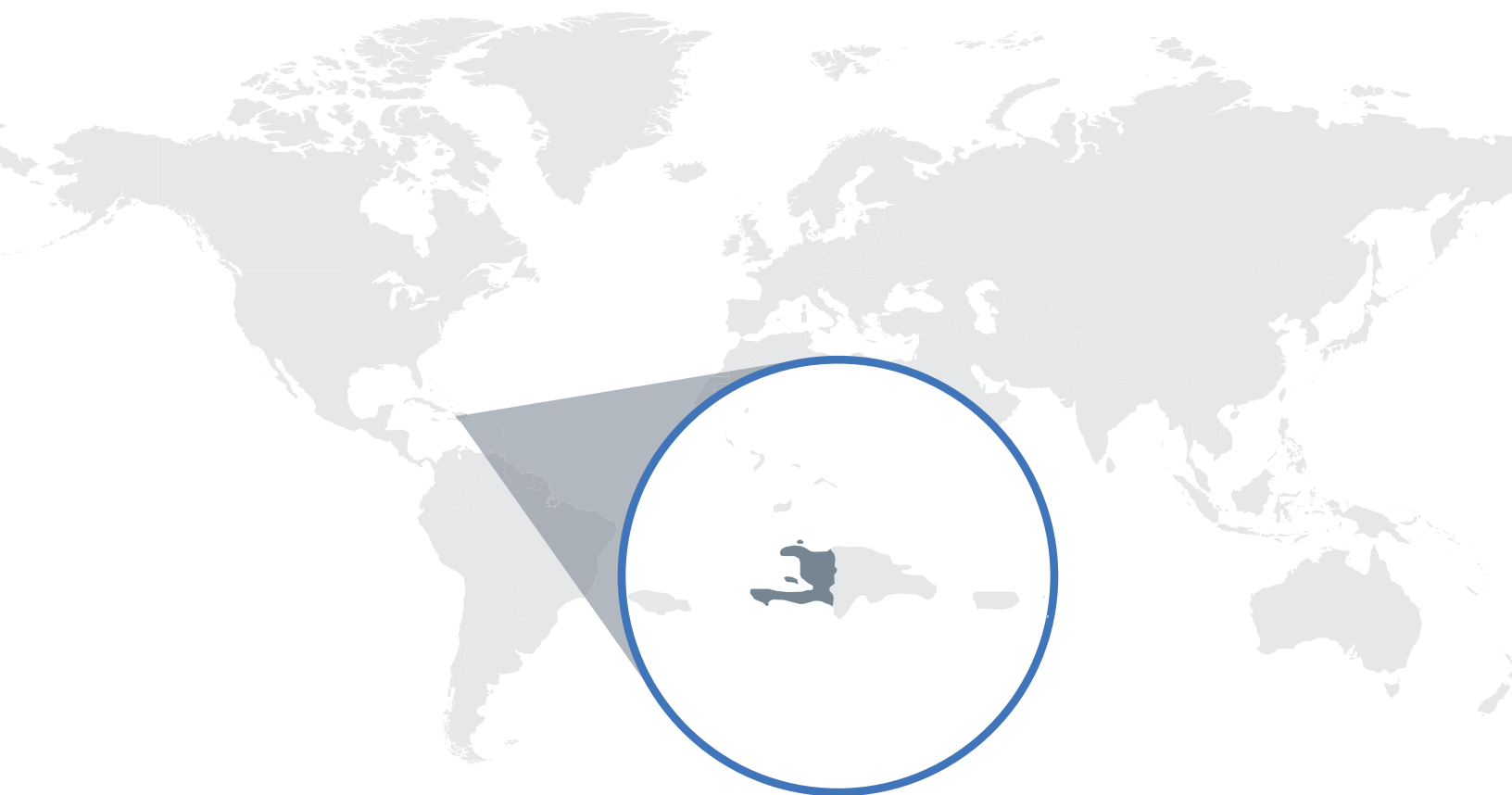


# HAITI

## Strategies for Improving Vaccination Coverage in Urban Poor Settings



## TABLE OF CONTENTS

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Acronyms	<b>i</b>
I. Introduction	<b>1</b>
II. Analysis of the Situation and Causes	<b>2</b>
1. Data analysis	<b>2</b>
2. Root-cause Analysis	<b>4</b>
III. Service Strategy	<b>6</b>
IV. Monitoring and Documentation of Activities	<b>9</b>
ANNEX 1: Example Timeline for Implementing Strategies	<b>10</b>
ANNEX 2: Example Planning Tools	<b>11</b>
ANNEX 3: Checklist for NGOs Involved in Routine Vaccinations	<b>12</b>
ANNEX 4: Guide for Observation of a Vaccination Session	<b>13</b>
ANNEX 5: Guide for Interview Sessions with Mothers and Guardians after Vaccinations	<b>15</b>
ANNEX 6: Guide for Interview with Municipal Authorities	<b>15</b>
ANNEX 7: Focus Group Guide for Community Leaders	<b>16</b>
ANNEX 8: Interview Guide for Key Informants	<b>19</b>
ANNEX 9: Replicability Checklist	<b>21</b>

## ACRONYMS

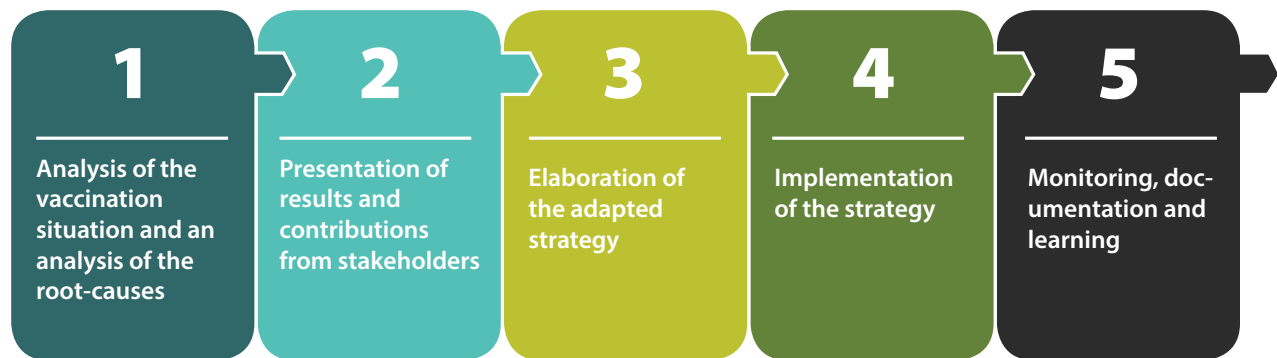
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<b>CCHW</b>	Comprehensive Community Health Worker
<b>DEPI</b>	Directorate of the Expanded Program on Immunization
<b>DSO</b>	Department of Health of the West Region
<b>EPI</b>	Expanded Program on Immunization
<b>IEC</b>	Information Education Communication
<b>HISI</b>	Haitian Institute of Statistics and Information
<b>MPHP</b>	Ministry of Public Health and Population
<b>NGO</b>	Non Governmental Organization

# I. INTRODUCTION

The Directorate of the Expanded Program on Immunization (DEPI), an arm within the Ministry of Public Health and Population (MPHP) in charge of vaccination activities, after having noticed the low rate of vaccination coverage in recent years within some cities, particularly the city of Cité Soleil, solicited and received GAVI's support for the development of a model to be followed so as to increase vaccination coverage in Haiti. The developed model establishes the procedure to follow and comprises of five phases:

3. The third phase will consist of an **elaboration of the strategy** in due consideration of inputs from stakeholders and such a strategy must aim at surmounting the challenges identified during the analysis.
4. The fourth phase will be the **implementation of planned activities** of the strategy such as:
  - Staff training
  - Supply of vaccines and inputs



Given that each city has a unique diversity of internal population, specific strategies and targeted interventions have been developed with stakeholders. In order to better understand the specific realities of the Cité Soleil health area, the process included a situational analysis of vaccination data and the cold chain of institutions. Then an analysis of the causes and a social mapping of Cité Soleil was carried out. Collaboration with existing institutions within the municipality will be the key factor in involving communities. The process incorporated the prioritization and coordination of areas by the MPHP and local representatives to ensure that human, financial and logistical resources are allocated for an implementation of the strategy.

1. The first phase will comprise of a **situational analysis and a root-cause analysis** in order to better understand the municipality, identify available resources, estimate the coverage rate and identify the reasons for low coverage. During this phase, information on vaccination, vaccination coverage for the past five years, the input supply system, vaccination staff, the cold chain, vaccination strategies, the views of parents and community leaders on vaccination and the reasons for the non-vaccination of children, as well as their opinion on the quality of vaccination services.
2. The second phase will consist of the **presentation of the results of the situational and root-cause analyses** to the officials of the various institutions concerned, stakeholders and officials of the municipality. The main problems identified are reviewed. Stakeholders contribute in the elaboration of applicable solutions in their areas.

