

Improving DRC's Routine Immunization Program in Urban Areas

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Introduction/Context

Increasing urbanization and population in the large cities of the Democratic Republic of Congo (DRC) over the past 20 years have had a negative impact on the socio-economic situation of the population living in urban areas, including a lack of health establishments, schools, good roads, water, and electricity especially where poor communities live. Vaccination also faces major challenges in these urban areas. Many unvaccinated or under-vaccinated children and women have been identified in cities, which is associated with a high risk of rapid transmission of vaccine-preventable diseases (VPDs). Despite the efforts of the Expanded Program on Immunization (EPI) and its partners to immunize more children, many still lack access to immunization services and remain susceptible to VPDs.

To better identify the main obstacles to immunization services and reduce the number of zero dose or undervaccinated in the major cities of the DRC, the EPI with the financial support of GAVI, and in collaboration with JSI and other partners, developed a vaccination model to target and immunize the least accessible children in collaboration with the community. First piloted in two urban health zones in the city of Kinshasa, Limete and Kimbanseke health zones, the approach has since been scaled up in three additional health zones in Kinshasa as well as the cities of Lubumbashi and Mbuji-Mayi, with funding from Gavi, the Vaccine Alliance, in support of the Mashako Plan (plan for recovery of routine immunization [RI] in DRC).

JSI's urban immunization approach is to provide the DRC government with technical assistance (TA) to design and implement strategies to reduce the number of unvaccinated or under-vaccinated children by filling the gaps in equity in the provision of RI services in poor urban communities.

JSI supported data collection followed by city-specific workshops with the EPI Antenna, the Provincial Health Division, and the chief doctors to identify the obstacles and root causes of poor immunization in the health zones concerned. These workshops provided a framework where challenges and gaps were discussed and these exchanges led to the development of a comprehensive action plan and costed strategies to reach unvaccinated or insufficiently immunized children.

Methodology/Approach

Promising urban immunization strategies include:

- Strategic planning and guidance to operational level staff for organizing immunization sessions in public places that help reach underserved populations;
- Capacity building of providers of public/private sector health facilities to provide quality RI services free of charge;
- Development of microplans and support in their implementation in collaboration with local authorities and community representatives to reach all children.

These strategies were then implemented and accompanied by regular supervision, mentoring and capacity building provided to previously identified stakeholders.

With the challenges posed by the Covid-19 pandemic, operational teams quickly set up virtual mechanisms (Zoom, WhatsApp, phone calls) to continue close monitoring throughout the pandemic.

