Government of the Republic of South Sudan
Ministry of Health

EQUITY ACCELERATOR FUND

Proposal Resubmission

January 2023

PSR comments from GAVI team on BHI proposal for EAF Funds

This document aims to address the comments raised by GAVI on the Equity Accelerator Fund Proposal

***GAVI Question 1**: Submit a revised justification, with relevant documentation, clarifying the investment case for Gavi EAF funds in support to BHI, including a clear description of the role of BHWs and supervisors in promoting immunization, time allocated to EPI activities, where they will be deployed, and experience gained from past BHI support to immunization activities. No activity line in the budget*

Action: A revised proposal with justification attached that outlines a background, problem statement, justification for support to BHI, experiences gathered from past BHI implementation, proposed approach, linkages to the Theory of change, goal and objectives, innovations to strengthen interpersonal communication and social behaviour change communication approach leadership and governance, monitoring process, reporting and learning, and documentation of success stories and best practices.

***GAVI Question 2:** Question submit a revised EAF budget with reduced allocation to BHWs incentives, training and equipment commensurate and justified by the support to EPI. Reprogram savings towards other unfunded targeted activities. (See budget activity 29.2)*

Action: A revised budget is in place with changes below in light of the initial budget.

Activity # 29.1:1a in the initial budget- county sensitisation meeting in 14 counties- see revised budget sensitisation meetings will be in 30 counties

Activity # 29.2:1b in the initial budget- BHW and supervisor training 6 days; see revised budget with training reduced to 4 days, reduced number of boma health workers from 900 to 700 and supervisor initially from 46 to 200 and now to 101 to cover 600 Bomas instead of 100 bomas. There'll be 1 or 2 BHWs per boma depending on the number of households in the facility catchment areas. The boma chiefs in collaboration with CHDs and IPs will assess the number of HHs in the bomas around the 200 PHCUs or PHCC catchment areas to determine BHW distribution. The 700 BHWs will focus on immunisation activities in 30 priority counties instead of 14 counties. The 101 supervisors will be based at the Payam level.

Activity # 29.3:1c in the initial-budget refresher training; see revised budget-refresher training for 2 days and once every year (years 3 and 4) for 700 BHWs and 101 supervisors conducted in all 30 counties.

Activity # 29.5:1e in the initial budget, bicycles removed; See revised budget with other BHI equipment needed to support their work.

Activity # 29.7:1g in the initial budget, monthly review meetings replaced; see revised budget replaced it with quarterly review meetings in activity 29: of initial budget

Activity # 29.9:1i in the initial budget, supportive supervision visits from national level stayed the same in the revised budget.

Activity # 29:10 in the initial budget, drama groups is deleted; See revised budget new activity inserted, supportive supervision from the county

Activity # 29:12 in the initial budget, activity moved to 29.7; in revised budget, new activity in 29:12 is procurement of solar radios for community listener groups

Activity # 29.13 in the initial budget, commemoration of the African vaccination week, is replaced with new activity of printing BHI registers in revised budget

GAVI Question 3: Provide detailed costing and justification for the support to drama group (See budget activity 29.10).

Activity # 29:10 in the initial budget, drama groups is deleted; See revised budget new activity inserted, supportive supervision from the county

Revised Justification for BHI

Background

Access of health services remains limited in South Sudan. It is estimated that only 44% of the population in South Sudan live within reach of health facilities and have consistent access to primary care services. The rest of the population (56%) have little or no access to formal health care. Populations without access to health facilities largely comprise of nomadic communities, internally displaced persons as result of conflict or natural disasters especially flooding, and vulnerable groups e.g., persons living with disability or mental health conditions.

In addition to physical inaccessibility, there are other defranchised groups whom despite being within reach of health facilities, are unable to access the services due to a myriad of reasons including urban poverty, low literacy and awareness levels, persons living with disability or mental health conditions, internally displaced persons and refugees who are not permitted to access services in health facilities perceived to be 'owned' by dominant groups/ tribes. On top of this, there are significant insecurity barriers and cultural barriers in some regions, all of which limit access to essential health services at health facilities. This physical and social marginalisation leads to a situation of inequitable access, where unfortunately children bare a significant burden and miss out on essential vaccinations against killer diseases.

To combat this inequitable access to health services and to ensure that no child is left behind, the Ministry of Health has established community health structures as a formal component of the national health system at the grassroot (Boma) level[1]. The goal to deliver components of the Basic Package of Health and Nutrition Services (BPHNS), with immunization being a core component of BPHNS. This community component is especially targeted at the marginalised groups living 5 kms and beyond of health facilities. These community health structures otherwise known as the Boma Health Initiative (BHI) is delivered through a network of Boma Health Workers (BHWs) who live within the communities they serve. BHWs provide immunization demand generation, defaulter tracking and referrals and treatments for malaria, pneumonia and among other components. The BHWs are supported by a network of supervisors, who are equipped with bicycles to enable them cover wide distances as no other form of transportation is available, and provide the BHWs with supplies, tools and other technical support to enable them carry out their activities.

The immunization components delivered through the Boma Health Initiative include.

- Community awareness and mobilization for immunization uptake. From 2019 to date, a total of 2,372,884 community members have been reached with child health topics which includes immunization[2]. Based on the theory of change, the key elements relating to this output will be integral during implementation of activities e.g. continuous coordination with MoH across

[1] MoH, 2016: The Community Health System in South Sudan: The Boma Health Initiative

[2] Source: MoH, DHIS2

all levels, working with boma health committees (BHCs) to provide a favourable atmosphere for equity, gender, identification and sustainability.

