



# HAITI

## JOB AID FOR VACCINATION IN URBAN AREAS

### BACKGROUND

An assessment of the vaccination situation in Haiti shows that some departments and communes have lower vaccination coverage rates than others. This is the case with the urban Commune of Cité Soleil, in which, for the past 5 years (2012-2016), the DPT3 (diphtheria, polio and tetanus) vaccination coverage remained very low; (less than 30%).

#### Factors accounting for low coverage and inequity:

- Institutional service points (public, private and faith-based) not sufficiently tailored for urban areas;
- Poor organization of vaccination services in these institutions with long waiting periods;
- Limited availability of functional cold chain equipment (CCE) and insufficient amount of vaccines;
- Poor coordination of all stakeholders (CSOs, community leaders, religious leaders, volunteers, unavailability of PCHWs);
- Inequitable distribution of service centers;
- Inadequate planning, implementation and follow-up of vaccination campaigns;
- Non-establishment of an implementation and follow-up committee;

#### KEY FACTORS CONTRIBUTING TO THE SITUATION:

Inadequate and inconsistent supply of vaccines

Frequent vaccine stock-outs (vaccines not available in health institutions);

Lengthy waiting time for children's mothers, coupled with bad experiences which compels them not to return

Mothers spend hours waiting for a child's vaccination that they might end up not getting;

Unavailable/incomplete data for planning

Vaccination room not updated or nonexistent;

Lack of knowledge on the target population

Population census not up to date

Insecurity and partners' fears of going to provide services (training, supervision, etc.) in Cité Soleil

Services offered are of doubtful quality

### WHAT COULD BE DONE:

The model designed to address the low vaccination coverage in Cité Soleil was developed under the leadership of the Directorate of the Extended Program on Immunization (DEPI) as well as other stakeholders, the Mayor's Office, multi-faceted community health workers and Cité Soleil community leaders.

The model provides for short, medium and long term interventions drawn from the solutions identified by stakeholders, best practices from other countries, and JSI's experience in vaccination.

While funding for implementing the entire model was not available during an initial pilot phase, JSI, adopting a mentoring approach as the basis of its local technical assistance, was able to work with the DEPI and partners to achieve some initial, encouraging results through implementing certain effective and less expensive measures:

1. Weekly monitoring of vaccine stocks available in institutions,
2. Establishment of a fast line for those who come for vaccination,
3. Clear indication of the space reserved for the vaccination service,
4. Establishment of a vaccination room in health facilities. The vaccination room shall serve as a room for the presentation of the vaccination data of the health institution (health area mapping, population table, data on vaccination coverage and dropout, vaccination coverage and dropout curve, etc.).
5. Commitment to build the capacity of the intermediary managers of DEPI by adopting the 'learning on the job' approach.