- Use of registers
- A census of Children and Pregnant Women in each neighborhood
- Daily vaccination campaigns
- Communication activities encouraging vaccination within the municipality: mobilization / sensitization of the community
- Organization of institutional immunization and assembly station
- Organization of remedial sessions after reviewing the register
- Supervision visits (check-ups and monitoring)
- Monthly follow-up meetings to review the results of the previous month
- Validation of data
- Monthly Feedback (notables, elected leaders, the community)
- Use of data

5. The fifth phase has to do with the **monitoring of the activities** carried out by the DEPI to follow-up the implementation of activities, documentation of data and the provision of guidance. It will consist of supervision visits to institutions, organization of follow-up meetings, and preparation of feedback reports. Lessons learned will be documented.

The steps taken are designed to ensure that the elaborated strategy takes into account the propos contributions presented by the stakeholders and that the strategy is context-specific. These steps will also allow for replication.

## II. ANALYSIS OF THE SITUATION AND CAUSES

### 1. DATA ANALYSIS

#### 1.a. The following information will be sought:

- Demarcation of the municipality: map. This information can be found either at the IHSI (Haitian Institute of Statistics and Information, 1 angle rue Joseph Janvier and Boulevard Harry Truman) or at CNIGS (National Center for Geo-spatial Information, impasse Baron # 13 bis).
- Population of the municipality: so as to have a good denominator. One can find data on population projections on the website of the Haitian Institute of Statistics and Information: [www.ihsi.ht](http://www.ihsi.ht)
- The health institutions of the municipality: an identification of the health institutions of the municipality (see Annex 1) (MPHP: List of Health Institutions of the Country 2015) showing
  - Institutions that carry out vaccination,
  - Institutions that do not carry out vaccinations, why they don't and who is authorized to
- Identification of NGOs within the municipality (see Annexes 2 and 3)
- The population to be vaccinated at each institution
  - Frequency of vaccinations: every day or a few days a week
  - Frequency at which people go to these institutions
- The officials of the municipality
- Vaccination coverage for the last five years
- The cold chain
- Vaccine supply in the municipality
- Observe a vaccination session at the institution (Annex 4)
- The vaccination information system in health institutions of the municipality

- availability of resources (registers, situation room, appointment card, vaccination card etc....)
- ability for staff to use them properly
- use of data
- CCHWs of the municipality
  - Number
  - Supervision
  - Vaccination training
  - Deployment
  - Results provided
- Supervision received by the municipality
- Funding available for vaccination in the municipality

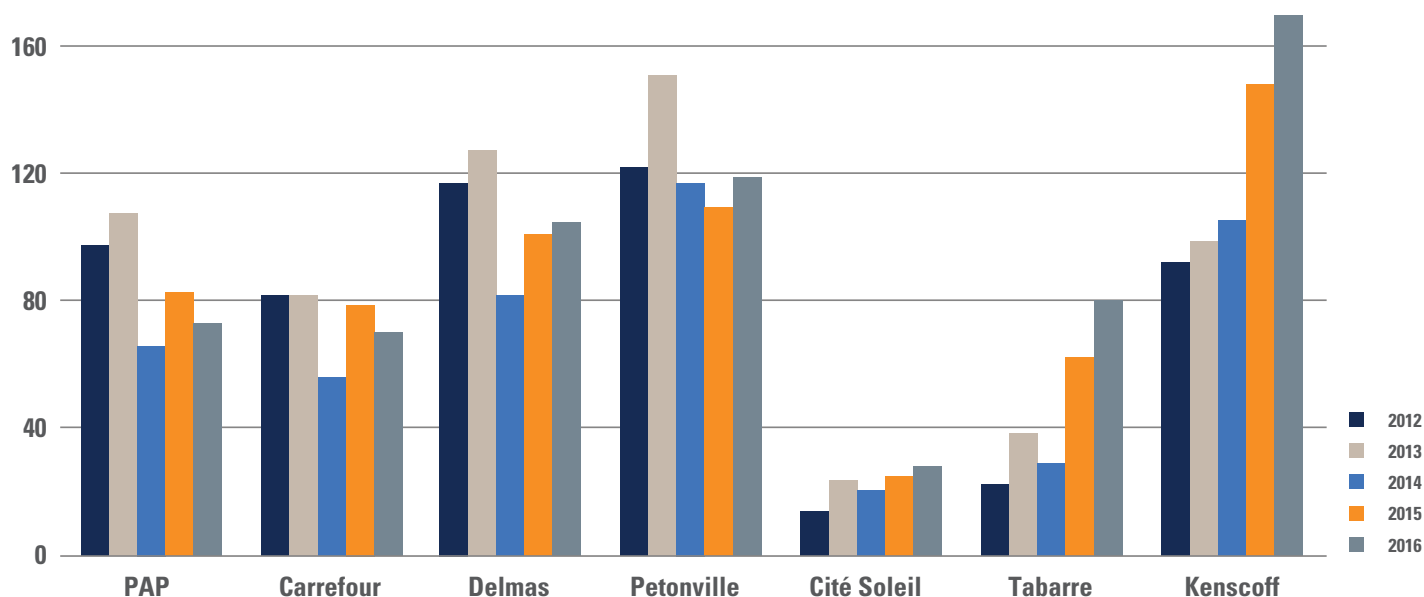
#### 1.b. Data Analysis Findings

The population of Cité Soleil according to the Haitian Institute of Statistics and Informatics (IHSI) was estimated in 2015 at 265,072 inhabitants. According to the Planning Unit (PU) of the MPHP, the population in 2017 is estimated at 278,500, while for DEPI it is estimated at 308,550 inhabitants, i.e. 8,022 children below the age of one and 8,484 pregnant women to be vaccinated.

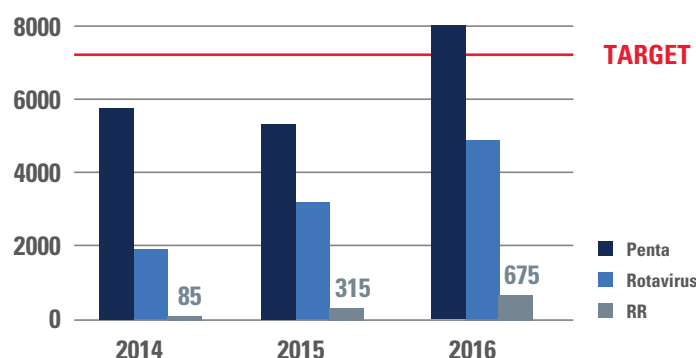
#### Vaccination coverage

Vaccination coverage data for the last five years show that the coverage of all antigens does not exceed 30%. As evidenced by the monthly reports, there has been a shortage of BCG vaccines in Cité Soleil for more than three months.

**DTC 3 Vaccination Coverage for each Municipality, Metropolitan Area, 2012–2016**



### Vaccine Doses Received vs. Target Population, Cité Soleil, 2014–2016



Source: DEPI, Haiti

**Table 1: NGOs working in Cité Soleil**

NGO	HEALTH ACTIVITY	VACCINATION SERVICES	INTEREST IN VACCINATION	COMMUNITY AWARENESS
Love and Hope	X			X
Hands Together	X		X	X
ICF	X			X
AVSI	X			X
Mercy and Sharing	X			X
Sen Franswa	X	X	X	X

**Table 2: Health Facilities in Cité Soleil**

INSTITUTIONS	TYPE	REFRIGERATOR	POPULATION TO BE VACCINATED	VACCINATION	VACCINATION STAFF
CHOSCAL : Centre Hospitalier Sainte Catherine Labouré	Public	Registered Functional	104 884	YES	1 trained
CHAPI	Public	Registered Nonfunctional	52 406	YES	1 trained
Maternité Isaïe Jeanty	Public	Registered Functional	?	YES	3 trained
MICECC : Mission Communautaire de l'Eglise Chrétienne des Cités	Private	Registered Nonfunctional	?	YES	2 trained
Centre Hospitalier Fontaine	Private	Functional	80 000	YES	5, (3 trained)
Centre de Santé le Pèlerin	Private	No	?	YES	4, (2 trained)
Centre de Santé Lumière	Private	No	13 000	YES	2 trained
Klinik Sen FRANSWA	Private	Registered Functional	12 369	YES	3 Untrained
Hôpital Sainte Marie	Private	No	?	NO	
Rosalie Rendu	Private	Registered Functional	50 000	YES	2 trained
Hands Together	Private	No	?	NO	

### Comprehensive Community Health Workers (CCHW)

Cité Soleil has 108 CCHWs deployed to the various health institutions and supervised by nursing assistants'. They do not receive salaries regularly. This situation incited demonstrations at the premises of the Directorate during the months of January and February 2017. They do not have any contract now. They will only have contracts from May to December 2017. They received training on vaccination during the month of March. 'For the first time in Cité Soleil the CCHW will be able to provide vaccination services as part of their package of health services. It is expected that they will have to update the records of the population of their sector and by so doing will participate in increasing vaccination coverage.