- Tracing zero-dose and under-immunized children, counselling and providing linkages and referral for immunization in the nearest health facilities. From 2019 to date, the BHWs have tracked, identified and referred 240,318[3] under-immunized and zero-dose children for immunization
- Mobilising zero-dose and under-immunized children in hard-to-reach communities to increase the effectiveness of mobile and outreach immunization services.
- Maintenance of family registers including age, and immunization status of children under 5.

Problem statement

While the BHI has proven to be a valuable asset within health system in South Sudan, it is not yet covering all unreached areas of the country and therefore there are gaps in service delivery in some areas with a huge proportion of marginalised communities left out, including children in need of immunization.

The available funding mechanisms are only able to fund a limited number of Bomas. To date, 934 (42%) out of 2206 bomas are covered within the BHI, GAVI will support 600 bomas (27%) coverage leaving a gap of 30% bomas uncovered. Currently 7,108 (26%) BHWs are deployed out of the 28,489 BHWs needed across all the 10 States[4]. The GAVI support to 700 BHWs will contribute 3% leaving a total gap of 20,681 (75%) BHWs needed to cover the entire country. The table below indicates partners currently supporting BHI and their % coverage.

Name of Donor/ fund manager/ partners	**Total # BHWs**	**% BHI Coverage**	**Comments**
HPF	3,680	12.9%	Trained complete BHI modules
UNICEF	2,463	8.6%	Trained complete BHI modules
Global Fund	744	2.6%	Trained selective topics
Momentum	198	0.7%	Trained selective topics
CMMB	23	0%	Trained selective topics
GAVI	700	2%	Proposal review in progress
Total BHWs active	**7,808**	27%	
Total # BHWs required to cover the country 100%	**28,489**		

[3] Source: MoH, DHIS2

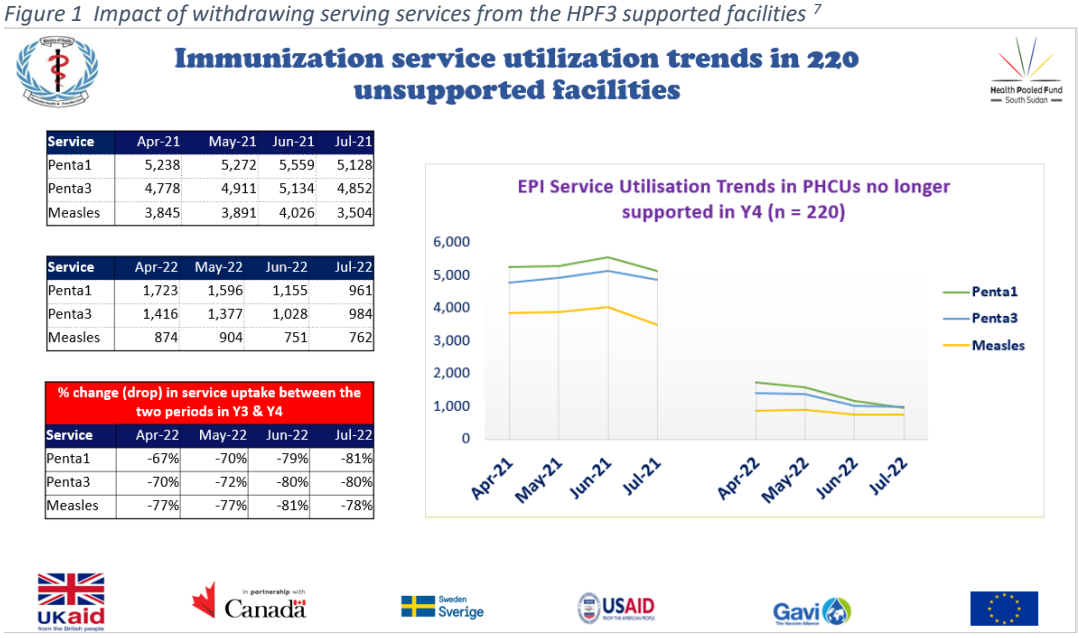
[4] Ministry of Health-BHI Presentation to GAVI Delegation to South Sudan, 12 Oct 2021

BHW Gap country wide	20,681	73%	

In addition, marginalised groups such as the urban poor, IDPs, refugee and communities living within the radius of 5kms of a health facility are not covered by the BHI programme. This is particularly crucial as there are large numbers of zero-dose and under-immunized children who have been noted in these areas including the majority of 'orphaned'[5] health facilities and facilities where partners withdrew support due to limited funds. For example, figure 1 below indicates how immunization services have been affected in the 220 unsupported health facilities after HPF withdrew its services.

As per the GAVI Immunization Agenda (IA 2030)[6] that focuses on of "Leaving no one behind ", South Sudan aims to reach the most marginalized and vulnerable populations to ensure equitable inclusion in immunization activities, BHI provides an effective and proven platform to reach these children.

Figure 1 Impact of withdrawing serving services from the HPF3 supported facilities [7]



Another challenge South Sudan faces is the acute lack of skilled health care providers available, which affects their frequent engagement with communities surrounding the facility on various health promotion and education activities inclusive of routine immunization. As a result, the zero-dose children and defaulters are being missed. The BHI offers a viable structure for strengthening of health promotion messages focused on immunization among other services in such a setting [8].

In a qualitative study on access to health care in South Sudan, BHWs were reported as "*people that move through the community*" to provide information about immunization for children and other health concerns. In addition, WHO and GAVI in 2018 advocated for a synchronization of multiple programme components in South Sudan, including support of the roll out of BHI, to provide a child with the opportunity to be successfully

[5] Health facilities with limited/ no support for health services

[6] GAVI, 2021. Equity Accelerator Funding

[7] HPF 3 presentation on impact of health facility reduction on immunization service utilization

[8] WHO. (2021), South Sudan – Strengthening primary health care in fragile settings.

vaccinated[9]. In this context, continuing to strengthen, bolster and build capacity of this strong community health system is critical to improving access to preventive, promotive and curative primary health care services to these hard-to-reach and underserved communities."

