



WHAT ARE THE MAIN BARRIERS TO IMMUNIZATION IN CITE SOLEIL:

Results from a Study on the Barriers to Immunization in Cite Soleil

NOVEMBER–DECEMBER 2019

BACKGROUND

The Ministry of Public Health and Population (MSPP) of Haiti, through the National Coordination Unit of the Vaccination Program (UCNPV), established a partnership with JSI Research & Training Institute, Inc. (JSI) with funding from Gavi, the vaccine alliance, in order to strengthen the routine immunization system in Cité Soleil. The objective of this technical assistance partnership is to increase access to and vaccination services in Cité Soleil, with the ultimate goal of reduction in the morbidity and mortality linked to vaccine-preventable diseases, and an improvement in health of children 0–5 years old. In Cité Soleil, a poor commune in the metropolitan capital of Port au Prince, vaccination coverage remained low (<30%) for several years (2012–2016). JSI developed and tested a model in 2017 for improving immunization in urban areas. In April 2019, JSI was requested to provide TA for a second phase with full roll out of the model. This model was updated in April 2019 and technical assistance provided to

support the implementation. The model is linked to the improvement in the number of children vaccinated in Cité Soleil since 2017 to date -from 2017 to 2018, Penta3 coverage rates were 50.6% and 47%, respectively and rose to 73% in 2019. Immunization partners provide support to the MSPP through the UCNPV to improve the situation. One of the activities conducted by JSI was a LQAS-type survey in the districts of Cité Soleil in order to identify the main barriers to vaccination, quality and use of vaccination services.

METHODOLOGY

The terms of reference were agreed upon based on the batch approach applied to quality assurance (LQAS). This method produces quality data for a small sample, thereby achieving substantial savings in time and money. It is a quantitative approach, which captures the past vaccination coverage in the Cité Soleil neighborhoods, while better identifying the barriers affecting access and quality. The LQA sampled 120 infants between 12–23 months and 120 infants between 24–35 months.

According to the technical proposal, the execution of the survey was planned in seven (7) stages:

- i. Preliminary orientation activities
- ii. Development/adaptation of tools
- iii. Sampling
- iv. Recruitment and training of investigators
- v. Collection activities
- vi. Processing and Analysis
- vii. Reporting

RESULTS

The results of the survey are presented in two (2) parts: In the first part, the estimate of vaccination coverage and an overview of the previous quality of services received by children aged 12 to 35 months in Cité Soleil, including the availability of the vaccination card and the vaccination status of children in the households investigated; In the second part, the factors affecting immunization services by

The objectives of the study were defined in the terms of reference jointly developed by the monitoring committee and JSI. These are:



To measure, document and identify the obstacles to vaccination as well as the sources of information on vaccination in the communities of Cité Soleil; and to measure the performance and quality of vaccination services.



To compare baseline data with the subsequent data (periodically) and measure progress.

households in Cité Soleil, in particular the reasons for the incomplete vaccination schedule, the sources of information on vaccination, and the service delivery system. The majority of children had vaccination cards and was used to verify the information provided. The long standing insecurity in Cité Soleil and the political disturbances on a national scale (nationwide lockdown) represents respectively 18% and 11% of the reasons for vaccinations which were not up to date. Other reasons were: side effects, poor perception of benefits of vaccines, and reported stock-outs, representing 11%, 11% and 9% respectively (Figure 1). The other reasons for missed vaccination are mainly due to the loss of or unavailability of child vaccination card.

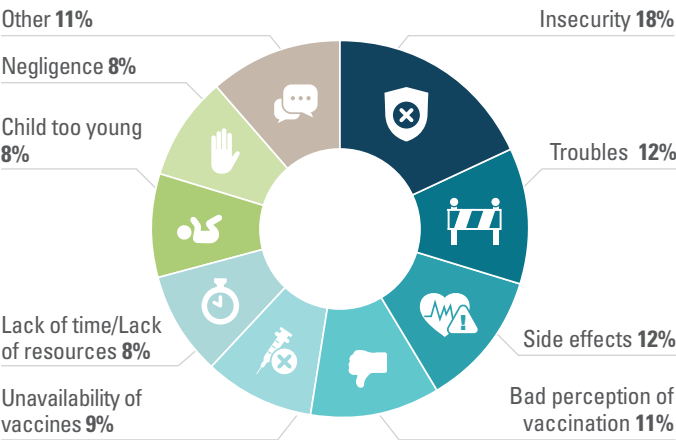
The main sources of information came from the community based health workers -ASCP, the radio, and from family members and neighbors. (Figure 2)

DISCUSSION

At the end of the study, the following are the main observations and takeaways:

- a) There is a low rate of completeness of the immunization schedule for all age categories and in all districts, with some variation;