Results

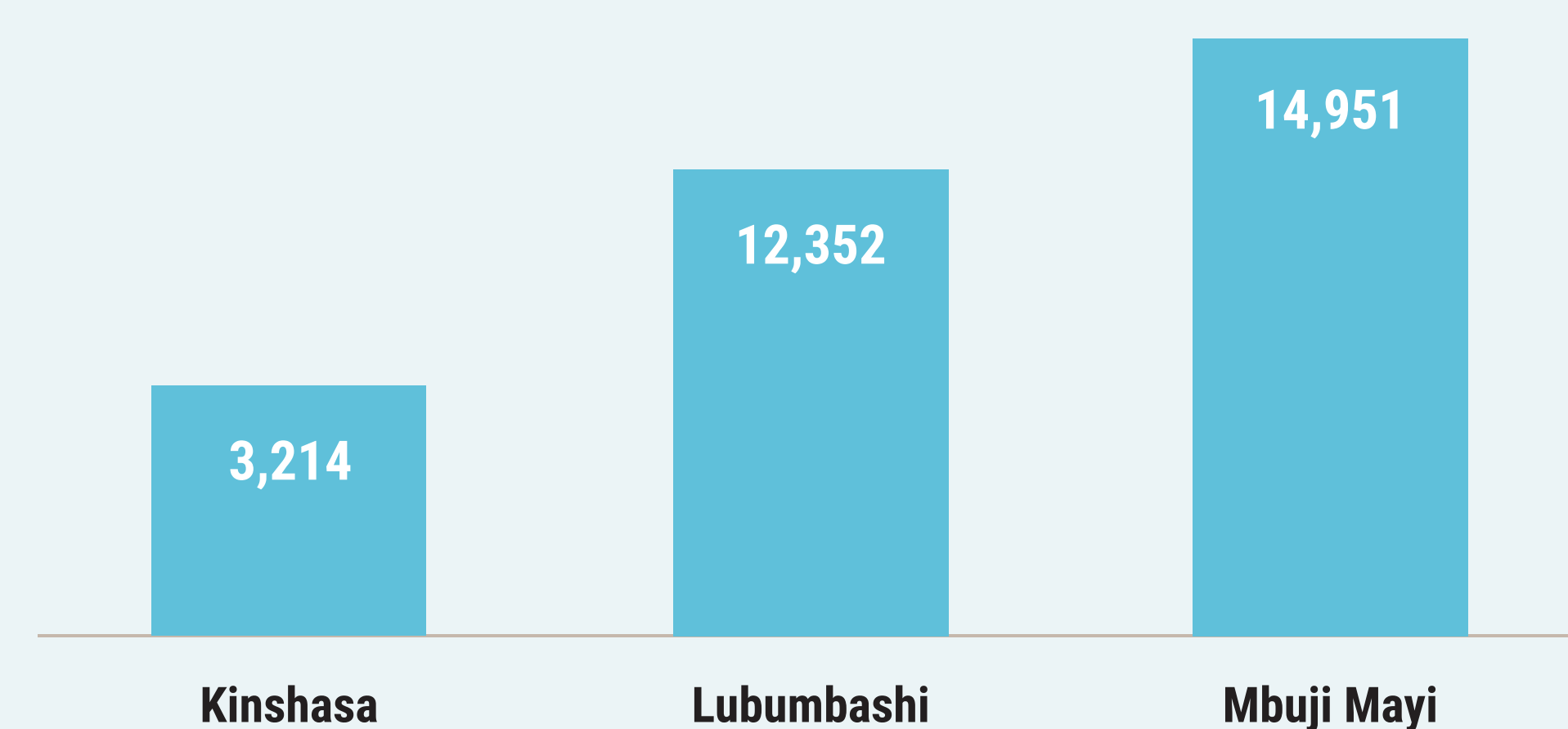
JSI supported the development of microplans from the 9 (nine) health zones identified in the cities of Kinshasa, Lubumbashi and Mbuji-Mayi (three zones per city). As part of their action plans, these health zones implemented the following strategies:

- Organization of vaccination sessions in public places;
- Integration of immunization activities in new health facilities that previously did not offer immunization services;
- Regular routine monitoring of immunization activities in health zones;
- Supportive supervision and continuous monitoring of vaccination activities carried out in health areas.

Through the direct collaboration of private sector health facilities, JSI ensured that management teams achieve the following objectives:

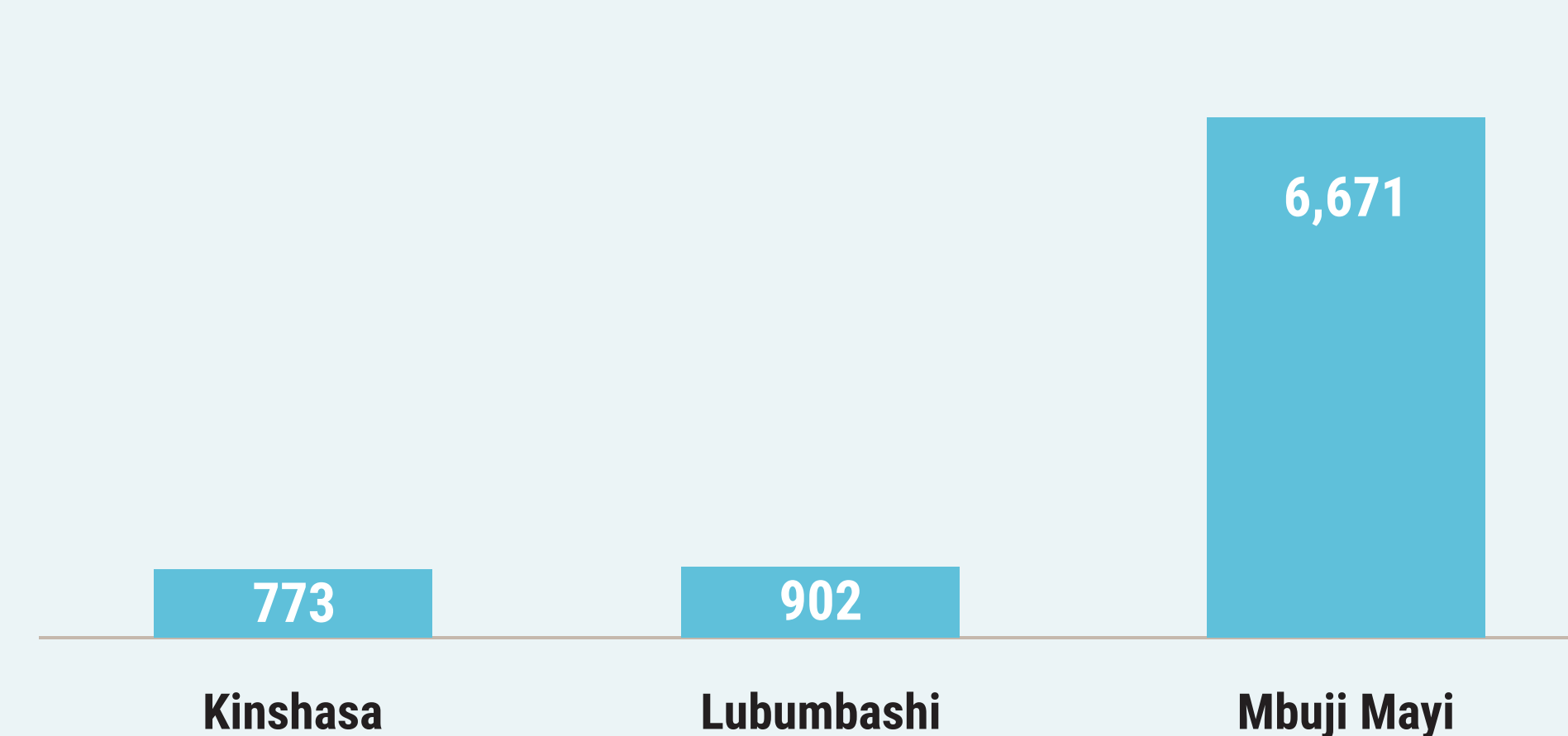
- Define immunization needs in health facilities that do not immunize but which are visited by the community;
- Visit select health facilities to ensure their viability and functionality, the majority of which are private;
- Organize meetings between the management teams and managers (and promoters) of these structures to collaborate on agreements with the central office for the integration of immunization activities into their service package;
- Monitor the integration of vaccination activities into these new structures.

Number of children vaccinated in public places from August 2020–April 2021, by city (n=30,517)*



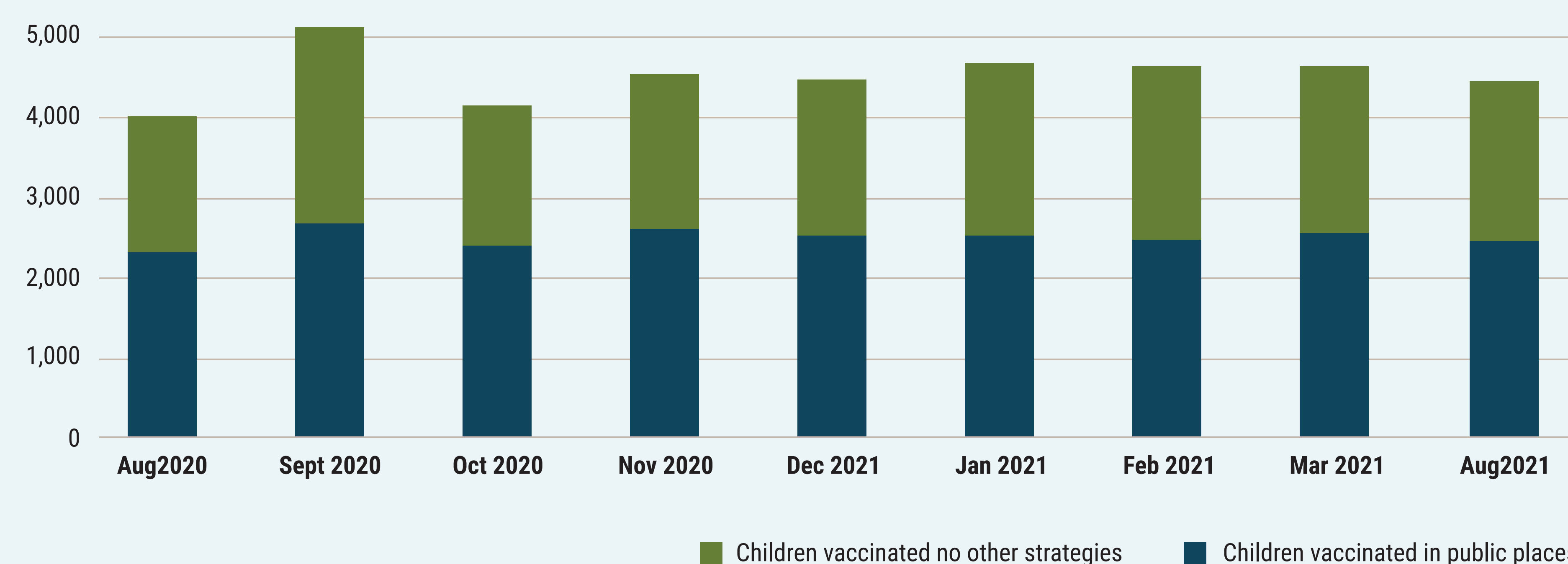
* Data for Lubumbashi is from October 2020-April 2021