In this context, continuing to strengthen, bolster and build capacity of this strong community health system is critical to improving access to preventive, promotive and curative primary health care services to these hard-to-reach and underserved communities.

Justification for support to BHI

A study conducted by MoH, with support from GAVI, mapped the locations, activities and capacities of the BHWs and Integrated Community Mobilization Network (ICMN) in South Sudan and indicated that the BHI, which is the MoH formal structure for delivery of all community level interventions, has one of the major interventions in awareness creation and engaging communities on importance of routine immunization, EPI defaulter tracking, tracing unvaccinated children & referral to health facilities (HFs), referral of pregnant mothers for ANC, nutrition and tracing of malnourished children, water, sanitation and hygiene (WASH) and other disease outbreaks and health promotional activities [10].

Below are the key findings from the BHI midterm evaluation conducted by UNICEF:

- **Awareness of BHI presence in the communities**. According to data gathered from the household survey, most of the household members, most of whom are women, were aware of BHI in their localities and 96%. knew their Boma Health Worker in their communities. **Access to health services**; 95% of the households interviewed admitted to having accessed health care services through the BHW. In addition, 88% of the survey responses confirmed that they were aware of the BHWs availability to provide services on all days of the week
- **Community Awareness Sessions**. One of the key activities of the BHW reported by the respondents is conducting community awareness sessions which are done through household visits, group sessions as well as one to one session
- **Moving towards achieving Universal Health Care.** The BHI programme was reported to have played a significant role in enhancing the household and community-level universal health coverage, according to donor agencies and implementing partners interviewed. The BHWs deliver an integrated package of health education, health promotion and disease prevention activities among others referral of zero-dose children and defaulters.
- According to the findings, has been proven to be effective entry point for all community level health activities in the community/ Boma and help to close the gap between health facilities and communities. For example, mothers interviewed through the household survey

[9] WHO, 2018. WHO and GAVI Alliance Partners along with the Ministry of Health strategizes to vaccinate over 485 000 children under one year of age in 2018. https://www.afro.who.int/news/who-and-gavi-alliance-partners-along-ministry-health-strategizes-vaccinate-over-485-000

[10] MoH/ GAVI November 2021, mapping exercise report on BHI & ICMN activities and capacities in South Sudan

in Mangala Payam said they are really satisfied with the BHI services as they gained knowledge and skills in health promotion, nutrition, care for food, care for children and children and safe motherhood. The mid-term evaluation also noted that BHWs are conducting social mobilization for immunization, COVID-19 awareness, sanitation and hygiene promotions, defaulters tracing and referral of pregnant mothers, referral of children including malnourished children to the health facilities. These action of the BHWs contributes to addressing the six pillars of safe motherhood (antenatal care, childbirth, postnatal care, maternal and child nutrition and child spacing); improved immunization coverage, access to care and health services, increase number of health facility deliveries

- **Activities catering for the needs of women and children**. The programme rolled out with an intent to provide health services at the doorstep at no cost in the most marginalised areas of South Sudan especially to the most vulnerable and marginalized population (women and children) who otherwise would either have no access or would have to commute long distances to access health services at a facility. The BHWs have a family register that includes information on every family member from the community. It helps to track pregnant and lactating mothers, children under five, and those with disabilities or other health issues. Responses from the household survey indicates that 81% indicated referral of unvaccinated children (81%) and 62% is counselling on immunization.

Additional Experiences gathered from past BHI implementation

- In an access study conducted by HPF, respondents Interview and FGD respondents mentioned BHWs have a role in raising awareness of the importance of antenatal care and immunization for young children, as well as among pregnant women on the importance of prenatal care and referring them to the nearest facility. Community health workers also raise awareness within their communities about how community members can protect themselves against common diseases, or during outbreaks or sickness[11]. This further strengthens the justification that BHWs have the ability to provide awareness in their communities.
- The BHWs have the capacity and ability to track, identify and refer the zero-dose and under-immunized children.
- Improved results are obtained on integrating packages targeting households inclusive of immunization component, child and maternal health to provide wholistic support to families.
- Over 40% of the total curative consultations for under five children are done by BHWs. This demonstrates their access to children and ability to screen and identify zero dose children.

[11] Health Pooled Fund3, South Sudan April 2022, Access to and utilisation of healthcare services in three states supported by the Health Pooled
Fund in South Sudan: a mixed methods study

- Improved coordination of the BHWs in the community and vaccinators in the health facilities has proved to be crucial in ensuring that the identified and referred zero-dose and under immunized children are facilitated to receive the immunization services.
- It was also noted that household data collected in family folder registers for children under-one and pregnant women strengthened focused follow up to ensure completion of routine immunization.
- Communities trust the BHWs whom they themselves select to provide services. This cadre is best placed to understand and address any hesitancies or barriers to immunization. This was further exemplified though the rollout of COVID-19 in collaboration with the boma health committees (BHCs) where both the BHWs and the BHCs demonstrated the safety of the vaccines by publicly being immunized and this led to the communities following suit. Data for defaulters, zero-dose identified and referred is entered through DHIS2 where MoH and partners can view and use it for decision making.