### Non-Governmental Organizations (NGOs)

Six NGOs working within the Cité Soleil area were identified (see Table 1). The educational activities of three others have given rise to the establishment of clinics which are not yet recognized by the MPHP despite their requests for authorization, while there is one NGO which already carries out vaccination campaigns and another which desires to integrate vaccination campaigns in its activities.

### EPI Information System

For a good monitoring of vaccination activities, a set of tools has been designed to facilitate planning, monitoring, early detection of operational problems and obstacles to achieving objectives.

There has been a lack of some basic tools and the inadequate filling or the inability to fill certain tools by the staff of healthcare facilities.

Some institutions continue to use previous versions of forms that have already been modified.

Some institutions have submitted monthly reports on a regular basis, and some reports amongst those submitted are sometimes incomplete. Three institutions failed to submit a report in 2016.

In the past, health institutions had plans and indicator monitoring charts on a wallboard called “Vaccination room”. Currently, none of these situation rooms is up to date.

## 2.a. Social mapping was done using the following methods:

- Interview with mothers who have recently had their children vaccinated (Annex 5)
- Interview with Municipal authorities (Annex 6)
- Interview with Community Leaders (Annex 7)
- Interview with informants (Annex 8)
- Group discussions with mothers, fathers and community leaders on the reasons for low coverage and what can be done for children to be vaccinated

## 2.b. Findings from the root-cause analysis

### Importance of Vaccination

Mothers, key informants and leaders are aware of the benefits of vaccination for children: the vaccine protects children against diseases through enhanced immunity (protects children's bodies, enhances protection). Knowledge of some benefits of vaccination and the fact that some people have gotten accustomed to doing it motivate some parents to get their children vaccinated. Based on our findings, a majority of mothers are aware of the importance of vaccination.

## Barriers to the vaccination of children.

There are several factors that stall the increase of the vaccination coverage rate in Cité Soleil.

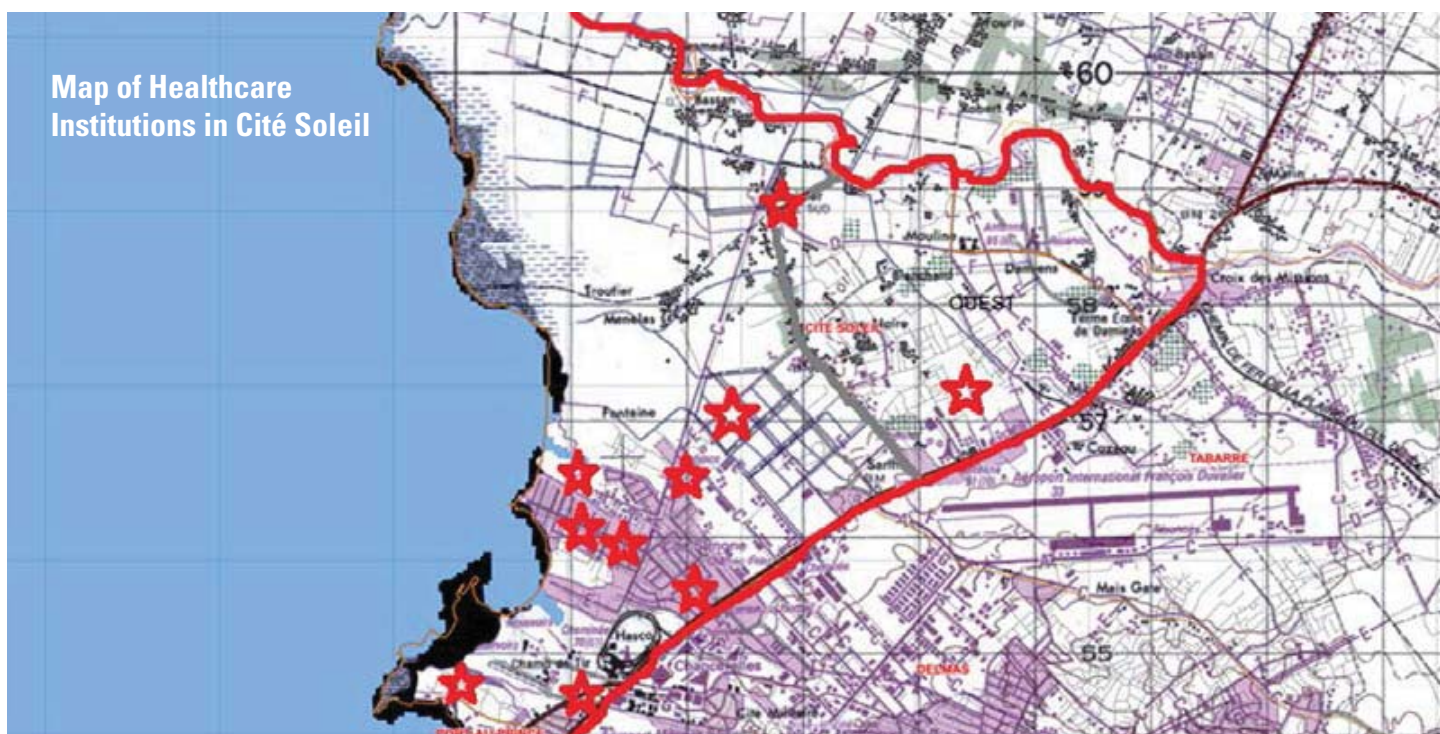
- **Lack of information on vaccination**

According to community leaders and service providers, parents seem not to be informed on the subject. Young mothers are not informed, they do not know the benefits of a vaccine to a child.
- **Perceptions on the effects of vaccines**

Mothers talk about undesirable vaccine reactions. They make reference to minor reactions that last only 1 to 3 days after the administration of a vaccine and the major reactions that may cause a disability of the part of the body where the vaccine was injected. Minor effects are common. Some participants talk of fever, inflammation of the body part where the vaccine was administered. Other reactions may include pain, redness, edema, irritation and cry-baby habits, especially at night.
- **Quality of vaccination services**

Mothers have a negative impression of vaccination services. They say they are not satisfied with the services. They say children are not vaccinated because of the limited and inadequate services provided by the health centers in the area.
- **Unavailability of vaccines**

The demand for vaccination is significantly higher than the quantity supplied to the vaccination service. It does not meet the demand of the population of Cité Soleil. According to the opinions of mothers and community leaders, very few children receive the vaccine and a very limited number of them have been fully vaccinated due to the unavailability of the required vaccines.



They often come for vaccinations only to be informed that the vaccines are not available even after waiting for several hours.

- **Organization of services**

There is a cost to receive vaccination services including transportation, feeding (due to the long waiting hours, they must have money to eat something), or as payment for the vaccine. It appears these aspects discourage most mothers. The vaccine is free, but some mothers say in some private institutions, they are asked to pay between 200 and 700 HTG for the vaccination card. "In public or charity institutions, we pay 25HTG for the consultation card."

- **A lot of time is wasted at the vaccination unit**

A mother who comes to vaccinate her child spends about 4 to 5 hours at the vaccination unit, from the time of her arrival until the administration of the vaccine. The long waiting hours discourages mothers and pushes them to abandon the vaccination. Long waiting hours have an effect on mothers who are engaged in income-generating activities.

- **Geographical access**

The health institutions are concentrated in the Cité Soleil city center. The districts of Blanchard and Menelas, for example, do not have any healthcare facilities in their localities.

## **Security**

The inhabitants of Cité Soleil have been living in fear for a number of decades. This is because heavily armed rival gangs have shootouts on a daily basis.

Because of this situation, the people living out of Cité Soleil were always reluctant to go there for planned vaccination campaigns or to supervise such campaigns. Health facilities in Cité Soleil were not listed, their exact number was not known.

During this difficult period, health workers working in Cité Soleil could and would work without being worried. Health workers are always recognized and never attacked. A medical doctor at CHOSCAL who had been kidnapped was released as soon as he was identified.

Fortunately enough, Cité Soleil has known relative calm for the past two years. The leaders want this calm to be maintained so as promote the development of the area and that the past should not be used as a pretext for those who are afraid of tending to the needs of a population in need. Nevertheless, a certain level of unpredictability looms in the air and must be taken into account.



### III. SERVICE STRATEGY

The strategy developed for Cité Soleil is based on the results of the situational analysis, the root-cause analysis, and contributions from stakeholders.

