

MOMENTUM

Routine Immunization Transformation and Equity

COVID-19 Vaccination Program in Review

March 2022–September 2024

HAITI





Joelyn Cassis

MOMENTUM Routine Immunization Transformation and Equity

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) and implemented by JSI Research & Training Institute, Inc. (JSI), along with PATH, Accenture Development Partnerships, Results for Development, and CORE Group under USAID cooperative agreement #7200AA20CA00017. The contents of this report are the sole responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.

We thank *Unité de Coordination Nationale du Programme de Vaccination, Unité d'Évaluation et Programmation, Unité de Communication et des Relations Publiques*, the USAID Country Health Information Systems and Data Use program, Institut Panos, and the USAID Global Health Supply Chain Program-Procurement and Supply Management program for their dedication and leadership.

Recommended Citation

MOMENTUM Routine Immunization Transformation and Equity. 2024. COVID-19 Vaccination Program in Review, Haiti. Arlington, VA: MOMENTUM Routine Immunization Transformation and Equity.

Contact Information

JSI RESEARCH & TRAINING INSTITUTE, INC.
2733 Crystal Drive, 4th Floor
Arlington, VA 22202, USA
Phone: 703-528-7474
Fax: 703-528-7480
Web: <https://usaidmomentum.org/>

Cover photo:
MOMENTUM Routine Immunization Transformation and Equity/Haiti

Table of Contents

v		Acronyms
1		Results
2		Background
3		Project Overview
4		Technical Areas of Support
5		Strengthening the Health System
7		Reaching Underserved and Priority Populations
9		Strengthening the Health Workforce
10		Lessons Learned
11		A Way Forward

Acronyms

CBO	community-based organization
PHC	primary health care
MSPP	<i>Ministère de la Santé Publique et de la Population</i> (Ministry of Public Health and Population)
RI	routine immunization
TA	technical assistance
UCNPV	<i>Unité de Coordination Nationale du Programme de Vaccination</i> (National Immunization Program Coordination Unit)
UCRP	<i>Unité de Communication et des Relations Publiques</i> (Communications and Public Relations Unit)
UEP	<i>Unité d'Évaluation et de Planification</i> (Evaluation and Planning Unit)
USAID	U.S. Agency for International Development



Results

Strengthening the Health System



Assisted in setting up a **national-level monitoring room** and established **monitoring rooms in five departments**.



Supported **182 departmental-level monitoring room meetings** to review immunization program performance and adjust implementation.

Strengthening the Health Workforce



Trained **700 health workers, media journalists, and data managers** on COVID-19 vaccine-related topics.

Reaching Underserved and Priority Populations



Supported two COVID-19 vaccination campaigns resulting in **over 32,733 COVID-19 vaccine doses** being administered.



Formed **9 partnerships** to support vaccination activities.



Held **44 sensitization meetings** for **2,432 community and religious leaders**.



Reached **149,826 community members** through social mobilization activities.

Background

After Haiti reported its first case of COVID-19 in March 2020, the Haitian government enacted a curfew and other safety measures.¹ The Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population*, MSPP) developed a National Preparedness and Response plan² in 2020 to control COVID-19 by:

- Preventing further spread.
- Strengthening surveillance systems.
- Keeping public and health professionals informed about the pandemic and prevention measures.

In 2021, Haiti developed its National Deployment and Vaccination Plan and in July of the same year, received its first COVID-19 vaccine doses as the last country in the Americas to receive them.³ Haiti prioritized vaccinating frontline health workers, people over the age of 50, and people with preexisting conditions. Several challenges hampered vaccine uptake. Since the president was assassinated in July 2021, there has been increasing socio-political instability and violence as gangs have taken control of the capital and other cities. Misinformation spread quickly and led people to fear vaccination. Haiti struggled to store vaccines properly due to the lack of cold chain infrastructure. Many people living in rural areas without vaccination services were afraid to seek them in urban areas because of the violence.