BHI gaps noted from the mid-term evaluation

- **Low education level and gender of BHW:** Although the community Health Strategy 2016-2025 emphasised that priority be given to women during selection BHWs per Boma; in many cases, only one out of the three BHWs are women, while in some Bomas the BHWs are all men. A BHI attrition study conducted by HPF also noted that only 39% of BHWs were women [12]. In addition, majority of women had no education while only a few had a primary or secondary education.
- **Gap in documentation:** When the BHW refers children for immunization or pregnant women, health facilities do not have files for storing the referral forms from communities. Therefore, it becomes difficult to quantify how many children have been referred by BHWs among all the total immunization attendees.
- **Harmonization of other community-based structures needs strengthening:** It is noted that there are other community structures such as ICMN volunteers in place leading to duplication of activities being implemented by the BHWs and the ICMN volunteers. Recent mapping studies have noted duplications and overlap regarding roles, recruitment, deployment and implementation of demands generation activities for both ICMN & BHI mobilizers. There are opportunities to harmonize these efforts and leverage the trained personnel to enhance BHI coverage.
- **Low literacy and language barriers**: It is noted that the reporting tools as well as training materials were in english only and not in other local languages such as Arabic which is widely used at the sub-national level. Though there has been advocacy around translation for BHWs and health facility reporting tools into Arabic, however, it is yet to be approved by MoH.

[12] Health Pooled Fund3, South Sudan March 2021, Assessing BHW attrition in HPF supported counties

- The family folder register used to capture household data has a lot of text for the BHWs with low literacy levels to adequately fill in.
- Limited information/ data sharing from health facilities to bomas/ communities on immunization coverage performance. This would promote more community ownership and accountability.
- There are no BHWs within the 5KM radius of the health facilities catchment area to support awareness and health promotion.
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Proposed approach

Theory of change

In consideration of the GAVI 5.0 strategy of "*leave no one behind"* with immunization and the BHI being the MoH flagship program, it is an appropriate platform on which to anchor for strengthening immunisation service delivery and reaching zero-dose and under-immunized children. There is significant collaboration between partners, MoH and immense political will in country to ensure this programme is long lasting, country owned and sustainable. Hence investments in BHI would equate to sustainable investments. The country will align it's approach to the three guiding principles below;

- **Equity** – all zero-dose children and defaulters in neglected communities in South Sudan in the 30 priority counties should have equitable access to routine immunization.
- **Identifying and reach of zero-dose children –** The existing structure of BHI will be pivotal. Prioritized demand generation strategies with a high potential for impact will be a key focus. Key stakeholders will be a strong pillar for advocacy for uptake of EPI services.
- **Pragmatic sustainability** – collaborating and working closely with MoH existing structure and aligning to the BHI programme.
- Gender - In the BHI strategy, balancing gender is considered where women's participation is encouraged in different structures like being a part of the Boma health committee, which provides oversight to the Boma health workers (BHWs) in a specific boma. But, more importantly, the strategy indicates that priority be given to women to work as BHWs. The MoH in coordination with partners will ensure women are prioritised during recruitment of BHWs and vaccinators.

In addition, both the EAF for health service delivery activities and for BHI activities will align towards achieving the desired results. Operationally, focus will be in counties with high zero dose numbers. Targets will be set by county to ensure the BHWs work towards effective mobilisation for the outreach team.

The programme will take into account the following five recommendations from an extensive review of global Community Health programs:

- **Investing in systems and not only in services that** BHWs **deliver** which consists of ensuring local community ownership by conducting local selection of any new BHWs, ensuring initial and continuing capacity building, putting in place robust supervision system, ensuing adequate and timely payment system reducing turnover and improving frontline workers' performance, and providing adequate equipment to BHWs for performing their work such as friendly job aids and solar radio for facilitating group discussions. Through the SMoH/ CHDs, different partners supporting BHI in the same county and boma will plan for BHW/ supervisor monthly/ quarterly review meetings together to share experiences, leverage on existing resources, cover gaps and learn from each other.
- **Building political support** across ministries, geographies and levels of Government. Discussions will held with SMoH and CHDs to lobby for opportunity to make BHI related presentations during political meetings e.g. at State legislative assemblies as a means to create more awareness to gain support.
- **Putting in place a robust monitoring system** to harness data, innovate and inform program adjustments
- **Securing community support:** in this programme, the community will not only be a mere recipient of aid but an active counterpart in programme design and implementation. This implies their active involvement before any activity related to this program would be implemented. This will also be demonstrated through the selection of any new BHWs by the community, their involvement in immunisation microplanning, their contribution in for example providing and arranging space for mobile vaccination, in supervising vaccination activities and in mobilising demand for routine immunisation.
- **Ensuring locally tailored approaches for creating demand for immunisatio**n and increasing coverage : every county having its own challenges, a participatory approach will be implemented going through the identification of the local barriers to vaccination, analysis of the origin of the problem and identification of the type of support that the BHWs can bring such as intensification of the awareness raising activities, stronger referrals, advocacy for local political involvement, mobilising community support to vaccination sites, building trust through intensive interpersonal communication and local leaders' involvement, actions against vaccine hesitancy, retro feedback to communities on actions taken by health department, etc.

Goal and objectives

The goal and majority of objectives align with the proposal for health services delivery under GAVI 5.0 strategy namely.

- Design and implement sustainable strategies that respond to identified barriers (geographical & social) to close immunity gaps in zero dose, under-immunized and missed communities
- Support scale-up of proven behavioural and demand driven interventions in a harmonized, multi-partner, integrated manner
- Increased engagement with communities to drive up demand for vaccination

- Facilitate implementation and monitoring of integrated service delivery approaches to reach zero dose under-immunized and missed communities
- Ensure timely fit for purpose information is available across all levels of the system, including community level
- Improve data quality and use for decision-making at national & sub-national levels
- Strengthen program performance monitoring and management at national and subnational levels

Approaches

- **Strengthen health education and demand for EPI services.** In collaboration with the MoH health promotion department, meetings will be held with the GAVI funded technical country assistance for demand generation to integrate and strengthen health education and promotion within the BHI framework. In the current BHI strategy, health education and promotion section require improvement. The BHWs who will be recruited will use the national ministry of health educational approaches and guidelines for effectiveness in engaging communities with a focus of high demand for immunization for zero-dose children and defaulters. Common gender related barriers to vaccination will be addressed to promote inclusiveness change in attitude and demand for vaccination.