Implementation Approach: This strategy is comprised of 6 pillars or themes:

- Planning and Management
- Human resources
- Organization / Service Delivery
- Logistics and Supply of Vaccines
- Community Engagement
- HMIS and Monitoring

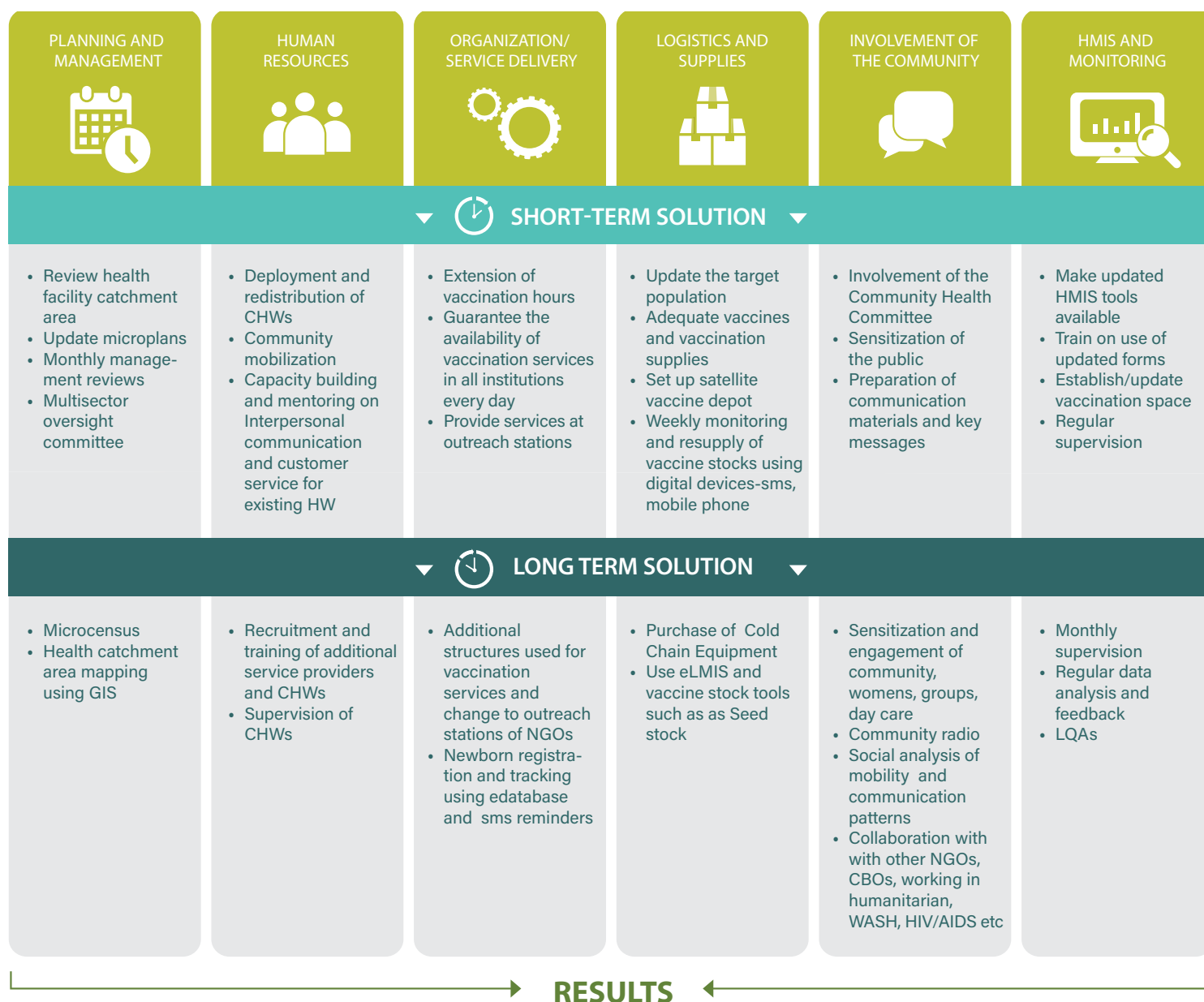
#### A. Planning and Management / Governance:

An Implementation Committee will be set up by MPHP/DEPI. This committee will consist of the following key members: members of the EPI/MPHP, members of partner organizations, community leaders and the municipality of Cité Soleil. The role of this committee is to implement and monitor activities, as well as solve any problems that may arise.

#### B. Organization of services:

The manner in which services shall be provided will be determined based on the existing structure. The capacity of institutions which are to provide vaccination services will be increased. Possibilities for the

#### Steps to Follow to Increase Vaccine Coverage in Cité Soleil





establishment of additional sites will be explored. The effectiveness of the organization of services will be continually evaluated. Measures to improve the quality of services will always be sought. CCHWs working in the health institutions of Cité Soleil will also be used for the provision of essential health services including vaccination.

Currently, there are eleven (11) health institutions carrying out vaccination activities (see table 2). We will ensure that all institutions of Cité Soleil have a functional vaccination unit. National policy requires that the institutions offering vaccination services should do so every day. So far, nine (9) of the health institutions vaccinate children every day. The other two institutions will receive technical support in order for them to be able to do the same.

Institutions will explore the possibility of changing vaccination schedules either by working a little bit late on some days or by working on weekends. This strategy will give mothers or guardians ample time to have their children vaccinated. Institutions offering weekend vaccination services will be identified and the community will be informed via explicit messages. Another strategy to consider is the extension of vaccination hours to 5:00 PM if the institution has the required cold chain capacity and staff.

Service Providers will use an organized triage method to prevent mothers or caregivers from wasting time and guaranteeing an efficient flow of patients. Vaccination rooms will be clearly identified and vaccination schedules will be clearly published within the institution. All opportunities for vaccinating eligible children that come to the health facilities will be used to remove missed opportunities and ensure integration.

This approach also takes into account the role of CCHW in their various areas. CCHWs will work in their respective areas to raise awareness and encourage mothers to bring their children to institutions for vaccination. They will plan visits to institutions for the supply of

vaccines and other inputs, as well as carry out an assessment of their performance. The CCHW will organize outreach stations by selecting areas with high numbers of unvaccinated children. The CCHW will have to organize outreach services 1-2 times a week and will also conduct home visits. CCHWs are regularly supervised and their work is evaluated monthly.

Mobile clinics to less-dense areas of Cité Soleil could be deployed if a vehicle is available though this is not a major priority in the strategy.

In order to improve on the quality of services, service providers will be trained and for those who have already received training, a refresher training session will be organized for them. One of the main points of this training will be the introduction of a module in interpersonal communication and customer service. An SMS or a WhatsApp group will be created for trained staff. The group will receive weekly advice, either by SMS or WhatsApp, on problematic issues or issues identified during supervision visits. The SMS / WhatsApp group will also be used to provide answers to questions and this exchange will allow for peer training even after the training session.

Clients will also be monitored to ensure that appointments are respected and reminders will be sent if necessary by SMS and / or home visits. This method requires that phone numbers be recorded during hospital visits.

A monthly supervision visit will be conducted in each institution providing vaccination services. Supervision will include interviews with newly vaccinated mothers. Service Providers will also be trained on self-evaluation by using a supervisory checklist and how to do close interview sessions held with mothers.

The Municipal Health Committee will meet with the institutions every month to review the activities conducted, the progress made and provide feedback on the quality of services rendered. These meetings will be documented.

In the long term, additional structures will be assessed to know their capability to provide vaccination services. These structures may be NGOs or institutions of the private sector situated in Cité Soleil. Those who accept will have their staff trained, receive materials, supplies and be subjected to supervision visits.

### C. Human resources:

Currently there are nine (9) health facilities providing vaccination services. These institutions have sixteen (16) (trained) workers. Seven (7) persons who have not received any training must receive training on the provision of vaccination services. Six (6) of them must be recruited. Provide adequate services in these institutions.

 **8,022**  
Children  
(0–11 months)

 **9**  
Health Institutions

 **12**  
months

 **74**  
Children to be Vaccinated by  
each Institution per Month

Taking into account its population and the applicable standards, Cité Soleil needs at least 300 CCHWs. Currently, there are only 108 CCHWs. These CCHWs having received training in vaccination will be deployed when they are contracted in May. They must be closely supervised and strictly monitored when they start vaccinating in Cité Soleil. The remaining 192 CCHWs should be contracted as soon as possible. CCHW supervisors should be trained so that they can properly supervise CCHWs.

**Pilot outreach centers shall be located in selected neighborhoods because in addition to being affiliated to an institution, they shall be managed by a comprehensive community health worker:**

- |                      |                     |                  |
|----------------------|---------------------|------------------|
| - 1st Cité Soleil    | - 1st Cité Gérard   | - Lakoumalo      |
| - 2nd Cité Soleil    | - 2nd Cité Gérard   | - Lakou Bwadam   |
| - 1st Cité Lumière   | - Carrefour Vincent | - Radio Commerce |
| - 2nd Cité Lumière   | - Arale             | - Fort Dimanche  |
| - Drouillard Project | - Dube              | - Pont Rouge     |
| - Ti Ayiti           | - Germain           | - Wharf Jérémie  |
| - Lintho II          | - Soya              | - Fontaine       |

#### D. Community Engagement

Community engagement is an essential element at every stage. It will be maintained through regular dialogue with community and group leaders. NGOs / CBOs, churches, and religious leaders will play a vital role in disseminating information and key messages, such as information on side effects, and they will also promote vaccination in the community. They will receive basic IEC materials and key messages in

Creole. Also, the community radio channels will be utilized to engage the community. It will be important to integrate messages and leverage other programs like WASH and HIV/AIDS that work closely with these communities as well.