Despite these challenges, health workers used creative methods to counter misinformation and provide underserved communities with vaccines and easy-to-understand and accurate information.

- 1 Lemaire Matiado Vilme, S. (2020, March 20). Haiti confirms its first coronavirus cases. https://www.voanews.com/a/science-health_coronavirus-outbreak_haiti-confirms-its-first-coronavirus-cases/6186111.html
- 2 World Bank. (2020). Haiti COVID-19 Response. (Report No: PAD3827). <https://documents1.worldbank.org/curated/en/788631585950911531/pdf/Haiti-COVID-19-Strategic-Preparedness-and-Response-Project.pdf>
- 3 Moreno, M. (2021, July 27). COVID-19 vaccine rollout in Haiti. <https://www.unicef.org/lac/en/stories/covid-19-vaccine-rollout-in-haiti>



Project Overview

MOMENTUM Routine Immunization Transformation and Equity (the project) applies best practices and explores innovations to increase equitable immunization coverage in USAID-supported countries. The project is USAID's flagship technical assistance mechanism for immunization in over 20 countries around the world. It builds countries' capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations with lifesaving vaccines and other integrated health services, including rebuilding immunization systems adversely affected by the pandemic. It also supports COVID-19 vaccine rollout across countries with a wide range of circumstances and needs.



In March 2022, the project received funding to work at the national level and in five departments (North, Northwest, Northeast, South, and Artibonite) to:

- Support the establishment of COVID-19 vaccination data monitoring rooms to improve data analysis, interpretation, and use to make decisions.
- Provide TA to the National Immunization Program Coordination Unit (Unité de Coordination Nationale du Programme de Vaccination, UCNPV) on COVID-19 vaccination service delivery strategies; supply chain coordination and planning; risk communication and community engagement; and data management and analysis.
- Engage communities, support the establishment of partnerships, and strengthen institutional and provider capacity to promote acceptance and uptake of COVID-19 vaccination and generate demand for services.
- Facilitate COVID-19 vaccination coordination with USAID implementing partners.

These activities, while focused on COVID-19 vaccination, had the ultimate goal of strengthening Haiti's vaccination system and processes to benefit routine immunization (RI) efforts and manage the spread of other vaccine-preventable diseases.

