

REASONS FOR MISSED OPPORTUNITIES FOR VACCINATIONS (MOV) IN HEALTH FACILITIES IN CITE SOLEIL:

RESULTS AND RECOMMENDATIONS FROM A MOV STUDY IN CITE SOLEIL

AUGUST 2019

BACKGROUND

The Ministry of Public Health and Population (MSPP) 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. As part of the approach, an assessment of MOVs was conducted in Cité Soleil in August 2019 to identify those opportunities, the extent of missed vaccinations among eligible children that came in contact with the health system, and reasons behind it.

METHODOLOGY

The research protocol on Missed Opportunity for Vaccination developed by the Pan-American Health Organization (PAHO)/WHO was adapted for this study.¹ Seventy two children were between 0-23 months were assessed and 59 service providers were interviewed.

RESULTS

Of the 72 children (0-23 months) who visited the health facilities, 27 children left the health facilities without having received the vaccines they needed, despite the availability of these vaccines. Among these 27 identified, nine children left without their vaccination status being questioned and verified. (Figure 1).

Of the 59 staff who responded, 32% of providers believe they should verify a child's immunization status in all of the situations listed.

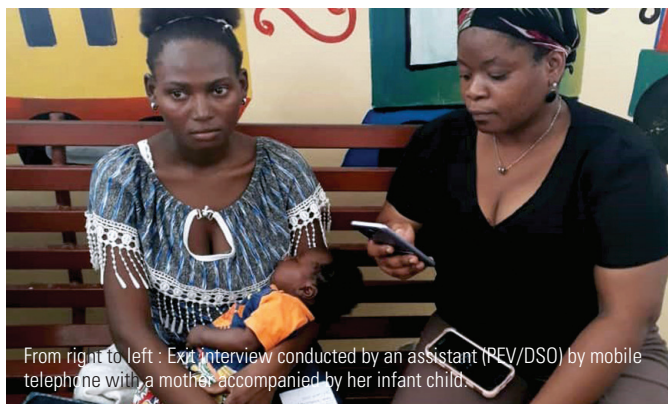
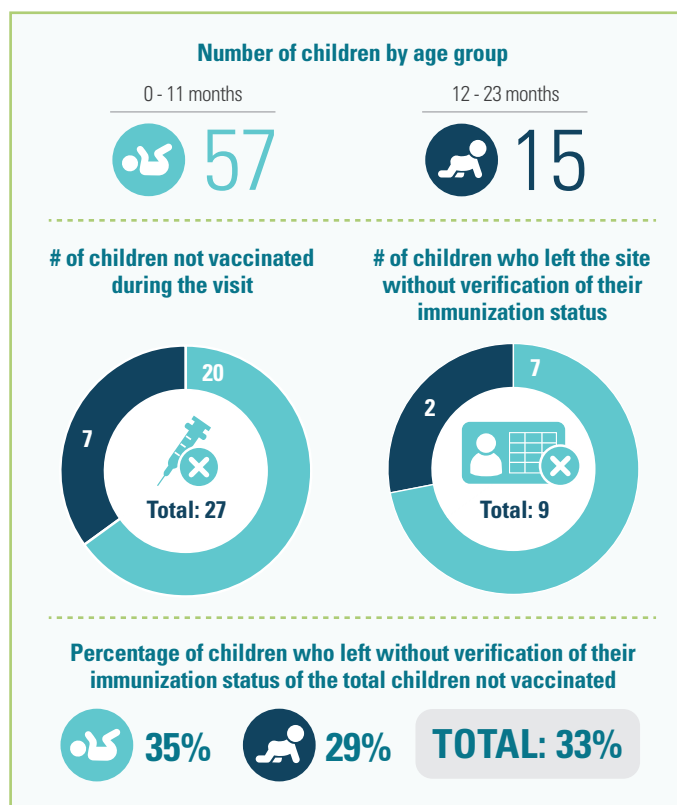


Figure 1: Missed opportunities for vaccination linked to non-verification of vaccination status at Cité Soleil, MOV, August 2019



In many cases, health care providers do not take advantage of the presence of children in health facilities to verify their immunization status; this situation increases the cases of MOVs in health facilities in Cité Soleil (Figure 2).