The role of the municipal health committee is described in the previous section and this committee must have a representative of the community at all stages: from planning to progress evaluation.

#### E. Logistics, Vaccine Supply, and Cold Chain:

In April 2017, the two refrigerators will be repaired and the two institutions without refrigerators will be equipped with one.

Monthly reports and delivery slips will be regularly checked and a visiting, telephone and SMS communication system will be set up to rapidly respond to requests for vaccines in the event of a shortage. There is also the possibility of building a cell phone application that will enable the tracking of stocks in real time and at a low cost, and by so doing eliminate stock shortages, wrong orders and inaccurate forecasts. With this cell phone application, it will be possible to monitor maximum and minimum stock levels and also place orders at the appropriate time.

Procurement data will be regularly analyzed with the intention of improving it if necessary. This will be done on a monthly basis and a supervisor will be responsible to ensure that this happens. An initial reassessment of the target population should be done. This will help establish the operational target population and allow for an evaluation of vaccine stock estimates.

It will be important to set up a satellite vaccination depot in Cité Soleil.

In the long run, the direct monthly distribution of vaccines to institutions may be possible depending on their consumption.

#### F. HMIS and Monitoring:

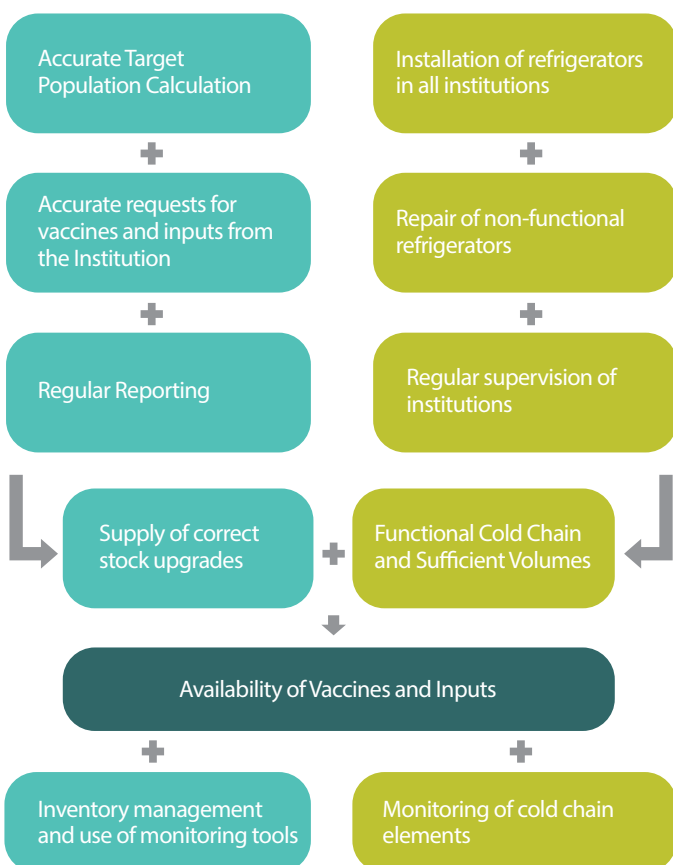
It will be necessary to use the information generated to monitor strategy implementation and study performance.

First of all, the staff will receive training on the use of the data forms and the situation rooms will be used anew. All tools must also be available at all levels and in sufficient quantities.

The monthly reports will be regularly analyzed and used for decision-making at the institutional, municipal and departmental levels, and will be subject to a monthly review with the institutions and the municipal health committee.

The entire process will be documented so as to keep records of its impact and lessons learned. The findings of the equity study to be conducted by UNICEF from May to June 2017 will also be incorporated into the lessons learned.

The desired impact is the reduction of unvaccinated and drop-out rates and the long-term reduction of mortality and disease morbidity that can be prevented by vaccination through an increase in vaccination coverage in Cité Soleil.



## IV. MONITORING AND DOCUMENTATION OF ACTIVITIES

### Expected Results and Success Guarantee Measures:

The urban strategy will continue to be monitored throughout the implementation phase. Some process and result indicators will be used to determine the implementation success rate. Activity indicators are used to monitor performance while the system itself is reinforced over time so that the whole system is improved alongside coverage improvement.

These measures will be monitored monthly by the three mentioned levels of governance, the Implementation Committee, the Municipal Health Committee, and institutions. The following indicators will be documented on the data collection forms and will be designed according to the selected indicators.

### Indicators for success rate evaluations:

- Stock of vaccines in health institutions
- Regular vaccination sessions
- Regular community activities
- Regularity of vaccination sessions and community activities
- Number of institutions with community services
- Number of community organizations involved
- Number of supervision visits conducted
- Number of children vaccinated
- Drop-out rate

### A STRATEGY TO ADDRESS THE SECURITY SITUATION IN CITÉ SOLEIL

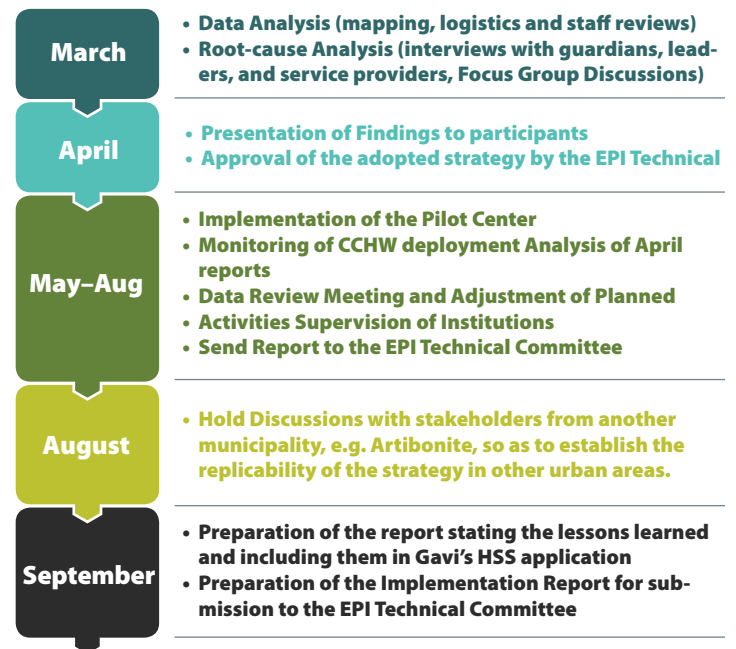
The planning of activities with the leaders (municipality, communal section assemblies (ASECs) and communal section administration boards (CASECs)) will enable the populations to be informed of the activities planned for them.

The people who shall be responsible for supervision are advised to plan with community leaders and municipal officials and make known their plans. They must also call on the day of the visit so as to be sure that the city is calm.

In extreme cases where activities must be carried out in the districts, it is important to work with the district heads and in the event of any trouble, a ceasefire can be negotiated. This has once happened in Cité Soleil.

### Proposed interventions

1. It is essential that community leaders: municipal officials, ASECs, CASECs, district heads participate in planning activities from the outset.
2. Health personnel carrying out supervision activities in Cité Soleil must
  - always wear their badge such that it is clearly visible
  - communicate with the institutions of the City before going there.
3. In the event of any problems that could prevent the holding of activities, a cease-fire can be negotiated for a security window.



Task Name	APRIL					MAY				JUNE					JULY					AUGUST				SEPTEMBER			
	2	9	16	23	30	7	14	21	28	4	11	18	25	30	2	9	16	23	30	6	13	20	27	3	10	17	24
Planning, Management, and Human Resources																											
Finalize and orient the Commune health committee			•	•	•																						
Organize the Communal Office to supervise Cité Soleil			•	•	•																						
Engagement of the Community			•	•	•																						
Ensure all members of the community are part of the Commune health committee			•	•	•																						
Information Systems and Monitoring			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Removal of old forms			•	•	•																						
Training on the use of new forms			•	•	•																						
Training on how to set up vaccination rooms			•	•	•																						
Update vaccination rooms			•	•	•																						
Monthly analysis of reports followed by feedback			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
April																											
May																											
June																											
July																											
August																											
September																											
Logistics and Cold Chain Supply			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•				
Specify the population targeted			•	•	•																						
Sufficiently supply vaccines in the institutions			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Ensure that institutions have a functional cold chain and receive the accurate amount of vaccines			•	•	•	•	•	•	•																		
Train providers to accurately fill out temperature forms on a regular basis			•	•	•	•	•	•	•																		
Create a satellite repository in Cité Soleil					•	•	•	•	•																		
Provision of Services			•	•	•	•	•	•	•																		
Identify the target population			•	•	•	•	•	•	•																		
Training of staff who provide immunization care to educate moders on routine immunization and how to accurately complete and interpret vaccination forms			•	•	•	•	•	•	•																		
Ensure staff who provide immunization care to educate moders on routine immunization and how to accurately complete and interpret vaccination forms			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Review the vaccination schedule to identify best days and times for working parents to bring their children for routine immunization			•	•	•	•	•	•	•																		
Implement the convenient vaccination schedule					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Training of mothers, young mothers in particular, and members of the community on diseases that can be prevented by vaccination, along with key messages and side effects									•																		
Identify vaccination dropouts based on health facility records and locate them by using various methods (vaccine cards) (call and/or home visits)			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Training of service providers on interpersonal education			•	•	•	•	•	•	•																		
Monthly supervision visits to the institutions by the commune office and the EPI			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Monthly supervision visits to health facilities by auxiliary nurses			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