Technical Areas of Support

TECHNICAL AREAS



Planning, Policy, and Coordination



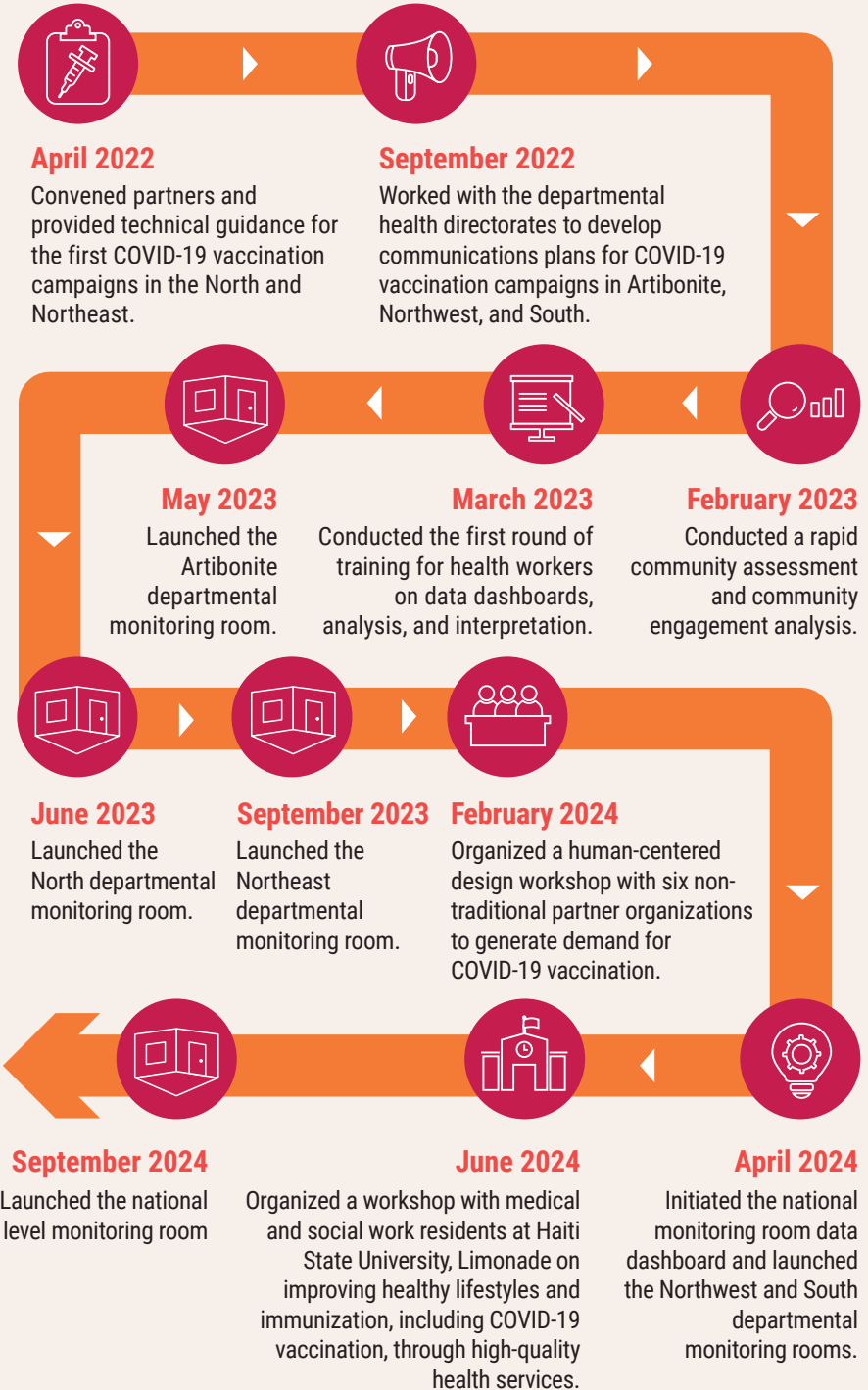
Data Quality and Use



Demand Generation and Community Engagement



Capacity Building



Strengthening the Health System



Planning, Policy, and Coordination

As Haiti received COVID-19 vaccines, the MSPP worked to distribute them throughout the country equitably based on priority groupings. Given the fragmented nature of primary health care (PHC) service delivery in Haiti, where many services are provided by private and nongovernmental organizations, COVID-19 vaccination data management was a significant challenge. In response and to support planning for vaccination efforts, the project coordinated with departmental directorates to establish data monitoring rooms in Artibonite, North, Northeast, Northwest, and South. Data monitoring rooms, both physical and virtual, were designed to enhance coordination, analysis, and timely use of information to make programmatic decisions. The project located them in existing health structures, acquired materials, updated physical structures as needed, installed solar panels, and provided stable WiFi.

After the project set-up the departmental rooms, it began working with UCNPV and the Evaluation and Planning Unit (*Unité d'Évaluation et de Planification*, UEP) to prepare the national vaccination data monitoring room. The national monitoring room was designed as a permanent convening structure for data managers and partners to enhance Haiti's health information systems' efficiency, effectiveness, and responsiveness and ensure that health policies and interventions are informed by accurate data. The project adapted departmental data dashboards to meet national needs and in April 2024, the minister of health, the director general, cabinet members, UEP and UCNPV directors, and project personnel launched the data dashboard for the national monitoring room.