The contraindications that were most frequently identified as reasons for not vaccinating are: an increase in temperature (identified by 70% of providers) and mild diarrhea (identified by 25% of providers) See Figure 3.

DISCUSSION

The figures give evidence of the importance of MOV within Cite Soleil and these missed opportunities. The reasons for MOVs are frequently due to a failure to simply check status and immunize all eligible children that come to the facility for one reason or the other, as well as poor knowledge of contraindications of vaccination. 38% of eligible children were not vaccinated despite being at the health facility.

According to the results in Figure 1, the nine children who left the vaccination site without their vaccination status verified made up 33% of missed opportunities for vaccination. The proportions of missed opportunities differ according to the age subgroups: a higher proportion of missed opportunities was observed among children aged 0-11 months (35%), compared to those aged 12-23 months (29%).

In terms of provider knowledge of vaccine contraindications, only 11% of the Auxiliary/Nurses and 9% of the ASCPs appeared to adequately know them. Personnel involved with vaccination services were not aware of the contraindications for vaccines, which suggests that there

are cases where several of the eligible children were missed due to poor knowledge of actual contraindications.

The principal reasons for non-compliance with the vaccination calendar mentioned by providers, in decreasing order of frequency are: the negative beliefs of parents towards vaccination (43%), the incompatibility of the vaccination schedule (14%), the lack of inquiry by doctors and nurses on the vaccination status of children (14%), and the distance between the vaccination site and the parents' residence (14%).

Principal reasons for non-compliance with the vaccination calendar mentioned by providers, in decreasing order of frequency:

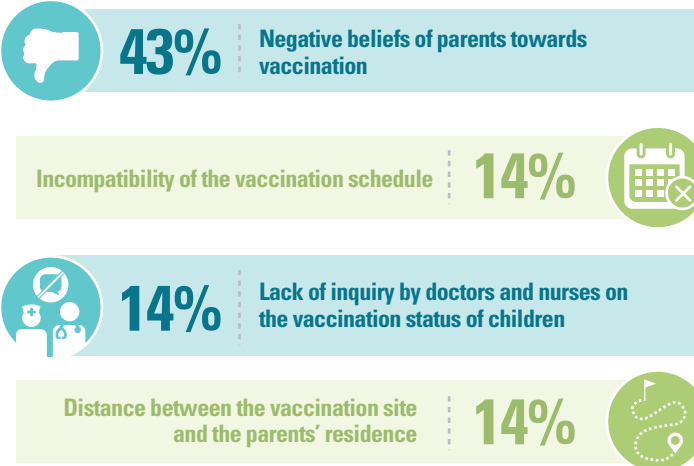


Figure 2: Assessment of providers' capacity to verify and identify situations that require verification of the immunization status of children, MOV, August 2019.

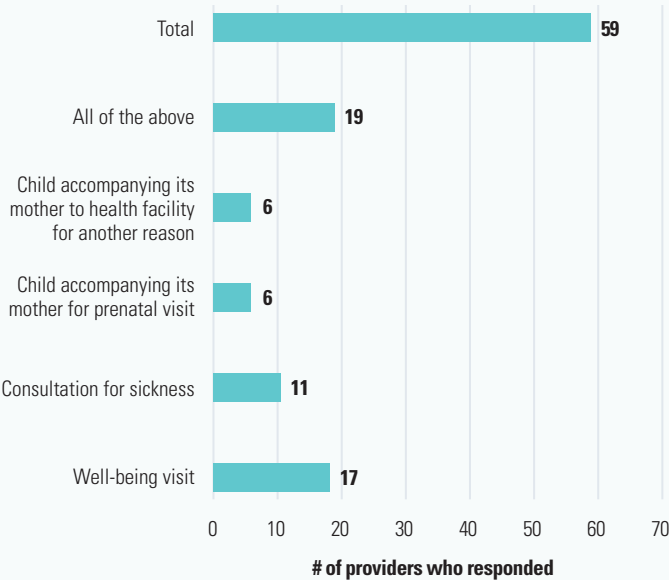
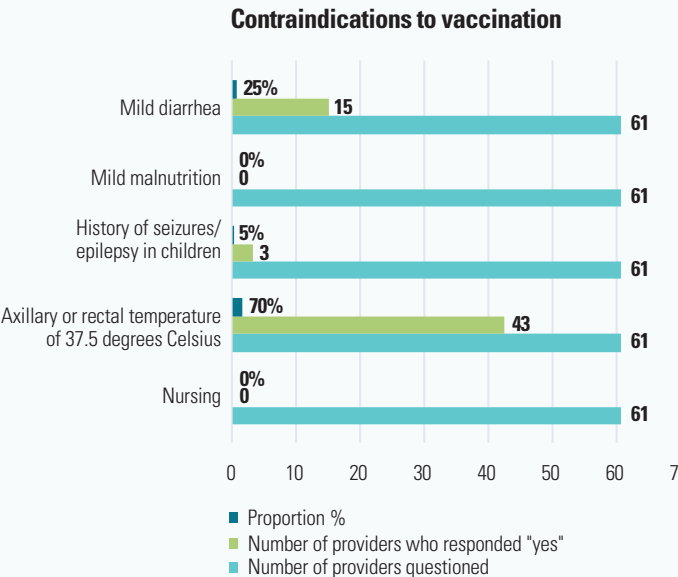


