abstracts

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Integrated Health facility Assessment (1998) in Ghana

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The objectives of the study was to determine current knowledge and practices of health workers at OPD regarding the management of childhood diseases and of women of child bearing age, the barriers to effective case management practices, and the adequacy of training and supervision of health workers. Methods included observation of the health workers, exit interview of caretakers, interview of health workers and assessment of facility equipment and supplies.

Results relating to assessment, treatment as well as knowledge is presented.

INFANT IMMUNIZATION COVERAGE IN DIFFICULT TO REACH AREA OF LAGOS METROPOLIS.

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Introduction

Induction of immune response to infectious diseases by vaccination has become a widely applied and accepted public health intervention (1,2). Neonates and infants constitute the most vulnerable group to most of the diseases, thus the immunization of children has been reported to be the most cost-effective means of reducing these vaccine preventable diseases (3). Nigeria set up a mandatory immunization programme since 1978 to prevent and control childhood diseases such as tuberculosis, Diptheria, Pertusis, Tetanus and Poliomyelitis and Measles. Response of parents to this programme could be rated high in urban area due to high social mobilization. In contrast the response is low in rural setting especially in different to reach (4). There was a complaint of non-existing medical facilities in Pedro Village, which is a rural community in the suburb of Lagos metropolis. This is a difficult to reach area. The people in this village receive medical attention from outreach station, which is quite a distance from the village. In view of the plight of these people, our team carried a study of children immunization in the area.

Objectives

This was with the aim of
1. Estimating infant immunization coverage for BCG, DPT (1-3), OPV (1-3) and Measles.
2. Determining the number of children that were fully immunized within one year after birth.
3. Investigating reasons for failure to complete immunization.
4. Assessing drop out rates for antigens DPT (1-3) and OPV (1-3).
5. Studying the missed opportunities.

Method

World Health Organization cluster sampling technique was used. The cluster in this regard is a randomly selected group of housing units containing at least 7 children in age group of 12 to 23 months to evaluate the immunization status. The coverage survey contained 30 clusters with reliability level of accuracy of within plus or minus 10% and with level of confidence of 95%. A total of 210 children were selected for the study.

Data analysis

Data analysis was carried out using COSAS and EPInfo version 6.04 (WHO and CDC Atlanta, Georgia, U.S.A).

Result

Result of this study revealed that 82(39%) of the children studied were not immunized; 84(40%) were partially immunized, while 44(21%) were fully immunized. Twenty-one (10%) of these children were fully immunized within one year after birth. The reason given by the mother for failing to immunize or partially immunize their children included the following obstacles accounted for 47.7%; lack of information was found to be 40.7% and lack of motivation was 11.6%. A total of 22.78% of the children could have missed the opportunity of being immunized with the antigen studied, but 12.89% of them corrected this by getting immunized at a later date. However 9.89% did not correct the situation but missed the opportunity of getting immunized.

Outcome

Low immunization coverage was observed from the study. It was recognized that lack of education especially maternal health education, lack of structural and health facilities, poor socio-economic status, coupled with poor advocacy about immunization led to the low immunization coverage observed. For immunization coverage to improve, the factors stated above must be addressed.

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REFERENCES