In addition to data monitoring, departments needed support to coordinate joint activities, conduct microplanning, and increase staff COVID-19 vaccination capacity. The project participated in coordination and technical meetings with the UEP, UCNPV, and the Communications and Public Relations Unit (*Unité de Communication et des Relations Publiques*, UCRP) to discuss these needs, which resulted in logistics and vaccine distribution plans, new vaccine arrival coordination, departmental vaccine stock tracking, and improved vaccination coordination and logistics.

During the pandemic, Haiti had vaccine supply challenges including stockouts at sub-national levels and difficulty distributing and storing vaccines that required ultra-cold chain equipment. Haiti's COVID-19 vaccination task force was dismantled after the president's assassination in July 2021, which left gaps in supply planning and program implementation. Information was highly centralized and lacked clear direction and departmental engagement. To overcome some of these problems, the project organized meetings with UCNPV's stock management department and participated in MSPP's logistics subcommittee meetings. The project team collaborated and coordinated with USAID's Global Health Supply Chain-Procurement and Supply Management project and Health Equity International/Hôpital Saint Boniface Foundation to enhance data analysis on vaccine stocks, develop mitigation strategies for redistribution and stockout prevention, and strengthen departmental monitoring rooms.

The first project-supported vaccination campaigns, in 2022, focused exclusively on providing COVID-19 vaccines. In April 2023, the MSPP began integrated RI campaigns with the COVID-19 vaccine. The project participated in planning meetings for additional campaigns and supported MSPP on the development of a national strategy to integrate COVID-19 vaccination into RI and PHC.



During the April 2023 integrated vaccination campaign, the project supported the vaccination of **21,946 people in Artibonite** and **10,787 people in Northwest** against COVID-19.

These campaigns used resources from COVID-19 implementation to strengthen RI and PHC services and were an important step to institutionalize COVID-19 vaccination in the Haitian health system.



Data Quality and Use

The lack of data culture and routine data review meetings in departmental directorates made it difficult to ensure high, equitable routine coverage and plan vaccination campaigns. Additionally, the shortage of staff to record, report, and review data led to unreliable and inconsistent data.

The project coordinated with departmental managers to set up regular data review meetings and promote the use of data to inform implementation decisions. The project created a job aid to explain how monitoring rooms work and trained staff on analysis and interpretation, highlighting the significance of regular meetings. The project organized 182 data review meetings across the five departments and used meetings to identify low-coverage communes so outreach campaigns could be deployed to improve COVID-19 vaccination coverage in them.

Project-developed dashboards, used in monitoring rooms, were key to analyze performance and plan vaccination efforts. The dashboards allowed departmental directorates to monitor trends on various COVID-19 indicators, including doses administered, vaccination cards given, and syringes used. As the monitoring room sessions continued, the project began integrating data for other health topics such as RI, cholera, acute respiratory infections, typhoid fever, HIV, and tuberculosis, strengthening the system's ability to use high-quality data. Following the integrated vaccination campaign in April 2023, the project conducted supportive supervision visits in Artibonite and Northeast to follow-up on campaign activities and reconcile inconsistencies between vaccination registers and the DHIS2 COVID-19 data identified during data review meetings. The data review meetings were crucial elements of adapting vaccination campaigns and led to the recommendations of increasing community mobilization and engagement activities. During the data review meetings, two communes in particular were identified as areas with lower rates of COVID-19 vaccine acceptance. The project implemented sensitization activities in them and the uptake of the first COVID-19 vaccine dose increased from 51 percent to 99 percent in Ennery Commune and from 72 percent to 95 percent in Saint Michel Commune.

In February 2024, in collaboration with UEP and UCNPV, the project provided technical and financial assistance for complete and timely COVID-19 vaccination data reporting in the five departments. The project conducted workshops to strengthen the capacity of immunization program and epidemiological surveillance managers to regularly analyze, interpret, and use vaccination data for decision-making.



MOMENTUM Routine Immunization Transformation and Equity Hub



During these workshops, participants entered over **20,260 backlogged data records** and **rectified errors in 32,495 records**. With this support, Artibonite immunization data was up-to-date for the first time in **20 years**.