FIGURE 1: Reasons for vaccinations that are not up-to-date



- b) There are many sources of information on immunization and, all together, could ensure accessibility for different members of the household. However, no source seems to reach a majority of households. The health worker, the most cited source, accounts for only 26% of the responses; radio at 19.4% and posters/banners at 14.0%;
- c) The reasons given for the incomplete vaccination schedule must be resolved by health services. The persistence of negative beliefs about vaccination, which would suggest the existence of weaknesses in Information-Education-Communication strategies and activities related to vaccination appears to be the main determinant. On the other hand, personal constraints, the unavailability of vaccines, and other inputs are barriers that can be addressed by an adequate follow-up/catch-up strategy and supply management efforts. On the other hand, the security situation, which would discourage parents from bringing the children to the health center for their vaccination, presents a problem, that is beyond the control of health workers.
- d) The use of vaccination services in the community seems fairly good. The in and out flow of some of the population, who may use other health facilities in the city, raises difficulties in monitoring children.

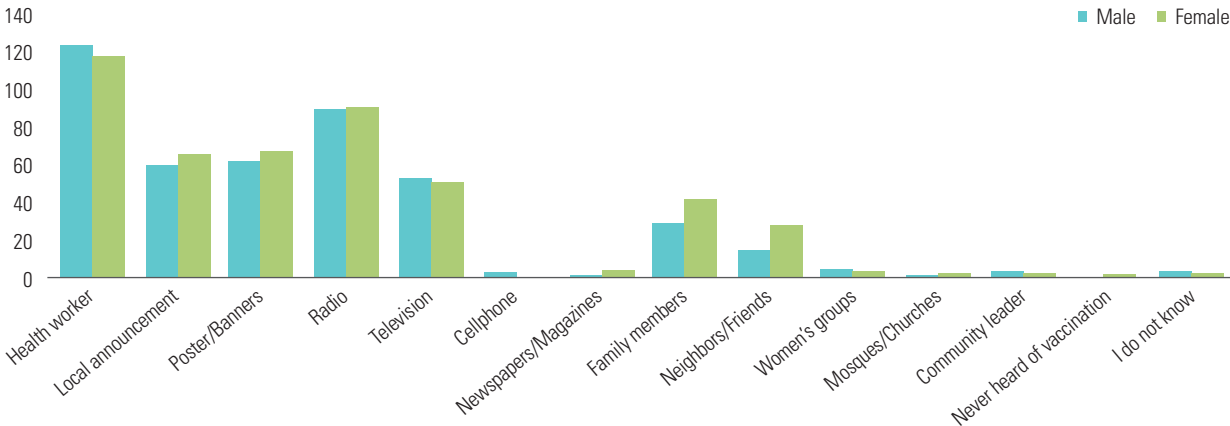
CONCLUSION

The LQAS survey conducted in the neighborhoods of Cité Soleil in the last weeks of 2019 provide evidence of various factors that affect the immunization coverage in the area.

The survey allowed for the following conclusions :

- Assess past performance and the quality of vaccination services based on vaccination coverage among children aged 12–35 months, and the availability of the vaccination card within households.
- Better understand the obstacles to vaccination and the sources of information on vaccination in the communities of Cité Soleil.

FIGURE 2: Sources of information about vaccination n = 360 caregivers (M = 170 F = 190) LQA November 2019



RECOMMENDATIONS



Availability of vaccination cards (Role of facilities)

- Strengthen the education of parents/guardians on the usefulness of the card
- Set up an easy card replacement system in case of loss



Completeness of the vaccination calendar (Role of the institutions)

- Strengthening the active search for those who have not completed their vaccinations or missed sessions
- Reminder messages to parents before the appointment dates
- Strengthen parents' education, reassure them and change their perception of side effects



Continuity of immunization activities (Role of the Communal Health Office and sites)

- Maintain and intensify vaccination extension activities on weekdays and weekends
- Continue to use the results of other surveys and further investigate actions to be taken
- Guarantee vaccine stocks and other supplies to prevent interruption of services (good planning and better input management)



Information about vaccination and vaccination services offered (Role of institutions and ASCP)

- Reinforce the quality of interpersonal communication during and after the service
- Respect the mandatory IEC sessions with clients before each working day
- Restore and regularize community meetings



Multiplicity of stakeholders by emphasizing harmonization (Role of the Communal Health Office)

- Interveners in Cold chain and vaccine supplies
- Service providers
- Interveners in technical assistance and supervision
- Need to coordinate multiple interventions for favorable results



Reinforce the adaptation to difficult conditions and insecurity to continue the service (Role of institutions and ASCP)

- Increase flexibility in providers to intensify work during periods of calm
- Encourage gang leaders and community leaders to observe truces to allow community health activities to be held

- In addition, the study provides an initial description of the situation two to three years ago, which will allow in the future to make comparisons and measure quality and progress achieved.

CONTRIBUTIONS

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