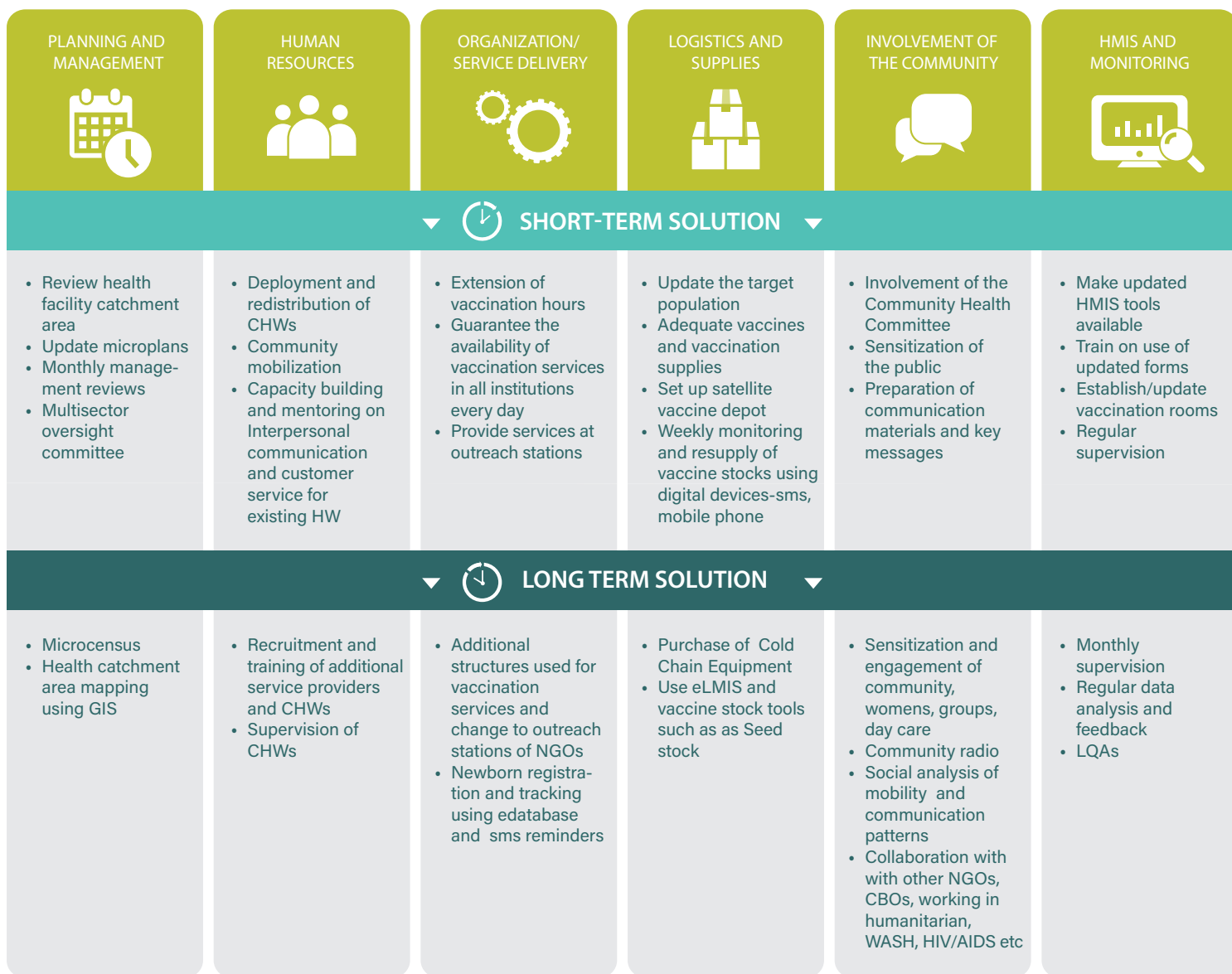
As a result of these initial interventions, there have been some improvements in data availability and completeness, and an overall improvement in data quality. There was also an increase in the number of children vaccinated for almost all antigens when compared to the same period last year. For the first time in years, Cité Soleil has attained a DPT3 coverage rate of 50% compared to the same period of January-June of previous years.

Tests on the replicability of the urban model used in Gonaïves shows that the process and the model evolve with time and can be adapted to the different cities of the country.

It is important that the urban model should be fully funded and implemented to extend this initial progress and meet set objectives of achieving and maintaining high vaccination coverage in Cité Soleil and other cities of Haiti. The key activities of the model that need to be implemented and addressed in the country's HSS application are presented on the next page.

## ▼ SITUATIONAL ANALYSIS, ROOT-CAUSE ANALYSIS, CONTRIBUTIONS FROM STAKEHOLDERS ▼

### GOVERNANCE, LEARNING AND DOCUMENTATION



## → RESULTS ←

### WHAT NEEDS TO BE DONE:

In order for Haiti to tackle the problem of equitable access to vaccination and fill the gaps in vaccination coverage - these interventions (from the urban vaccination model) will need to be included in its HSS Gavi application.

### REQUEST:

The elements of the urban model have already shown an increase in the vaccination coverage of Cité Soleil, based on some initial service provision and management actions. In order for Haiti or other countries

of the region to reach the goal of achieving a national coverage of at least 80%, it will be necessary to improve vaccination coverage in urban areas. Gavi, the Vaccine Alliance, provided initial technical support for the establishment of the urban vaccination model and the testing of its replicability. Haiti needs to ensure adequate budgeting and funding through HSS to expand the proposed activities in order to achieve high and equitable coverage in the country through effective interventions. The EPI Director is therefore invited to include these activities in Gavi HSS 2018 plans, together with the request that will be submitted to this organization.