Reaching Underserved and Priority Populations

Partnerships

To better reach underserved and priority populations, the project partnered with actors typically outside of or underutilized by the immunization program, also known as non-traditional partners. As part of the project's efforts to establish non-traditional partnerships, it mapped 45 radio stations and 145 community-based organizations (CBOs) in Artibonite, North, and Northeast. The project selected 25 radio stations to promote COVID-19 vaccination through awareness raising and motivate priority populations to get vaccinated. The project also selected six non-traditional partners⁴ based on their presence and influence at departmental and community levels to conduct community engagement, health education, and COVID-19 awareness raising activities with a focus on high priority populations. These CBOs participated in a project-led co-creation workshop on how to increase access, demand, and equity in vaccination. During the workshop, participants voiced concerns of vaccine side effects, lack of information, and rumors on social media. The project addressed these by providing accurate information on side effects, vaccine availability, and dispelling misinformation. The facilitators and participants jointly developed solutions and individual CBO action plans to promote COVID-19 vaccination. At the conclusion of the workshop, CBO members signed commitments for ongoing collaboration. The project held weekly virtual meetings with the CBO and health department communication managers to discuss progress and challenges during community engagement activities. The CBOs conducted mass awareness sessions—large-scale community meetings designed to educate and encourage COVID-19 and RI vaccination—reaching 2,263 people and referring 216 people to local health staff standing by at these events to vaccinate willing individuals (Table 1).

In early 2024, the project selected two CBOs to support engagement and mobilization activities in South and Northeast: Perspectives for Health and Development (*Perspectives pour la Santé et le Développement, PESADEV*) and Interreligious Cooperation for Prevention and Health Promotion, Care, and Support (*Coopération*

Table 1. Attendance and vaccination at CBO health education sessions, by department

Community	Department	People reached	People vaccinated
Mass awareness sessions	Artibonite	370	41
	North	383	102
	Northeast	225	0
Subtotal		978	143
Community meeting	North	300	34
	Northeast	985	39
Subtotal		1,285	73
Total		2,263	216

Interreligieuse pour la Prévention et la Promotion de la santé, les Soins et Supports, CIPPRESS), respectively. The project conducted a joint assessment of their organizational and technical capacities to identify needs, formulate capacity-strengthening recommendations, and provide TA. As PESADEV and CIPPRESS conducted community engagement activities for COVID-19 vaccination, the project reviewed key documents, such as focus group guides and reports, and held weekly meetings to discuss progress. Both CBOs conducted focus groups with priority populations to identify barriers to COVID-19 vaccination and understand perceptions, beliefs, and fears, leading to the development of effective communication strategies and interventions to improve vaccine acceptance. CIPPRESS and PESADEV trained 289 individuals on topics related to communicating about and promoting and life-saving vaccination. PESADEV also trained 20 facility-based health care providers, 40 community health workers, and 60 religious leaders on COVID-19 vaccination, focusing on priority populations and countering rumors. Through mass sensitization events and

⁴ Haitian Women's Solidarity (*Solidarite Fanm Ayisyèn*); Gonaïves Community Development Association (*Association de Développement Communautaire des Gonaïves*); Agricultural Women's Associations (*Associations des Femmes Agricoles*); Collective of Active Women's Organizations of Haiti (*Collectif des Organisations de Femmes Actives d'Haïti*); Sun Association of Women in Haiti, (*Association Femmes Soleil d'Haïti*); and Association for Children and Disabled People (*Association d'Encadrement des Enfants et Personnes Handicapées*).

community meetings, CIPPRESS and PESADEV provided information on the COVID-19 vaccine to 28,319 and 15,682 people respectively. In addition, PESADEV reached an estimated 590,278 people in the South Department with COVID-19 related messages through radio, Facebook, and printed materials. CIPPRESS reached an estimated 278,471 people in the Northeast through radio, Facebook, WhatsApp, and printed materials.

