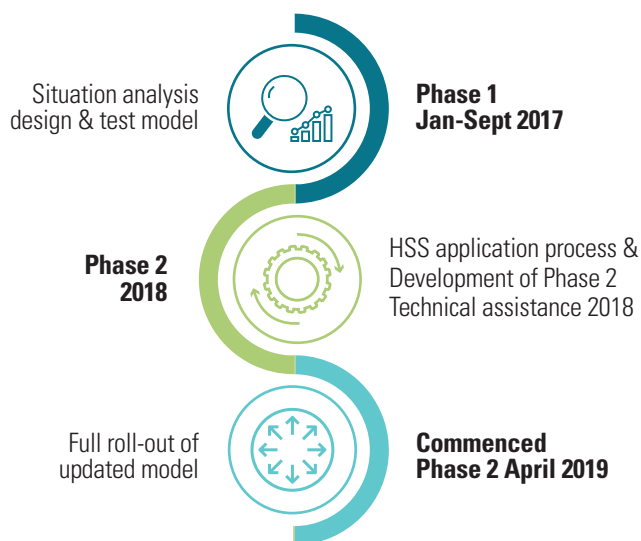


Despite Challenges in Urban Areas, Immunization Improves

Health care in Haiti is extremely challenging, given the country's history of poverty, poor infrastructure, social unrest and vulnerability to multiple types of natural disasters. In 2017, John Snow, Inc. (JSI) launched an intervention in collaboration with the Ministry of Health, with support from Gavi, the Vaccine Alliance, to strengthen the quality and use of immunization services in the urban slums of Cité Soleil. In this densely populated township in Port-au-Prince, Haiti, limited infrastructure, poverty, gang violence, lack of knowledge, poor services, and stigmatization—among many other barriers—severely impede access to basic services, including immunization. A pilot test of JSI's approach, layering multiple interconnected short-term effective interventions under six central components (see figure 1), led to clear improvements. In 2019, JSI and partners began implementing a second phase of the project in an expanded intervention framework. This brief offers a mid-project update on JSI's second phase of work in Cité Soleil—showing the continuing success of the approach and describing the factors that contributed toward this continuing improvement.

In its second phase, JSI upgraded the model to address weaknesses identified through monitoring and assessment, strengthened successful practices, and began full rollout both short and long term interventions in the urban immunization model. This phase serves a target population of 7,306 in Cité Soleil commune, and is focused on developing tools, processes and building capacity of the EPI program at all levels that can be used to scale up. (see Timeline)

TIMELINE



The big result: Findings from JSI's continuous monitoring documented continuing improvements. Figure 1 shows the **dramatic change in vaccination coverage** of infants vaccinations (pentavalent 1 and pentavalent 3) over time, starting from the very low baseline in 2014, jumping throughout 2017, with the change sustained—and increased—into 2019, with a 46 percent increase in uptake¹ since the first phase.

Monitoring data so far show that this multifaceted approach can substantially improve the quality and use of immunization services despite the longstanding, deep-rooted, serious problems present in urban environments such as Cité Soleil.

Pentavalent 3 coverage increased from **26.3%** to **73%** ↑

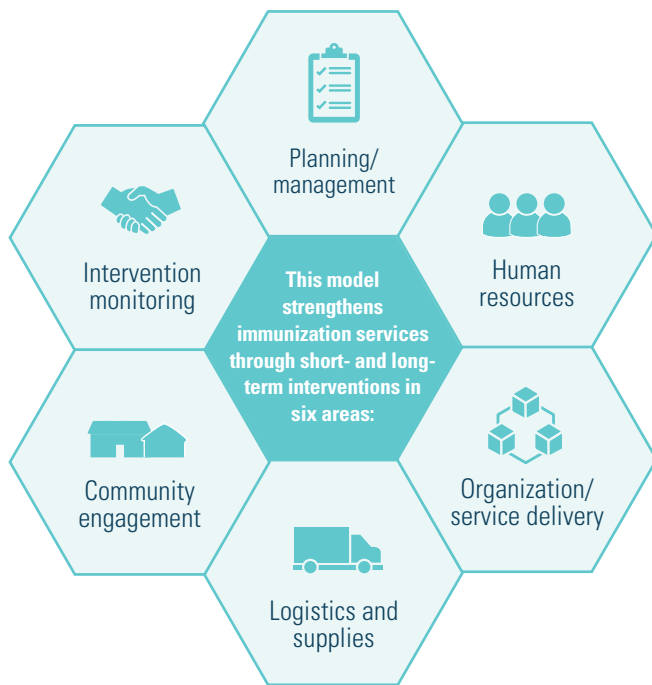
The number of zero-dose children decreased from **6,000** to **1,050** 📉