- **Strengthened collaboration for advocacy** at the national and sub-national levels between both the BHI & EPI focal persons. At sub-national level, periodic review meetings will review health facility performance on routine immunization coverage with close linkage to the BHI. Both the EPI and BHI SMoH staff will support with advocacy for uptake of services through grassroot leaders which offers a foundation for ownership and sustainability. With a vision to improve service delivery at the grassroot level, there is a strong political commitment from the government of South Sudan and development partners to establish a community health system to reach communities with basic health services. This commitment is reflected in several government and Ministry of Health documents such as the National Health Policy 2015-2024 and the National Health Sector Strategic Plan 2015-2019, which seek to establish a community health system as a formal structure of the national health system by creating the structure and positions for Community Health Workers [13].

- **State and county stakeholder sensitisation.** The partners will work with SMOH and the CHDs to conduct sensitization meetings in the priority counties to elaborate on the BHW intervention focused on EPI within the 5KM facility catchment area. Payam, boma chiefs and vaccinators will be part of the sensitization meetings to support in planning for implementation.

[13] BHI Mid-term evaluation-draft report, Oct 2022

Role of BHWs and supervisors

Role of BHWs

In collaboration with the boma health committees record household data of children under-one and pregnant women in the family folder, enter in a database and periodically update
Community awareness and mobilisation for immunization uptake (working hand in hand with boma chiefs and caregivers and during household visits or community events)
Immunization defaulter and zero-dose tracing, with counselling and referral to the nearest health facility
Use diverse demand generation approaches for inclusiveness of the community.
Support in mass immunization campaigns
Work with health facility EPI teams to draw microplans
In collaboration with vaccinators, hold monthly review meetings to assess performance vs target as per the microplan in the presence of health facility management committee

Role of supervisors

Provide on job supervision and training to the BHWs
Review household data collected by the BHWs and help to set targets
Verify and summarise BHW reports
Ensure that the BHWs are applying the demand generation approaches
Identify innovations, success stories/ case studies and inform the partner to collect more information
Work with health facilities- vaccinators to hold review meetings with BHWs on vaccine coverage

- **Selection and recruitment** of literate BHWs from within the 5 kilometre catchment areas of the health facilities. Integration of the existing ICMN volunteers into BHI will be prioritised in order to build on the strength on ICMN who have experience in community mobilization and demand generation approaches. The ICMN area of coverage is limited to less than 5 kilometers away hence they are a good fit to transition to work as BHWs within the facility catchment areas. Secondly, they have been tracking EPI defaulter & unvaccinated children < 5 years and referral to nearest health facilities or to the mobile vaccination team. Mobilization for EPI outreaches, campaigns and during awareness on disease outbreak. The BHW supervisors will also be recruited to support BHWs. The selection of BHWs will be locally driven and will prioritize women and existing social mobilizers such as the ICMN, Community Nutrition Volunteers (CNVs), hygiene promoters and the Red Cross Volunteers.

- **Women empowerment for equity.** In coordination with household heads, women will be encouraged to take up the role of BHWs. The BHI evaluation report indicates that a significant reason why women are underrepresented in the BHI is their low level of education. The vice chairperson of health facility committees will be encouraged to advocate with the boma chiefs and household heads on the benefits of having women take up roles of BHWs [14]. The

[14] Health Pooled Fund, Sept 2022, Handbook for women leaders in health facility management committee.

document further provides the list below on the need for the female gender in leadership positions.

- Women account for approximately half the population of the country and therefore have the right to be represented as such.
- According to the South Sudan constitution, 35% of leadership positions should be reserved for females.
- Women are expected to make a substantive difference in the lives of fellow women as they play their roles and functions
- The interests of men and women are different and sometimes conflicting and therefore women are needed in representative institutions to articulate the interests of women.
- Women are able to achieve solidarity of purpose to represent women's interests when they achieve certain levels of representation

- **Integration.** Although activities will be integrated, EPI awareness activities, referrals and linkage will be the main areas of focus. This will however be integrated with maternal service package. Every pregnant woman within the BHW areas of operation will be followed up and encouraged to attend ANC visits, give birth in the health facility, and ensure their child completes routine immunization.

Innovation

- **Household (HH) registration and social inclusion**. Each BHW will be assigned 40 HH as per the BHI strategy. Every child below one year and every pregnant woman in the targeted HH will be registered into a family folder for easy follow up encompassing gender and social inclusion aspects. A database will be created to enter all the family folder information and it will be updated periodically.

- **Use of mother-to-mother support group model**. Pregnant women, caregivers and mothers of children under-one will be encouraged to form peer to peer support groups that will meet at convenient times to share their experiences on the benefits of child immunization. The mothers will be expected to remind each other on immunization schedule of their children with a focus to complete immunization. Meetings will be held at convenient times. Furthermore, this platform will be used for integration of likely projects like long lasting mosquito nets' distribution in collaboration with the global fund malaria project. The mother-to-mother support group model will be adopted to champion this peer support.

- **Use of radio listening groups**. Radio being an engaging and interactive tool to empower communities, radio listening groups composed of mothers, caregivers and key influencers will be encouraged to form radio listening groups who meet regularly over a given time to listen to audio programming and discuss issues and challenges they face to review

awareness and content of programmes aimed at their community. In a Boma, about 1-2 radio listening groups with each group comprised of 15 members will be formed. The groups will be oriented and provided with solar radios equipped with pre-recorded messages on immunization with which they will be listening during their listening groups sessions. BHWs will facilitate the listening groups sessions

Experience of working with radio listening groups: To boost collective listening in the community, Radio Listening Groups as an approach has been piloted in the state capitals in the greater Equatoria and Aweil town in Northern barl ghazal, through the resilient project under the KFW joint resilient project.