With organizational strengthening measures now in place—such as feedback systems to align advocacy efforts with beneficiary needs, effective communication strategies, regular problem-solving meetings, and supervision visits to improve performance—PESADEV and CIPPRESS will continue to be a strong resource for evidence-based health information in their communities.



Demand Generation and Community Engagement

In January 2023, the project conducted a qualitative assessment in project-supported departments to assess communities' attitudes toward COVID-19. The assessment revealed that the main obstacles to vaccination were rumors, conspiracy theories, the ability to buy a fake vaccination card, and fear of side effects. The main motivating factors were confidence in the source of vaccination, a high level of knowledge, and willingness of some leaders to conduct demand-generation activities. The project also analyzed community engagement strategies from previous disasters and epidemics in the departments for lessons and recommendations for future campaigns. One finding was that leaders, such as pastors and community health agents, felt underutilized in mobilization efforts and wanted to help health facilities promote COVID-19 vaccination. Based on these findings, the project refined its demand-generation strategies to focus on mobilizing communities, dispelling rumors, and engaging local leaders.

During patron saint festivals from March 2023 to May 2024 in Artibonite, North, Northeast, and Northwest, the project in conjunction with MSPP met with 2,322 religious and community leaders to dispel myths and misconceptions about COVID-19 vaccines and encouraged them to get vaccinated. These leaders and CIPPRESS, conducted outreach in various communities contributing to the vaccination of 128,633 community members during the patron saint festivals.

As misinformation spread throughout the country, the project worked with the Pan American Health Organization/WHO, the United Nations Children's Fund, and all five departmental directorates to assess needs and develop communication and awareness action plans and budgets for COVID-19 vaccination campaigns. The project promoted

campaigns on 24 radio stations; produced and distributed t-shirts and banners; and organized community meetings to overcome vaccine hesitancy.

The project collaborated with Institut Panos to produce campaign messages and materials, including 25,000 posters and five [videos](#) featuring testimonies from high-priority group members who had positive experiences with COVID-19 vaccination. The project collaborated with the UCRP to create materials to boost vaccination demand among people living with comorbidities, printing approximately 7,000 leaflets on the importance of the COVID-19 vaccination.

The project and UCRP established a surveillance system to track digital and traditional media for vaccination rumors. The project hired a health worker and journalist to track social media sites spreading misinformation, identifying 78 influencers in eight departments who were spreading fake news. To counter this, the project and UCRP crafted responses to the rumors. Monitoring agents directly engaged with these influencers and participants, providing clear answers and encouraging open dialogue to dispel misinformation.



Strengthening the Health Workforce

Capacity Building

Based on the findings from the rapid assessment, the project supported the development of a national COVID-19 vaccination demand-generation training plan. This plan focused on building the capacity of community health and media personnel to explain the benefits of COVID-19 vaccination and manage rumors. After validation from the Directorate of Health Promotion and Environmental Protection in early 2023, the project trained 79 health personnel in Artibonite, North, South, and Northeast. Participants developed action plans to mobilize members of priority populations and disseminate key vaccination messages through various media channels.

Additionally, the project partnered with UCRP to host two webinars for journalists, influencers, and bloggers. These webinars gave participants skills to identify, counter, and dispel misinformation on platforms like Facebook and WhatsApp, while providing an in-depth understanding of COVID-19 risk communication. Forty-eight people attended at least one session and 43 joined both.

Given fragmented PHC service delivery in Haiti, there are persistent, long-standing challenges with the timeliness of data entry and completeness. Few potential users of DHIS2 at the departmental level had received training or coaching on how to analyze and use data to make decisions. After the establishment of the monitoring rooms, the project, in collaboration with the USAID-funded Country Health Information Systems and Data Use program, trained 124 people at the departmental and the sub-departmental levels on data analysis, visualization and interpretation, and conducted 32 supportive supervision trips during which they visited 52 health facilities or offices. As a result, staff were able to develop and use data dashboards in the monitoring rooms and resolve data backlogs. The project also seconded three data managers to the UEP. With their support, the UEP was able to update the list of health facilities providing COVID-19 vaccination, coach new data entry operators, and support other data management strengthening activities.