Monthly average pentavalent 3 vaccination increased from **417** to **749** children 📈

Average caregiver waiting time in facilities decreased from **139** minutes to **50** minutes ⌚

¹ Measured by the third dose of pentavalent vaccine

Figure 1. Haiti Urban Immunization Model



During this same period, the number of children who did not receive the first pentavalent vaccine dose decreased from nearly 6,000 to 1,055. Also, the proportion of defaulting clients decreased by over half—from over 40 percent to 15 percent between 2018 and 2019. These results were largely due to use of follow-up to track defaulters tools by ASCPs, expanded hours of services, community mobilization, and reinstatement of the monthly health committee meetings, among other factors.

However, assessments in August and November 2019 revealed continuing missed opportunities and barriers. Fewer than one-third of providers could identify situations requiring them to assess a child's immunization status (wellness visit, visit for another illness, etc.). About one-third of non-vaccinated children left the facility without any assessment of their immunization.² Three hundred and thirty six caregivers gave reasons for incomplete vaccination, most commonly fear of insecurity (18%), fear of side effects (11%), and non-availability of vaccines (9%). Though most caregivers received information about vaccination from community-based health care workers, women also sought information from local groups, neighbors, and family members.³

In addition, the project addressed chronic security concerns by providing weekly remote phone mentoring, forming a WhatsApp problem-solving group, and involving community leaders in resolving security issues and creating truces to allow for health service delivery. The initial situation analysis revealed long caregiver wait times in the facility. The combined effects of the project's multi-layered approach

GAME CHANGERS

JSI's updated urban strategy retained its six basic areas, adding new, game-changing elements within each component, including innovations in many areas:

Planning/management

Providing facility-based coaches and re-launching supportive supervision and using checklists; and monitoring the results over time

Human resources

Using a "learning by doing" capacity building approach for managers and service providers to update skills, improve provider-client relations, and strengthen routine reporting and skills training for ASCPs

Organization/service delivery

Offering expanded service hours through weekend vaccination, re-routing outreach to underserved neighborhoods, and providing user-oriented vaccination sessions

Logistics & supplies

Shifting from quota system to using consumption data to forecast vaccines and weekly phone updates to track vaccine supplies and ordering

Community engagement

Reviving monthly health committee meetings that include health staff, community members, the Mayor's Office, and civil society; and activating use of due lists with ASCPs to track defaulters

Use of technology

Increasing use of mobile phones to collect local data and neighborhood-level analysis to plan activities and make decisions; remote coaching through phone calls during period of gang violence; use of GIS mapping to spatially analyze the locations fixed and outreach services and inform changes

² OMV brief link

³ LQA report brief link

Figure 2. Vaccination coverage of Penta 1 and 3 in Cite Soleil, Haiti (2014-2019)