Number of pregnant women vaccinated in public places from August 2020–April 2021, by city (n=8,346)*



* Data for Lubumbashi is from October 2020-April 2021

Contribution of sessions in public places on the vaccination of infants in the zone of Bipemba in Mbuji-Mayi



■ Children vaccinated no other strategies ■ Children vaccinated in public places

Table 1. Number of new health facilities integrating immunization services, by health zone

City	Health Zone	Number of health facilities added
Kinshasa	Binza weather	3
	Bumbu	3
	Masina 1	9
Lubumbashi	Kampemba	30
	Ruashi	10
	Tshamilemba	19
Mbuji-Mayi	Bipemba	0
	Muya	7
	Nzaba	0
Total number of health facilities added		81

Challenges

- The launch of the urban approach in the three new health zones in Kinshasa coincided with the start of the Covid-19 pandemic. As a result, the provision and use of immunization services decreased.
- Delays in funding and irregular financing to support vaccination sessions in public places occurred in all three cities; and financing freezes related to the non-justification of Mashako Plan funds experienced by 90% of health zones prevented immunization sessions in public places from taking place in certain health zones in Kinshasa.
- Competing priorities, like the mosquito net distribution campaign in Lubumbashi, delayed urban strategy implementation, including the sensitization of pregnant women in Kampepa health zone on available vaccination services.
- Vaccine shortages, such as BCG and OPV, were reported in Mbuji-Mayi, resulting in delayed vaccination for some children with these vaccines in the selected health zones.

Best practices and lessons learned

- Involvement of all urban health stakeholders in the situational analysis, review of data, and identification of barriers and solutions creates a more context-specific urban immunization action plan and facilitates community ownership of the implementation of the plan.
- Where vaccination occurred in public places, it was most successful when organized in places mothers already frequent and when vaccinations were provided free of charge.
- Involvement of community health workers in the organization of vaccination in public places supports better organization and implementation of the session, particularly in determining the estimation of input needs and administration of the vaccines.
- Monitoring the results of the urban immunization strategies through use of a simplified tool supports reporting to provincial health teams and provides insight into the approach that may be useful for sharing with other cities.
- Monthly monitoring meetings of the urban immunization activities at the health area level allows for real-time adjustments to the approaches and revisions to the action plans for each city to reach more children and pregnant women.

Recommendations

Immunization service delivery in urban settings must be contextualized to the community context and lifestyle and activities deemed to have a high impact on increasing immunization coverage in poor urban areas must be prioritized. Key activities to prioritize include:



Involvement of all operational level stakeholders (e.g., providers, local organizations, political and administrative authorities, community members, etc.) in microplanning creates better understanding of problems, identification of solutions, and community ownership of and commitment to the implementation of vaccination activities.



Identifying health facilities most frequented by the community for integration brings vaccination closer to the community and supports reaching the target population with vaccination services.



The **organization of vaccination sessions** in public places should coincide with where women most frequent and engage in small trade activities, such as the market, schools, and churches.

JSI's experience has shown that these activities can improve the access of immunization services in urban poor areas and increase the number of vaccinated pregnant women and children.