Before the formation of this groups, a 26-episode radio drama series was developed with technical support on key messages development from Nutrition experts from both MOH and UNICEF. With special focus on the Nutrition needs of the child from pregnancy to 2 years of age. Covering also other important aspects of the child's growth including childhood diseases and Immunization. This drama series was then translated to Eight languages.

The concept was to train mobilizers currently attached to the health facilities in this major towns to conduct and facilitate listening groups sessions in communities they are working in. 80 mobilizers were trained and equipped with a solar radio set.

Another second session is conducted every week in the community with 12-15 dedicated members who are expected to go through the 26 episodes in the 26 sessions conducted. The members would discuss the issues highlighted and increased their knowledge of how to reduce childhood malnutrition, childhood diseases and become change agents.

This radio listening was formed more than a year now and more than 200,000 people have so far been directly engaged and participated in these sessions. The Radio Listening Groups has brought the involvement of various entities such as the CNV's (community Nutrition volunteers), as well as the health department officials who ensure that messages correspond with their activities and support the mobilizers with contextualizing the messages to their community. Through these sessions, community members discussed the issues highlighted and increased their knowledge of how to reduce childhood malnutrition, childhood diseases and become change agents. The sessions encouraged new practices for health promotion and methods to seek appropriate care.

Currently the KFW joint resilient project is conducting end line data collection for the impact evaluation, that will be ending in mid-April.

Leadership and Governance

Although BHI leadership and governance requires strengthening, according to the BHI strategy, the national ministry of health BHI coordination office in close collaboration with EPI Communication officers in the department of health promotion and education oversees all BHI related activities in the country. At the SMoH, BHI is embedded in the officer of the director general for primary health care cascaded down to the county health department and at boma level, the office of the boma chief is responsible for BHI activities in the boma through a committee.

- **Boma Health committees (BHCs).** The BHWs will be governed by a boma health committee that will be formed in the bomas within the 5 km radius. The committees are composed of- chiefs and influential women, men and youths. The BHCs will be oriented on the importance of immunization of zero-dose and defaulters as well as on the process of community participation. This will support a strong feedback and accountability mechanism to the community. There is a track record that committees play a key role in facilitating in the process of selection of the BHWs within the communities. Thanks to this local selection, The BHWs are key influencers and are seen as a trusted sources of information for community members. In addition to the BHWs, the BHCs are the main channel for community participation in this program. They will be consulted first before the implementation of the activities in the Boma. Their presence is a condition for conducting an immunization micro planning activity. They will inform on the best ways for the vaccinators to reach an optimal immunization coverage in their community, such as on the time, place and preparation of the vaccination session. They will also the main channel for feedback from the community on the quality of immunisation service received. They will be the voice of the community linking with the service providers. Their training will revolve around community participation (including in microplanning) and empowerment. Religious leaders will be embedded in the BHC, they are able to influence health behaviour not only on the individual level but also on a socio-cultural and environmental level. They exert such influence through several mediators like social influence and serving as role models in addition to scriptural influence.

- Involvement of religious leaders in the past and it's impact: As part of strengthening collaboration with South Sudan Inter Religious Council, 6 religious leaders (3 males and 3 females) were identified from Christian and Muslim representatives, trained and deployed in 6 counties in January 2023 NCVC. Their main task was to conduct advocacy sessions with fellow religious leaders at church and mosque level, dialogue with youths, women and other groups within the religious groups and share their testimonials as recipients of the

Role of boma health committees

Ensure community nomination of BHWs
Provide guidance to BHWs on implementation of the approved health service package in communities
Oversee birth and death notification in the boma by the BHW
Support the BHW in community mobilization efforts
Encourage uptake of health services at community and health facility levels
Recommend for issuance of birth and death certificates by the authorised office
Meet regularly with BHWs to discuss any challenges and to identify solutions
In coordination with the BHW supervisors, oversee the BHWs' performance, report unresolved issues to the PHD/IP and recommend replacement of an absentee or non-performing BHWs to the recruiting authority
Support the BHWs in the communities to avoid misunderstandings and to improve the relationship with the communities

vaccine. Counties were selected based on existing and known hesitant religious groups, low risk perception among congregants and areas with anti-COVID-19 vaccine religious leaders. Rumbek Town, Wau, Renk, Aweil, Bor South and Fashoda Counties each had a religious leader facilitated to support the campaign. Cumulatively in the six (6) counties, the religious leaders met 107 community and 128 religious' leaders. Over 36 places of worship were visited including Catholic Church, Episcopal church of South Sudan, Seventh Day Adventist churches, Anglican church and Mosques. The religious leaders also managed to participate in 38 community meetings reaching approximately 4419 people. With their support, 5,300 fliers were disseminated during religious and community meetings. In addition to community engagements through Interpersonal communication, the religious leaders also participated in 4 interactive radio talkshows providing real-time factual information on the vaccine and addressing queries that revolved around the vaccine and religious teachings.

South Sudan Council of churches is supporting since the COVID-19 outbreak to provide psychosocial support and accurate information to COVID-19 frontline workers, caregivers, patients and those who lost their loved ones. South Sudan Council of Churches tollfree number 2222 has also been used to compliment Ministry of Health Tollfree number 6666. In October 2022, 12 call attendants were trained with COVID-19 messages, equipping them with necessary information on COVID-19 vaccines. This has supported in addressing rumours and misconceptions around the vaccines including those associated with MoH tollfree number 6666. In January 2023 during NCVC Round 1, a total of 1,670 calls were made to the call-center, seeking information on health programmes including the ongoing COVID-19

campaign, Education and nutrition. Refer to annex 9 on the outcome and impact of engaging religious leaders in health.