Figure 3: Assessment of the level of knowledge of healthcare providers on vaccine contra-indications. MOV, August 2019.



In addition, this information indicates an immediate need for capacity building of staff on contraindications and checking for vaccination status of all eligible children before they leave the health facility. It will also be important to ensure the policy of vaccination at multiple points in the facility and exit interviews with clients.

82% of providers think that their knowledge of vaccination is insufficient and 58% think that the staff is not sufficient. These situations are at the root of the potential causes of missed vaccination opportunities.

This survey of MOVs carried out at Cité Soleil generated information that helps understand the magnitude of missed opportunities for vaccination, identified the main causes, and identified key recommendations to be respected by all actors involved in immunization and health in general.

Technical collaboration by :

UCNPV, DSO, BCSD, Health facilities in Cité Soleil (CHAPI, CHOSCAL, Centre Hospitalier Fontaine, CDS Lumière, Point de prestation de service de Pèlerin, CDS Rosalie Rendue et Maternité Isaie Jeanty), WHO/PAHO and members of the Survey Monitoring Committee (MOV).

Special thank you to :

Dr. Paule-Andrée Louis Byron, Survey Monitoring Committee (MOV) (M. Garilus France, Statistician), Dr. Folake Olayinka, Dr. Michel Othépa, M. Brian Castro, Mrs. Chloé Manchester.

Written by :

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

ⁱ <http://www.who.int/immunization/programmessystems/policiesstrategies/OMV/en/>

KEY MESSAGES & RECOMMENDATIONS

Among the causes of low immunization coverage in Cité Soleil, missed opportunities for vaccination (MOV) play a very important role.

Missed opportunities for vaccination in health facilities in Cité Soleil are due to several factors related mainly to caregivers, the organization of vaccination services, and providers.

Certain provisions and recommendations resulting from this study must be carefully observed if immunization coverage is to improve by capitalizing on the significant reduction in missed opportunities.

In terms of recommendations, the following are important:



Reinforce the capacities of the personnel: this is a question of updating or training all providers on the Standards & procedures of the PEV and on the Objectives of the PEV by putting particular emphasis on the practical aspect of the training, which has mostly been theoretical until now, and the goal is for everyone to develop the skills necessary for better performance including adequate knowledge of contraindications.



Reorganize the vaccination services (planning of activities, systematic verification of the vaccination status of any child eligible for vaccination and who is present at the health facility, management of service delivery, significant reduction in waiting time by creating a fast line of clients during vaccination sessions, and reallocating additional human resources to immunization services, as needed);



Ensure protocols for maternity and pediatric services for hospitalized patients and provide the necessary vaccinations for newborns or eligible children before discharge from hospital;



Continuous education for caregivers on the importance of immunization in a targeted and clear manner, and encourage parents to always carry child immunization cards when visiting health facilities with the child for any reason.



Establish immunization extension activities on weekdays and weekends (to reach children who miss out on normal vaccination days due to timing conflicts for caregivers);



Reinforce supervision visits (with a vision for continuous capacity building through short on-the-job training sessions on specific subjects).



Restore or strengthen the active search for defaulter, and investigate the reasons in all missed vaccination cases, propose concrete and specific strategies to ameliorate the issue.



Address recruitment gaps and reassignment of staff as appropriate.