**Budget**

ACTIVITIES	COST IN \$US
Staff training	2,000
Monthly supervision visits	6,600
Schedule adjustments	100
Community sensitization and Development of Materials	5,000
Cold chain	200
Cell Phone credit cards	1,100
<b>TOTAL</b>	<b>15,000</b>

NAME OF INSTITUTION	ADDRESS	HOSPITAL CATEGORY IN-PATIENT/ OUT-PATIENT/	STATUS PUBLIC/ PRIVATE/MIXED	VACCINATION YES/NO	IF YES WHEN? EACH DAY OR SPECIFIC DAY	NAME OF PERSON RESPONSIBLE FOR VACCINATION	PHONE NUMBER OF PERSON RESPONSIBLE FOR VACCINATION

[illegible]

## ANNEX 3

### CHECKLIST FOR NGOs INVOLVED IN ROUTINE VACCINATIONS

To be filled with NGOs in Cité Soleil

Name of NGO \_\_\_\_\_

For **routine** vaccination campaigns at specific positions or at assembly stations (**NO for national vaccination day against polio**), does your NGO:

Use community registers and lists? Yes ☐ No ☐

Organize vaccination sessions at specific positions or assembly stations? Yes ☐ No ☐

Work with the MPHP for the delivery of vaccination services? Yes ☐ No ☐

Concert with the MPHP for vaccination schedules? Yes ☐ No ☐

Mobilize the community for vaccination sessions organized by MPHP? Yes ☐ No ☐

Announce vaccination team visits? Yes ☐ No ☐

Keep a daily community register or list of newborns? Yes ☐ No ☐

Use registers (lists) to identify drop-outs and to reduce their number? Yes ☐ No ☐

Target/educate and convince community members to get their children vaccinated? Yes ☐ No ☐

Publicly congratulate the parents of children who were fully vaccinated? Yes ☐ No ☐

Monitor the vaccination coverage of their service area? Yes ☐ No ☐

Provide support in kind or in cash for vaccination (transportation, lodging, feeding)? Yes ☐ No ☐

Provide other technical support for vaccination (cold chain, logistics)? Yes ☐ No ☐

Discuss the vaccination program and its progress with the authorities? Yes ☐ No ☐

Describe other forms of participation in vaccination activities: \_\_\_\_\_

Describe any other thing your organization could do to promote routine vaccination: \_\_\_\_\_

**If the answers to the above questions are mostly NO - Ask this question:**

Do you think that your NGO will conduct activities to promote routine vaccination? Yes ☐ No ☐

Describe the activities your NGO can undertake to improve routine vaccination:

Does your NGO participate in any way during **vaccination campaigns against measles or vaccination catch-up days**? Yes ☐ No ☐

Please describe: \_\_\_\_\_

## ANNEX 4

### OBSERVATION OF A VACCINATION SESSION

Name of Institution \_\_\_\_\_

Date of Observation \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Greet the mother or the guardian of the child:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Wash your hands:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Record their information in the Register and on the vaccination card:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Record their information on the vaccination card:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Use the recommended technique for the administration of the vaccine as provided for by international standards: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Inform the mother or guardian of the adverse reactions:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Inform the mother of the date of the next appointment:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Inform the mother about the importance of keeping the vaccination card:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Use the biosecurity kit during vaccination sessions   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Use the scorecard:   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



## ANNEX 5

### INTERVIEW SESSIONS WITH MOTHERS AND GUARDIANS AFTER VACCINATIONS

1. Do you know against which diseases your child is being vaccinated today? Yes ☐ No ☐

What disease: \_\_\_\_\_

2. Do you know that your child may have some discomfort after the vaccination (not serious) and tell them what to do? Yes ☐ No ☐

Comments: \_\_\_\_\_

3. Do you know when to return with the child for the next dose? Yes ☐ No ☐

Check the vaccination card to see when the next dose is scheduled

Comments: \_\_\_\_\_

4. Importance of keeping the card? Know ☐ Don't know ☐

Comments: \_\_\_\_\_

5. Importance of full immunization? Know ☐ Don't know ☐

Comments: \_\_\_\_\_

6. Madam, which vaccine did you just receive?

The name of the vaccine: \_\_\_\_\_ Know ☐ Don't know ☐

## ANNEX 6

### INTERVIEW WITH MUNICIPAL AUTHORITIES

Good day Mr. Mayor, I am \_\_\_\_\_, I work with MPHP, the Ministry of Public Health and Population. I am helping the ministry improve on the vaccination coverage of children and pregnant women in the \_\_\_\_\_ municipality. When vaccines are administered, they protect children and pregnant women.

Mr. Mayor, is the council

- currently carrying out any health activities within the municipality?

Yes ☐ No ☐

- currently carrying out vaccination activities?

Yes ☐ No ☐

If Yes, what kind of activities and in which area?

If No, Mr. Mayor, the MPHP has observed that very few children are vaccinated and envisages organizing activities for all children and pregnant women to be vaccinated. In your opinion what does it take to make the vaccine accessible to everybody?

The MPHP will plan for a general mobilization of the community, can the council help the ministry mobilize the women and encourage them to vaccinate their children?

In your opinion do the women have phones?

Yes ☐ No ☐

Can we get hold of their phone numbers?

Yes ☐ No ☐

Can we send text messages to the women to mobilize them so they bring their children for vaccination?

Yes ☐ No ☐

Will you be able to organize coordination meetings with community leaders to motivate them?

Yes ☐ No ☐

Do you have coordination meetings with the health sector?

Yes ☐ No ☐

## ANNEX 7

### FOCUS GROUP GUIDE FOR COMMUNITY LEADERS

#### Purpose of the meeting

The survey is focused on the experience of mothers in the vaccination of children aged 0 to 23 months. We would like to get information from women, men, discuss with them on their knowledge, opinions and practice of child vaccination, the difficulties faced in order to help competent authorities to better direct their interventions so that more children can be vaccinated in Haiti.

#### Introduction of participants rules of the session

**Sharing of experience and information in all politeness.**

#### All names and information provided remain confidential

Before we begin, I would like to remind you that:

- confidentiality is guaranteed: any information provided will be kept safely: we do not need your name, all the data provided will be anonymous, we will use symbols like #, your name will not appear or be mentioned, so no one except those present here will know about the information. However, the organizers of the survey will put together all the data collected for analysis, it will be impossible to identify anyone personally.
- it is important that everyone expresses their opinions and that each participant listens to the ideas of others to better understand and participate.
- there is no right or wrong answer; every idea is welcomed.
- it is important to remain polite to everyone.
- we must let everyone speak freely without pressure and do not interrupt others. Be brief so as to give everyone the opportunity to participate.

We would also like to record the discussion to help us write the report. The meeting will normally last between 45 minutes to 1 hour.

We have a form in which to fill socio-demographic data, these are personal information. We shall come to you individually.

Thank you for your participation!

#### Do you have any questions?

## Reason for not vaccinating your children

### Side effects of vaccines

1. Some parents say that vaccines can cause some reactions in children, what is your opinion on that?
  - a. In your opinion, why should a child be vaccinated?
2. Do you know that some parents (mothers / fathers) have refused to vaccinate their children, because they are afraid of vaccines?
  - a. (Vaccines contain unknown substances which could cause diseases)?
  - b. (Find information about the side effects of vaccines)
  - c. Do Mothers / fathers in your community complain that their children are sick or have suffered some other problem due to vaccination?
  - d. In your opinion, do some children fall ill after receiving a vaccine?
3. Do you think that vaccines are safe and effective? Explain your answers?
4. Have you noticed and/or heard that some children are not vaccinated in your community? Do you know any reason why?
  - a. Why do some parents refuse to have their children vaccinated?
5. In your opinion, do fathers allow their children to be vaccinated? Explain your answers?

### Vaccination of pregnant women

6. What do you think of the vaccination of pregnant women?
7. Is vaccination important for pregnant women? Explain why?
  - a. Talk about the benefits of vaccination for pregnant women
8. Why are pregnant women afraid to receive vaccines?
  - a. Are there any beliefs that prevent pregnant women from getting vaccinated?
9. Are there any other reasons why pregnant women refuse to get vaccinated?

### Information

10. What do you do if you would like to get information on the vaccination of children?
11. Do you need information on child vaccination?
  - a. Do the health workers give you enough information about vaccination?
  - b. Do you think you are well informed on the vaccination of children and pregnant women?
12. How would you like to receive information about vaccination?
  - a. The media (radio, press, social networks, outreach workers, leaflets, educational talks, door to door sensitization or other - please specify)

**Religious/cultural beliefs**

13. Do you know people who do not vaccinate their children because of their religious beliefs?
14. Do certain beliefs, customs prevent parents from vaccinating their children? Explain?