- **Dialogue sessions** will be diversified by the BHWs with the support of the health committees to include all segments of the community with focus on generating demand for RI including taking concrete actions on delivery of and access to immunization services. Community dialogues will occur in all target communities. This has proven successful in the past and is used to sensitise influential community leaders on the importance of completion of routine immunization. The chiefs with support from BHWs will further host community meetings at their Bomas to sensitize the community on vaccination and outreaches. These sessions are opportunities to specifically address community concerns and myths around immunization barriers. The health facility committee can also be part of the meetings to pick facility related barriers to immunization and act on it.

Monitoring, reporting and learning

- Targets will be set for performance by each county with high zero dose numbers for effective tracking of performance, learning and experience sharing.
- At the national level, the performance of key zero-dose indicators will be monitored through the DHIS 2. This will also account for partner performance towards agreed milestone targets. The MoH-M&E department together with the EPI and BHI directorates and partners will periodically review data for decision making. The same process will be cascaded to the subnational levels. The current BHI tools and registers will be revised to include more indicators on zero-dose children which will then be distributed to the BHWs/ supervisors through the implementing partner systems. Currently indicators for defaulters and zero-dose children identified and referred have been added in the DHIS2.

- The boma health worker supervisors will play a pivotal role in the direct supervision of the BHWs. According to the BHI strategy each supervisor will be responsible for 20 BHWs. This structure will work closely with both the boma health committees and facility management

committees to ensure they support BHWs to function as required. The BHI supervisors will report and answer to the implementing partner BHI officers.

- The BHI supervisor will summarize monthly BHW reports and hand over to the health facility in-charge who will submit it to the county together with the facility monthly reports for entry into the DHIS2. This is an existing reporting system in place

- Monthly follow up meetings will also be conducted from boma to national level for monitoring EPI data in the targeted counties and taking any corrective actions. A standing agenda on this specific program will be included in the regular EPI technical working group meetings for analysing performance and reach of set targets. Monthly meetings at the Boma level will include the BHWs and the Boma Health Committee (BHC) members. This will also be the opportunity for the BHC to provide feedback to service delivery on their level of satisfaction on the collaboration between communities and health personnel as well as the service provided in the health facility.

- In light of the experience from ICMN, an initial rapid KAP assessment will be conducted, collecting behavioural and social data such as the vaccination coverage and the level of willingness of the caregivers to get the vaccine for their child, as well as any social norms and factors influencing their attitude and behaviour towards vaccination. Another mid- and end-term KAP assessments will be performed in order to bring adjustments to the program and measure the change brought by the BHWs.

- For better reporting rate from BHWs, the reporting tools will be simplified as much as possible.

- Use of digital means for monitoring, reporting and community feedbacks will be tested in selected counties for improving the quality of data shared in the program. Rapid Pro is one of the envisaged tools for this purpose.

Documentation of success stories and best practices.

- There will be continuous documentation of success stories and best practices that will be shared across partners for shared learning for greater impact.

Strengthening linkage between BHWs and the mobile vaccination team and or health facility.

- **Involvement of mobile EPI and or facility vaccinators in monitoring uptake of immunization**
  The BHW will follow up every referred child for immunization to verify if they have received the vaccination. This will be linked with the targets in the county mobile vaccination team or the health facility micro plan for the catchment areas (bomas) synchronised with the BHW

household data for children under one. The EPI vaccinators will work closely with the BHW and supervisors to come up with the microplans and set possible targets.

- **Monthly/ quarterly review meetings.** One of the key processes in strengthening linkage between the BHWs and facilities will be through the monthly review meetings that will be held at the facility. The meetings will comprise BHWs, supervisors, vaccinators where available and community representatives. Data on zero dose children and defaulters immunized in the bomas will be presented for accountability. Secondly to strengthen weak areas with action points which will be reviewed in the next monthly review meetings.

- **The practice of boma vaccination days** will be scaled up in the priority counties. For instance, in Aweil South and Aweil centre counties in Northern Bahr Ghazal, the CHD and IP have integrated monthly plans to include EPI outreaches through Boma Vaccination Days as a way to improve vaccination coverage and immunization defaulter tracing. BHWs' names and contacts are shared with vaccinators where they can easily contact BHWs for immunization defaulters' tracing. In a monthly plan, locations (Bomas) which have high defaulter rate and low Penta 1 & Penta 3 in the previous month are identified and prioritised for the Boma Vaccination Days in the following month. The Boma Vaccination Days are carried out for 3 consecutive months in the same Boma in order to complete both Penta 1 and Penta 3 vaccination for zero-dose children. This provides ample time for BHWs to then focus on following up defaulters to gather them for immunization[15].

Facilitative Factors

- The success of the Boma Vaccination Days is dependent on effectiveness of the coordination efforts between vaccinators, BHW Supervisors and BHWs which all work to enhance effective community mobilization. Mobilization for Boma Vaccination Days is carried out two to three days in advance which process allows BHWs to mobilizes and conduct health education to the community members at household level and partly those involved in social gatherings/meetings including churches and markets among others. It's also during these awareness activities prior to Boma days that communities are sensitized about the importance of immunization and vaccination centre within the Boma along with planned dates for the upcoming Boma Vaccination Days.

- The BHW supervisors and vaccinators share Boma Vaccination Days scheduled with BHWs and provides immunization defaulters' lists for the same boma to BHWs at the same time encourage them to identify zero-dose children. This helps BHWs track these children while mobilizing for the Boma Vaccination Days where the same children tracked as immunization defaulters and zero-dose will be vaccinated. Prior to the Boma Vaccination Days, BHWs inform the BHCs and community members about vaccination that is going to take place in the boma

[15] Lot 16, Malaria consortium 2022, Community EPI Outreach implementation model in Aweil South and Aweil Centre Counties of Northern Bahr-el Ghazal

and invite them to witness the vaccination and support in sensitization on the importance of immunization which encourages community members to allow children get vaccinated.