In June 2024, the project conducted capacity building and cascade training for 78 medical and social work residents at Haiti State University, Limonade on improving healthy lifestyles and immunization through high-quality services. These sessions gave residents practical skills and in-depth knowledge of vaccination programs, with a particular emphasis on COVID-19. At the beginning of the training, 98 percent of the residents were reluctant to get vaccinated due to concerns and rumors, and only 47 percent passed the pre-training test. During the training, the project emphasized rumor management and by the end, many residents said they would get vaccinated as soon as the vaccine became available.



All participants passed the post-test, which indicated that the training **enhanced residents' skills in social communication techniques for promoting vaccination among priority groups by 53 percentage points.**

Furthermore, university officials decided to include the training modules in the medical school curriculum, ensuring the sustainability of this training for future generations of students.

Lessons Learned



Involving communities early in the immunization planning process built confidence and promoted vaccine acceptance.

- Involving community members early in COVID-19 vaccination campaign mobilization activities allowed the project to tailor strategies to local contexts and maximize campaign awareness, ultimately increasing vaccination coverage.
- CBOs helped the project reach priority populations through inclusive, tailored, and sustainable approaches.



Vaccination campaigns and outreach sessions were necessary to reach rural and remote populations.

- Due to limited infrastructure and access, many people cannot get to health facilities. The project's use of vaccination campaigns with expanded sites for vaccination, in tandem with sensitization activities, facilitated a rapid response to community concerns and increased access to vaccinations.



Human resource capacity strengthening increased equitable vaccination coverage and improved data analysis and use.

- The project found that some health workers were hesitant or ambiguous about COVID-19 vaccination. This affected how they counseled patients and often discouraged them from getting vaccinated. Training health workers on the importance of COVID-19 vaccination was a first step for increasing vaccination campaign efficacy.
- There was no data officer or clerk at departmental directorates or the UCNPV/UEP. The project seconded staff for these roles, which strengthened and fostered a data use culture among staff.
- As the project opened monitoring rooms, the need for trained staff at national and departmental levels became apparent. The project trained statisticians, epidemiological surveillance officers, and management staff to use data to make strategic decisions.

A Way Forward

Despite the volatile security situation, the project worked with multiple partners to increase equitable vaccination uptake. By establishing data monitoring rooms and supporting COVID-19 and then integrated RI and COVID-19 vaccination campaigns, the project strengthened government capacity to analyze and use data for decision making, and vaccinated people who were previously hesitant. Based on its own research, the project identified the need to increase community leader and partner participation in vaccination activities. This increased trust in vaccination activities and ownership among those who had felt left out and underutilized. This engagement will reverberate through communities as these leaders continue to advocate for immunization and work with department leaders. The five project-supported departments now have data monitoring rooms that have the equipment to support data review meetings and a stronger data culture, benefitting a range of health areas. The project has fostered a growing culture of data analysis and use, proactive planning, and community engagement to support not only current and future vaccination activities, but all health services.





SANSIBILIZASYON SOU ENPÒTANS VAKSE
MWEN VAKSINEN, OU VAKSINEN, NOU TOUT PWOTEJE.
VIN PRAN DÒZ PAW LA !

JSI RESEARCH & TRAINING INSTITUTE, INC.

2733 Crystal Drive, 4th Floor
Arlington, VA 22202, USA
Phone: 703-528-7474
Fax: 703-528-7480

<https://usaidmomentum.org/>



<https://www.facebook.com/USAIDMOMENTUM/>



[@USAID_MOMENTUM](https://twitter.com/USAID_MOMENTUM)



<https://www.linkedin.com/company/usaid-momentum/>