**Behavior of service providers**

15. Are the chosen vaccination days convenient for parents in this community? Explain?
16. How do healthcare workers go about vaccinations at the various posts? Describe the vaccination procedure?
17. Do mothers have confidence in community workers who administer vaccines to their children? Explain?
18. Do they choose who to administer the vaccine due to: friendship, appearance, education, social environment?
19. What could happen that will cause parents not to return for vaccination?
20. Can a healthcare worker choose not to vaccinate a child? Why?
  - a. Can a community healthcare worker close a vaccination post because the number of persons to be vaccinated was too small?
21. Have you ever refused to vaccinate a child? Why?

**Recommendations**

22. What should be done in order for more children to be vaccinated?
  - a. What is the best strategy to use to facilitate access to vaccines?
  - b. In relation to the difficulties mentioned above, what solutions do you propose?

**Thank you for your participation!**

## ANNEX 8

### INTERVIEW GUIDE FOR KEY INFORMANTS

#### Purpose of the meeting

The survey is focused on the experience of mothers in the vaccination of children aged 0 to 23 months. We would like to get information from women, men, discuss with them on their knowledge, opinions and practice of child vaccination, the difficulties faced in order to help competent authorities to better direct their interventions so that more children can be vaccinated in Haiti.

#### All names and information provided remain confidential

Before we begin, I would like to remind you that:

- confidentiality is guaranteed: any information provided will be kept safely: we do not need your name, all the data provided will be anonymous, we will use symbols like #, your name will not appear or be mentioned, so no one except those present here will know about the information. However, the organizers of the survey will put together all the data collected for analysis, it will be impossible to identify anyone personally.
- it is important that everyone expresses their opinions and that each participant listens to the ideas of others to better understand and participate.
- there is no right or wrong answer; every idea is welcomed.
- it is important to remain polite to everyone.
- we must let everyone speak freely without pressure and do not interrupt others. Be brief so as to give everyone the opportunity to participate.

We would also like to record the discussion to help us write the report. The meeting will normally last between 45 minutes to 1 hour.

We have a form in which to fill socio-demographic data, these are personal information. We shall come to you individually.

Thank you for your participation!

#### Do you have any questions?

**Reasons for non-vaccination**

Are there any children in your community who are not vaccinated? Why?

When and how often are vaccination campaigns organized? What is your opinion on the quality of vaccination services?  
What can we do to improve on the quality of vaccination services?

**Side effects of vaccines**

1. Some parents say that vaccines can cause some reactions in children, what is your opinion on that?
  - a. In your opinion, why should a child be vaccinated?

**Vaccination of pregnant women**

2. What do you think of the vaccination of pregnant women?
3. Is vaccination important for pregnant women? Explain?
  - a. Talk about the benefits of vaccination for pregnant women
4. What are the possible reasons why pregnant women are not vaccinated?
  - a. Are there any beliefs that prevent pregnant women from getting vaccinated?

**Recommendations**

5. What should be done in order for more children and mothers to be vaccinated?
  - a. What is the best strategy to use to facilitate access to vaccines?
  - b. In relation to the difficulties mentioned above, what can be done to overcome them?

**Thank you for your participation!**

## ANNEX 9: REPLICABILITY CHECKLIST

### Checklist of criteria for replication - adapted for the vaccination model of the urban shanty town of Cité-Soleil (System A) and for the vaccination model of the urban shanty town of Artibonite (System B)

#### Will the model be efficient here?

This is one of the most crucial and difficult questions that is confronted through an evaluation. It is a vital issue, because practitioners usually really want to know. Innovations often come in waves. Sometimes it is a question of deciding whether to follow the current trends. Sometimes the first trials and pilot studies of a new initiative emerge with very promising results. At this stage, donors and local professionals are starting to wonder if the new model would work here.

Methodologically, it is not a very difficult question. Repetitive success does not come only from a servile imitation of a program applied on a day to day basis. We must consider the whole intervention constituted by the context - the mechanisms - the results. Gomm (2000) has developed a very useful checklist that politicians and practitioners can use while considering creating their own version of the model. It is adapted in the following table, with column A referring to a successful program, and column B for a potential lease, and a third column for relevant questions on differences.

This tool should be used with the following persons:

- Key informants: EPI Director, Artibonite Health District Director, Hospital Director, representatives of the City Town Hall, pediatricians in the city, partners who work on vaccination
- Focus Groups- with health services providers, CCHWs, community leaders

Study on the perception of vaccination in urban areas:

- Does vaccination in poor urban areas represent a challenge? Why?
- What do you think should be done?



## Results for Gonaïves:

	SYSTEM A  VACCINATION MODEL IN URBAN AREAS: CITÉ SOLEIL	SYSTEM B  REPLICATION OF THE VACCINATION MODEL IN THE URBAN AREA OF ARTIBONITE	OPPORTUNITY AND / OR FEASIBILITY OF CHANGING PRACTICES, PROCEDURES AND CONTEXT OF VACCINATION OF URBAN AREAS OF ARTIBONITE TO MATCH THOSE USED IN THE MODEL OF IMMUNIZATION IN CITÉ SOLEIL
The model	<p>What are the main characteristics of the vaccination model of urban areas as it is currently used in the urban model of Cité Soleil?</p> <p>Components of the model:</p> <ul style="list-style-type: none"> <li>Facilities with or without cold chain equipment (public, private, faith-based) in Cité Soleil;</li> <li>Engagement of all stakeholders (communities, NGOs, SCOs, volunteers, etc.);</li> <li>Community engagement (CCHWs not yet operational);</li> <li>Facility staff (trained or not)</li> <li>Cold chain equipment, supply and availability of vaccines and other needs;</li> <li>Partners coordination;</li> <li>Production and reporting of vaccination data (management tools and vaccination space)</li> </ul>	<p>What are the main characteristics of the vaccination model of urban areas as it is expected to be used in Gonaïves?</p> <p>Model:</p> <ul style="list-style-type: none"> <li>Public (5) and private (3) facilities available in Gonaïves</li> <li>SSQH ensured the salary of CCHWs involved in immunization, and is the only partner who was involved, but the project will end by December 2017</li> <li>WHO and UNICEF support advanced strategies by December 2017</li> <li>Service provision (1 to 2 staff members per facility). 5/8 trained staff; 7/8 salaried staff members</li> <li>Vaccination is administered daily in 6/8 facilities, from 8:00am -4:00pm</li> <li>Supply of vaccines every two months (limited storage capacity). Quantity of vaccines received always lower than we is required</li> <li>4 operational refrigerators, 1 old refrigerator certified, 1 refrigerator out of order and 2 facilities without refrigerators</li> </ul>	<p>When there is an incompatibility, could and should Artibonite adopt the same innovations as the ones used by Cité Soleil?</p> <p>Even if some questions are incompatible, Gonaïves would like to adopt the model of Cité Soleil taking into account its specificities.</p>
Resources	<p>What were the resources used to achieve the results obtained (staff time, funds, space, etc.) in Cité Soleil?</p> <p>Resources used;</p> <ul style="list-style-type: none"> <li>The Project Coordinator (Gérald) analyzed and followed up the activities);</li> <li>Health professionals in Cité Soleil;</li> <li>Leaders (community, municipality, religious groups, etc.) who raised awareness in the population;</li> <li>DSO, DEPI, members of the Technical Committee</li> <li>Monitoring of vaccine stocks</li> </ul>	<p>What are the available resources for Artibonite?</p> <p>The following resources were recorded for Gonaïves</p> <ul style="list-style-type: none"> <li>An EPI provider for 7 facilities</li> <li>CCHW: Ka-Soleil (9), Raboteau (7), Pont Gaudin (9), Mandrin (1). These CCHWS are paid by SSQH until December 2017</li> <li>4 refrigerators in good working order: (HPG, Trou Sable, Pont Gaudin, Mandrin)</li> <li>8 insulated boxes</li> <li>79 thermos bottles, including 30 without handles</li> </ul>	<p>Does Artibonite have the necessary resources to reproduce what was done at Cité Soleil? If not, will it be possible or advisable for Artibonite to find or redeploy resources for design and implementation?</p> <p>Needed elements to replicate the model in Gonaïves:</p> <ul style="list-style-type: none"> <li>One provider for Eben Ezer</li> <li>Funding for CCHWs already in place</li> <li>11 CCHWs (4 HPG, 2 Trou Sable, 2 Eben Ezer, 2 Tharasse, 1 Mandrin)</li> <li>2 refrigerators for Ka-Soleil and Raboteau</li> <li>2 cold boxes (1 for Tharasse and 1 additional box for Raboteau)</li> <li>30 thermos bottles</li> <li>Pads for the thermos bottles</li> <li>Prepaid telephone card for each one of the 8 facilities and DDSA)</li> <li>Filling of at least 12 gas cylinders per month</li> <li>EPI management tools</li> <li>2 megaphones for each of the 8 facilities</li> <li>Batteries for the megaphones</li> <li>Vaccines and inputs</li> </ul>

