19." (***District Health Officer)***

Decreased demand for immunization services due to COVID-19 is improving

- Demand for immunization services decreased since the announcement of the first case of COVID-19. A number of rumors were circulating regarding immunization— some thought COVID-19 could be transmitted through vaccines, others thought health agents and community health volunteers could be COVID-19 carriers. However, since May, uptake of services has slowly shown improvement as a result of sensitization efforts.
- Major sensitization efforts on COVID-19 prevention have been shared through community agents and on community radios to curb the trend of the population's reluctance to access immunization services.

"March and April not so much (fixed services) but in May and June and until now it's fine. (Outreach services) It's the same as in fixed services also in March and April, people refused to come, in May and June, after the sensitization activities, things were back to normal."
(District Health Director)

Adaptations to the changing environment and to counter the decline in demand for immunization services due to COVID-19

- The districts established the community's confidence in health service providers and in outreach immunization services by:
  - Integrating supervision of immunization activities with other health programs and visiting a limited number of priority facilities from the district level.
  - Conducting massive advocacy and awareness activities to counter the communities' reluctance in using immunization services during the months of March and April. District health directors have used media, such as rural radio stations, and community leaders to inform the public that immunization is safe and not related to COVID-19.
  - Reassuring the community by strengthening the infection prevention and control in the health facilities.
- The districts also strengthened the supply chain management by:
  - Reinforcing good management practices such as accurate inventory and consumption calculation to ensure order quantities are correct and avoid over and/or under supply of vaccines.
  - Using their resources to transport vaccines when distribution from the central level did not occur.
- During the months of March and April, districts involved community agents and enabled them to move from village to village to conduct awareness sessions, register births and follow-up on the children and women who dropped out. In turn, health agents used the information in the registers to conduct door-to-door immunization.
- The national EPI developed a matrix of risks and benefits of conducting immunization campaigns, comparing mass campaigns versus covering the country in parts, especially for measles campaigns, and elaborated a contingency plan for health service continuity.

SUMMARY & RECOMMENDATIONS

Disruptions to immunization services mostly on demand side

- 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.

Some COVID-19 disruptions to coordination and supply chains

- Coordination was impacted at the central level, especially in March when meetings had ceased. The PMT was not able to conduct field visits to collect information on CCE inventory to inform the second phase of CCEOP. Similarly, there was a disruption in coordination between the central level and the subnational levels (especially at the district level). At lower levels (below district) only meetings and supervision visits were impacted.
- Global supply chain disruptions have impacted the national stock, creating stock imbalances but no stock outs.
- Issues in the internal supply chain are due to financial constraints rather than a COVID-19 disruption.
- CCE have not been impacted, however many CCE (outside of CCEOP) especially in health centers are in need of repair.

Strengths

- Data provide new information about COVID-19 disruptions to immunization coordination, CCE, supply chain, and service delivery, as well as mitigation efforts at different levels of the health system.
- This information also provides insight into other factors affecting the supply chain and immunization services, such as financial constraints at the national level and seasonal changes limiting accessibility to communities.

Limitations

- The small sample size included in this data collection limits generalizability.
- The necessity of interviewing respondents remotely proved challenging to collect robust qualitative data .
- The pandemic exacerbated issues in pinning down the availability of key informants.
- The team was not able to include the observed, trends in actual numbers of infants being immunized. The immunization data for 2019 and 2020 from routine sources, such as the national health management information system or logistics management information system is not currently available.

Recommendations

- The 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 the PMT's delayed inventory of CCE to prepare the second phase of CCEOP and districts reinforcing supply chain management good practices.
- The EPI in Guinea should continue to support the adaptations to immunization programming, such as providing resources to health agents to conduct follow-up of children and women who have dropped out and reinforcing supply chain management good practices.

Acknowledgements

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Images courtesy of:

CCEOP evaluation team

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Road by Adrien Coquet from the Noun Project