

## HEALTH WORKER AND CAREGIVER INTERACTION DURING CHILD VACCINATION SESSIONS AT HEALTH FACILITIES IN SOMALI REGION OF ETHIOPIA: A QUALITATIVE STUDY.

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### Introduction:

Globally two to three million children die of vaccine-preventable diseases annually. Immunization remains a reliable high impact strategy to decrease deaths from vaccine-preventable diseases and a key strategy to attain UN’s Sustainable Development Goal 3 that aims to decrease mortality in under-fives to 25/1000 live births by 2030.

The Ethiopian Demographic Health Survey (EDHS) has shown consistent improvement in national EPI coverage over the past years from 18% in 2000 to 39% in 2016. The current highest vaccine coverage is in Addis Ababa (89%) and the lowest in the Somali region (19%).

The Somali region, located in the east southeastern part of Ethiopia, is one of the regions that has persistently performed low with routine immunization coverage. In 2018 the region administrative data for Penta 3 coverage was 71% and measles coverage 67%, below the national target of 90%. The dropout rate from Penta 1 to Penta 3 was 15.6%, which is above the highest acceptable level of 10%. Communication is one of the many interacting factors that influence parents’ and other caregivers’ decisions to vaccinate their children. Communication alone cannot address all aspects of vaccine hesitancy or refusal. However, communication interventions are an important component of vaccination, and inadequate communication can hurt vaccination uptake, vaccine completion, and parental trust in a vaccination program. In most settings, communication about childhood vaccination is common, but there is uncertainty around how people perceive and understand communication from health workers at health facilities during vaccination sessions and whether and how this influences their decision to vaccinate.

### OBJECTIVE:

To assess health worker and caregiver interaction during immunization sessions and identify communication gaps at health facilities in the Somali region of Ethiopia.

### METHODS:

A cross-sectional qualitative study conducted in the Somali region from 20-26 July 2019. The study was carried-out using in-depth interviews with health workers responsible for vaccination, observation of vaccinator and caregiver interaction during immunization sessions, and exit interview of caregivers who brought their children for vaccination/whose child was vaccinated at the health facility. Health workers responsible for vaccination in twelve health facilities from the central and remote parts of the region were interviewed.

### RESULTS:

A total of 63 vaccination sessions in the 12 health facilities were observed and caregivers were interviewed on exit. Most caregivers described the vaccinators as friendly and supportive. Some mothers who did not bring the immunization card with them were returned without the child getting the service. The return date for vaccination was written on child immunization card in most cases. Most caregivers do not identify vaccines by name or purpose, however, they all want their children to get vaccines as recommended by health workers. Health workers do not communicate all information required for continued use of immunization services at health facilities during vaccination sessions.

**Table 1: Profile of Caregivers Who Brought Child to Health Facility for Vaccination**

Caregiver	Age			Relation to child		Read and Write	
	15-24	25-35	36-49	Mother	Other	Yes	No
Number	29	33	1	63	0	29	34
Percentage	46	52	2	100	0	46	54