	SYSTEM A  VACCINATION MODEL IN URBAN AREAS: CITÉ SOLEIL	SYSTEM B  REPLICATION OF THE VACCINATION MODEL IN THE URBAN AREA OF ARTIBONITE	OPPORTUNITY AND / OR FEASIBILITY OF CHANGING PRACTICES, PROCEDURES AND CONTEXT OF VACCINATION OF URBAN AREAS OF ARTIBONITE TO MATCH THOSE USED IN THE MODEL OF IMMUNIZATION IN CITÉ SOLEIL
Populations	<p>What are the main characteristics of the key players in the Cité Soleil system in terms of expertise, experience, commitment, etc.?</p> <ul style="list-style-type: none"> <li>Actors committed and available to participate in this effort but many are limited by level of knowledge;</li> <li>Difficulty in mobilizing resources to finance activities;</li> <li>Some partners are not available - lack of time</li> </ul>	<p>What are the key actors' main characteristics in Artibonite?</p> <p>Actors' main characteristics :</p> <ul style="list-style-type: none"> <li>DDSA, BUAS, IS, CCHWs, community leaders on site</li> <li>Population mobilization for EPI</li> </ul>	<p>In so far as there is an incompatibility, would it be desirable or possible to recruit different employees, invest in training, conduct team building activities, etc.?</p> <p>In Gonaïves, we shall proceed as follows:</p> <ul style="list-style-type: none"> <li>Supervision</li> <li>Training</li> <li>Key messages, announcements, handbook with pictures...</li> </ul>
Institutional factors	<p>Do the results depend on the organizational / departmental structure, organizational culture, etc.? (For example). Number of health facilities, management model and staff Presence of NGOs and of the private sector, and their roles</p> <p>The results depended on:</p> <ul style="list-style-type: none"> <li>Number of health facilities (those who propose vaccination services, those who have cold chain equipment,</li> <li>Facilities with trained staff;</li> <li>Number of supporting NGOs, private CSOs in Cité Soleil and their roles in the organization of vaccination activities in Cité Soleil.</li> </ul>	<p>To what extent does the organizational and / or cultural structure of Artibonite determine the practice? Number of health facilities, management model and staff Presence of NGOs and of the private sector, and their roles</p> <ul style="list-style-type: none"> <li>Number of facilities in Gonaïves City (8), but not all of them vaccinate on a daily basis;</li> <li>Organization structure recommended to reach the objectives: DEPI → DDS → CDAI → Facility → CCHWs</li> <li>Staff and cold chain equipment are lacking in the facilities</li> <li>Repeated stock outs of vaccines and inputs in facilities</li> <li>Irregular working hours (vaccination)</li> <li>All facilities do not vaccinate on a daily basis. How many?</li> </ul>	<p>In so far as there are differences, would it be possible or advisable to change the institutional or cultural structures of Artibonite?</p> <p>Fill the identified gaps with the collaboration of the DEPI and its partners</p>
Environmental factors	<p>To what extent do results depend on specific environmental factors (e.g., policies, legislation, etc.)?</p> <ul style="list-style-type: none"> <li>Will of municipal and community leaders?</li> <li>Real engagement?</li> </ul>	<p>Is the external environment in Artibonite comparable to the one in Cité Soleil?</p> <p>Sometimes, political assets prevent the smooth running of activities (imposition of unskilled personnel, strikes or protest block the supply of facilities, poor logistics, vaccines quota received less than the expected quotas, funding of the State still unavailable (instability of partners)</p>	<p>In so far as there are differences, would it be possible or advisable to change the external environment in Artibonite?</p>
The Community	<p>Role of the community in Cité Soleil</p> <ul style="list-style-type: none"> <li>The community was involved in disseminating information on the reasons for non-vaccination of children;</li> <li>Community members were willing to participate in children's immunization efforts</li> </ul>	<p>What is the community structure in Artibonite? Do you think the community can play a role? IF so, which role does the community play?</p> <ul style="list-style-type: none"> <li>The use of the existing community structure can contribute to reach the objectives: Delegation → City Hall → PNH → Leader local → OCB ;</li> <li>The role of the community is to mobilize, to sensitize, to inform, and to motivate the population to use the services</li> </ul>	<p>Is it advisable? Is it possible to work with the community? If yes, how so?</p> <p>In Gonaïves, it is better to work with the community in decision-making and the implementation of activities, the establishment of the Health Committees, the empowerment of local leaders, the recruitment of community staff for capacity-building, the census of households to avoid an over/ underestimation of target populations, the endowment of cold chain equipment in facilities, full and regular supply of the Input Supply Centre (CDAI), the supervision / monitoring of facilities, and the use of micro-plans at the institutional level.</p>

	SYSTÈME A  MODÈLE DE VACCINATION EN ZONE URBAIN : CITE SOLEIL	SYSTÈME B  RÉPLICATION DE MODÈLE DE VACCINATION EN ZONE URBAINE DE L'ARTIBONITE	OPPORTUNITÉ ET/OU DE LA FAISABILITÉ DE L'ÉVOLUTION DES PRATIQUES, DE PROCÉDURES ET DE CONTEXTE DE VACCINATION DE ZONES URBAINES DE L'ARTIBONITE POUR CORRESPONDRE À CELLES DU MODÈLE DE L'IMMUNISATION DE LA CITÉ SOLEIL
Measures	<p>What reference study, what process, what results, and what other measures were used to evaluate success?</p> <p>Document review, FGDs, institutional visits, interviews with mothers and the community:</p> <ul style="list-style-type: none"> <li>• Vaccination coverage at the beginning and presently?</li> <li>• Availability of vaccines before and presently?</li> <li>• Availability of vaccines before and presently?</li> <li>• Community engagement before and now?</li> <li>• Monthly reports</li> </ul>	<p>Did Artibonite use the same measures?</p> <ul style="list-style-type: none"> <li>• EPI monitoring</li> <li>• Upgrade of institutional vaccination spaces</li> <li>• Stocks follow-up of vaccines and other inputs from EPI</li> </ul>	<p>Would it be advisable or possible for Artibonite to change the method for measuring and recording the data?</p> <p>In Gonaïves, we shall proceed as follows:</p> <ul style="list-style-type: none"> <li>• Validation of reports</li> <li>• Local level supervision</li> <li>• Monthly follow-up meeting</li> <li>• Quarterly evaluation</li> </ul> <p>The model will probably operate with a regular supply of vaccines and other inputs from EPI and the promotion of vaccination through vaccination by the dissemination of messages in the media</p>
Procedures	<p>What has been done exactly in Cité Soleil that led to the reported results?</p> <ul style="list-style-type: none"> <li>• Frequent stock-outs of vaccines combined a poor organization of services could explain the low level of vaccine coverage.</li> </ul>	<p>Is the situation the same in Artibonite?</p> <p>Some reasons explaining the low level of coverage observed are:</p> <ul style="list-style-type: none"> <li>• Insufficient supply in relation to the needs of the population,</li> <li>• Limited storage capacity for vaccines (problems with the cold chain)</li> <li>• Lack of staff (CCHWs), lack of refresher training for professionals, other untrained staff</li> </ul>	<p>In so far as there are differences, would it be advisable or feasible for Artibonite to change its activities?</p> <p>Adoption of the procedures implemented in Cité Soleil (weekly monitoring of vaccine stocks by mobile phone, triage of people who come for vaccination only, etc.).</p>
Results	<p>What were the main results, for what, at what costs and to what are they attributable to (see the previous lines)? What was the cost per positive result?</p> <ul style="list-style-type: none"> <li>• Reduction in stock outs of vaccines in facilities thanks to the weekly follow-up of stocks</li> <li>• Improvement of Penta 3 coverage from 38% to 52%</li> <li>• Setting up of a fast line for those who come for vaccination</li> </ul>	<p>What are the results found in Artibonite?</p> <p>Are they obtained for the same actors such as in Cité Soleil? Which results obtained in Artibonite have not been achieved in Cité Soleil? What are those results attributable to? What is the cost for Artibonite?</p> <ul style="list-style-type: none"> <li>• Reporting of data: (good completeness at 100% and good timeliness at 95%);</li> <li>• 2/8 facilities with Penta 3 coverage &gt;80%</li> <li>• 3/8 facilities with Penta 3 between 50%-79%</li> <li>• 3/8 facilities &lt; 50%</li> </ul>	<p>In so far as the results are different, to what are these differences attributable? Are there some results that Artibonite should achieve that were not achieved?</p> <p>Is it possible to achieve the same results at a lower cost? Should Artibonite give up some current results to achieve the same results as Cité Soleil?</p> <p>In order to reach better results the following points should be reinforced all year round</p> <ul style="list-style-type: none"> <li>- the availability of vaccines and inputs</li> <li>- mobilization for EPI</li> </ul>