- During monthly Boma Vaccination Days, BHWs record the children identified and tracked as both zero-dose and immunization defaulters in their integrated register and record them as referred, this has great improvement on immunization defaulters identified and referred by Boma Health Workers.

Operational overview

Six hundred BHWs and s will be recruited to target communities living with the 5KM radius of 200 MoH-supported health facility catchment areas in 30 counties with the highest numbers of zero-dose children and the 101 supervisors will be payam based to oversee the work of the BHWs. The BHWs within the 200 facilities will be linked with the county mobile vaccination teams. The additional 700 BHWs will increase the number of BHWs to 6,843 countrywide then this will have a significant impact on reaching more zero-dose and under immunized children.

A facility has an average of 3 bomas (covered by 3 BHWs and larger bomas will have 4 BHWs) in a facility catchment area, with an average of 120 households (HH) per boma. The BHI strategy indicates a ration of 1BHW: 40 HHs. However, number of HHs may vary since the BHWs will not provide any form of treatments, depending on distances of households

The vaccinators will liaise with BHWs and supervisors selected around the 5KM radius of the MoH-supported health facilities for mobile outreaches.

Key activities linked to the budget

S**takeholder sensitization meeting** will be conducted for 1 day at county level with key State/county officials and payam chiefs on the formation of boma health committees and selection of BHWs/ supervisors.

- Costs include venue hire per county each with 22 participants. Meals (food and refreshments), transport refund to the chiefs is included.
- DSA for 10 days per county to oversee formation of BHCs and BHW/ supervisor selection

Recruitment, training and deployment

- 700 BHWs and 101 BHI supervisors will be recruited and trained. Although the revitalized peace agreement provided for 35% representation of women[16] in governance bodies at national and subnational structures, in collaboration with MoH, guidance will be provided regarding % of women to be recruited as BHWs.

[16] South Sudan Recommits to Revitalized Peace Agreement with 24-Month Extension, Security Council Emphasizes, Urging Country to Avoid Further Delays, March 2023, https://press.un.org/en/2023/sc15219.doc.htm

- Four days of training will cover topics on importance of routine immunization, community awareness and health promotion, use of registers for household registration on zero-dose, defaulters, importance of equity and gender inclusion, role of boma health committees. In addition to provision of awareness and referral on prevention of childhood illnesses and safe motherhood components
- Costs will include venue hire, meals accommodation for participants, meals, transport refund and printing of the MoH approved registers (household registers, BHI health education register, referral register, events based surveillance register, integrated register, BHI monthly reporting form, child health job and handbook,

Refresher trainings

- These will be held in year 3 and 4 to strengthen the skills and knowledge of the BHWs and supervisors. In addition, refreshers around Immunization key messages, interpersonal communication and social mobilization will be systematically given during the monthly review meetings among BHWs and Health facilities. A Whatsapp group will also be created to facilitate sharing of Immunization key messages, orientation and updates from EPI and HEP managers as well as among BHWs and supervisors on good practices

Orientation of BHCs through Payam sensitization meetings

- All the 700 boma chiefs from 600 bomas will converge in 101 Payams of the 30 high zero dose counties from for orientation on their oversight roles of the BHI activities . Secondly, to increase their knowledge on benefits of completion of routine immunization for effective community mobilization and advocacy.
- Costs are for refreshments during orientation and support

Quarterly review meetings

- With Payam administrators, boma chiefs, BHCs BHWs, supervisors, and vaccinators and CHD where possible. To review performance and share lessons and strengthen weak areas.

Support to Boma chiefs to conduct community feedback/ EPI advocacy meetings

- Support for 600 boma chiefs to conduct community feedback/ EPI advocacy meetings within the 200 HFs catchment areas to strengthen community feedback mechanism for transparency and accountability

Procurement of solar radios

- Solar radios for 2 listener groups per boma in 600 bomas. Additional radios can be given to facilitators or champions

Printing and distribution of registers and job aids

- This activity will be yearly for continuous data collection by BHWs and supervisors. Friendly and human centered job aids such as colorful flip chart will be produced and used by BHWs when facilitating household discussions and community dialogues
    - They will also be given sola radios with pre-recorded drama series and programs on routine immunisation for facilitating community dialogues
    - The communication materials will be translated in main local languages practiced in the targeted States.

- **Procurement of BHI equipment and tools**

  The tools will aid in the day today execution of BHI work. E.g., metallic boxes for storage of registers, gum boots, raincoats

- **Supervision**
    - Supervision is from national level, State county and payam for quality assurance of standards, implementation guidelines and most importantly for strengthening on the job and documenting best practices/ impacts.

Annexes

- Annex 1: ToC Workplan
- Annex 2: Revised Budget-EAF-BHI-PSR
- Annex 3: Mid-term Evaluation of Boma Health Initiative (BHI) in South Sudan (2019-2021). Draft Report: 14th October 2022
- Annex 4: MoH/ GAVI November 2021, Mapping exercise report on BHI & ICMN activities and capacities in South Sudan
- Annex 5: HPF3, April 2022, Access to and utilisation of healthcare services in three states supported by the Health Pooled Fund in South Sudan: a mixed methods study
- Annex 6: HPF3, March 2021, Assessing boma health worker attrition in HPF supported counties.
- Annex 7 Salary scale for south Sudan
- Annex 8 radio listener group impact
- Annex 9 Religious leaders engagement for National COVID