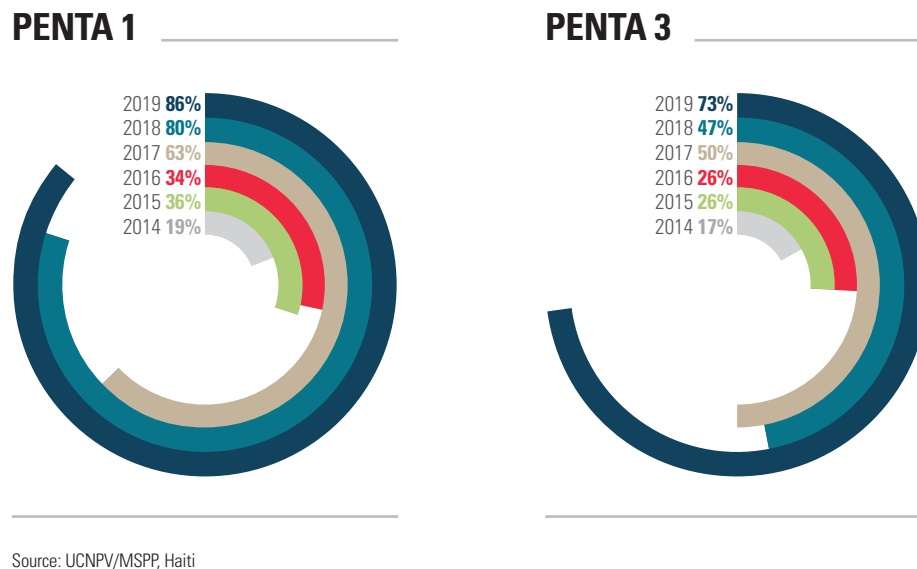
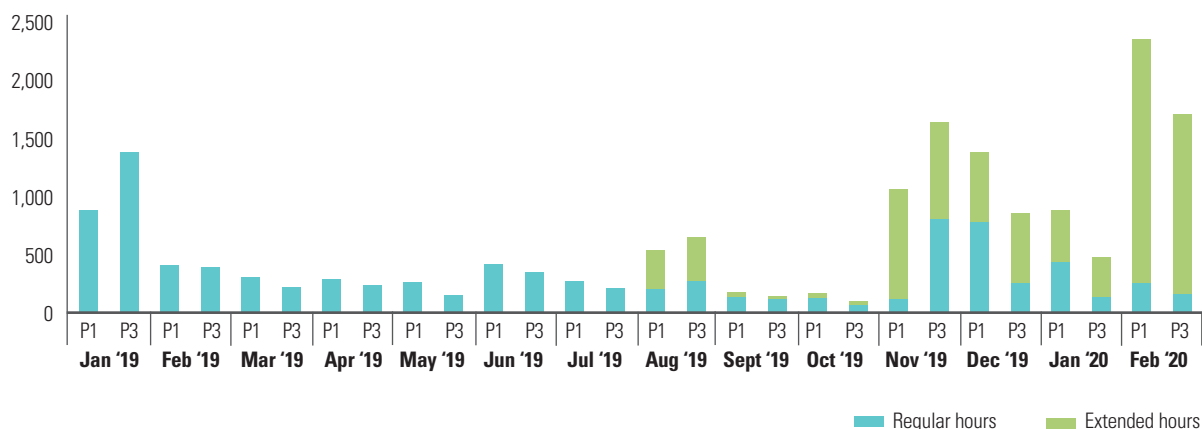


Figure 3. Contribution of Weekend Vaccination to increase in numbers of children immunized with Pentavalent 1 and 3 vaccines in Cite Soleil, Haiti (Jan 2019-Feb 2020)



eliminated barriers for clients. For example, reorganization of services progressively reduced waiting times, ultimately cutting time spent waiting for services by about two-thirds across locations.

Implementation of flexible weekend vaccination also contributed substantially to uptake of immunization. The weekend hours enabled caregivers to obtain information and to complete children's vaccinations at times that aligned with their schedules. After the first seven months of weekend vaccinations, the average number of

penta 3 vaccinations increased to 749 per month, compared to 417 in the preceding seven months;⁴ The total number of children completing vaccinations increased by 41 percent; and the number of new vaccinations delivered in Cité Soleil increased by 71 percent (Figure 2).⁵

These encouraging outcomes show the potential for growth and improvement even in the most complex settings, given mobilization of all available resources. Project updates will continue through the duration of the activity.

⁴ UCNPV monitoring data

⁵ Infants receiving first dose of pentavalent vaccinations (penta 1)

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Design & Production: JSI Research & Training Institute, Inc. (JSI) in collaboration with MSPP/UNCNPV Haiti with funding from Gavi

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