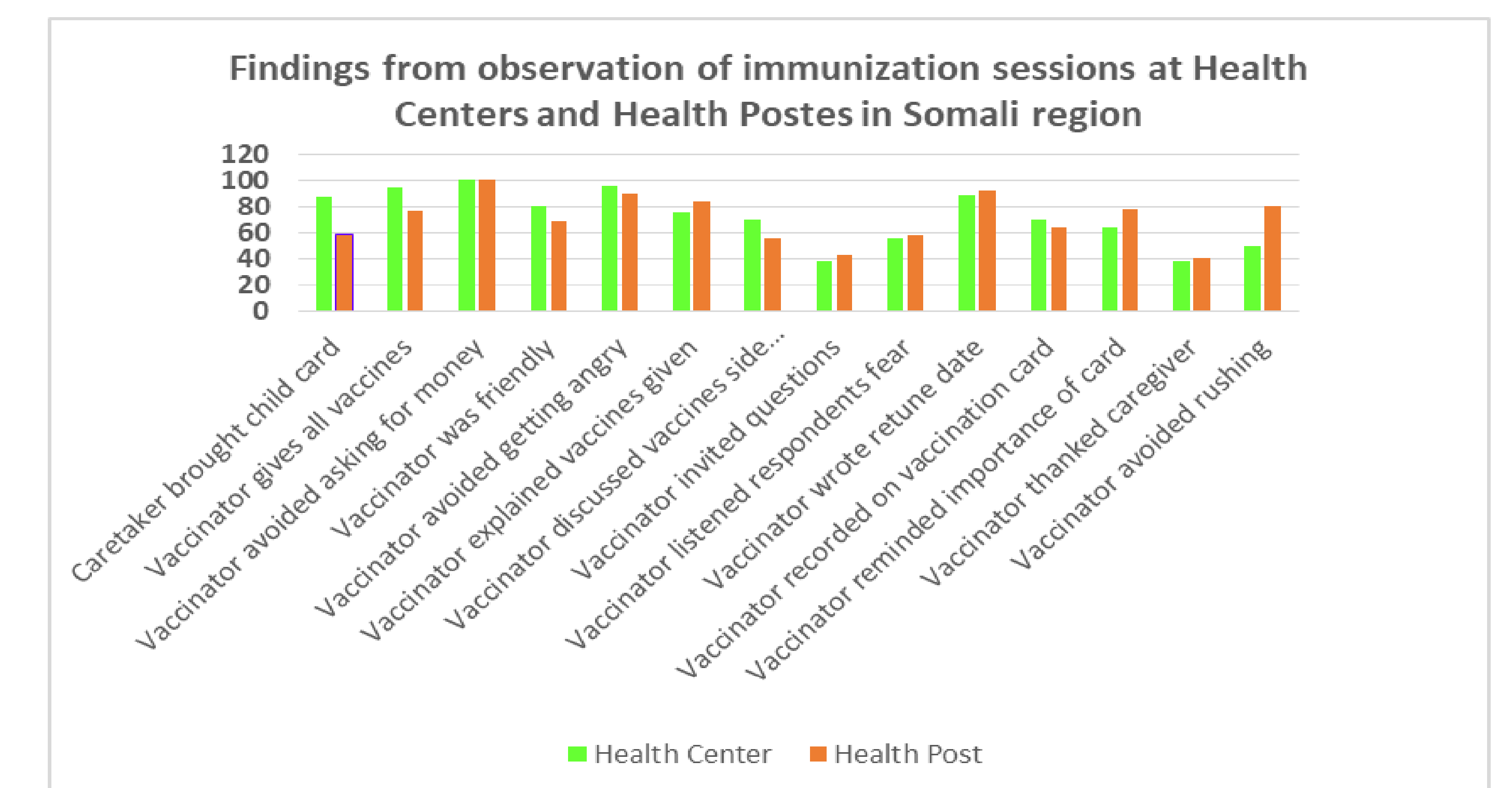
### Findings from the in-depth interview

The main themes that emerged surrounding health worker’s motivation and practice were health workers job satisfaction, knowledge on vaccine and vaccine contraindication, vaccination card usage, challenges in service delivery, and collaboration with community volunteers. Despite working in difficult circumstances, with insufficient support and compensation and supply of vaccine or other essential commodities, there was a high level of motivation from health workers providing immunization.

### Findings from observation of vaccination sessions

Most caregivers (87% 120/138) brought immunization card with them when they visited health centers than those visiting health posts (57%, 79/138).

Vaccinators in the majority of the health facilities mentioned the return date and its importance to caregivers. However, there was inadequate documentation of the return date and vaccine given on immunization cards. Most children visiting health centers received all the vaccine they required than those at health posts.



### Findings from exit interview

Most caregivers brought the immunization card with them however, only 67% of the cards at health centers and 74% at the health posts had a return date written. Most caregivers correctly mentioned the return date as told by the health worker, some did not. Most caretakers responded that fever and pain at the injection site are possible expected side effects and mentioned this is from their previous experience and not because it was told by the health worker.

### CONCLUSION AND RECOMMENDATION:

The study triangulated findings from in-depth interviews, observations, and exit interviews. The findings were found to be consistent irrespective of the method used. During the immunization session, health workers do not communicate all messages required for continued use of immunization services by the caretaker at health facilities. Caregiver interaction in the Somali region will need to be improved through training of health workers on the basics of immunization and interpersonal communication. To standardize expectations and performance at health facilities there is a need to develop standard communication competency guides.

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