

MOMENTUM Routine Immunization Transformation and Equity

Service Experience | May 2024
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Contents

SECTION 01

Introduction

1. Objectives
2. Benin context

SECTION 02

Methods

1. Data collection
2. Data processing and analysis
3. Limitations of analysis

SECTION 03

Results

1. Access to vaccination services
2. Gender and vaccination
3. Side effects
4. Provider perspectives
5. Mother's perspectives
6. Vaccine supply
7. Demand



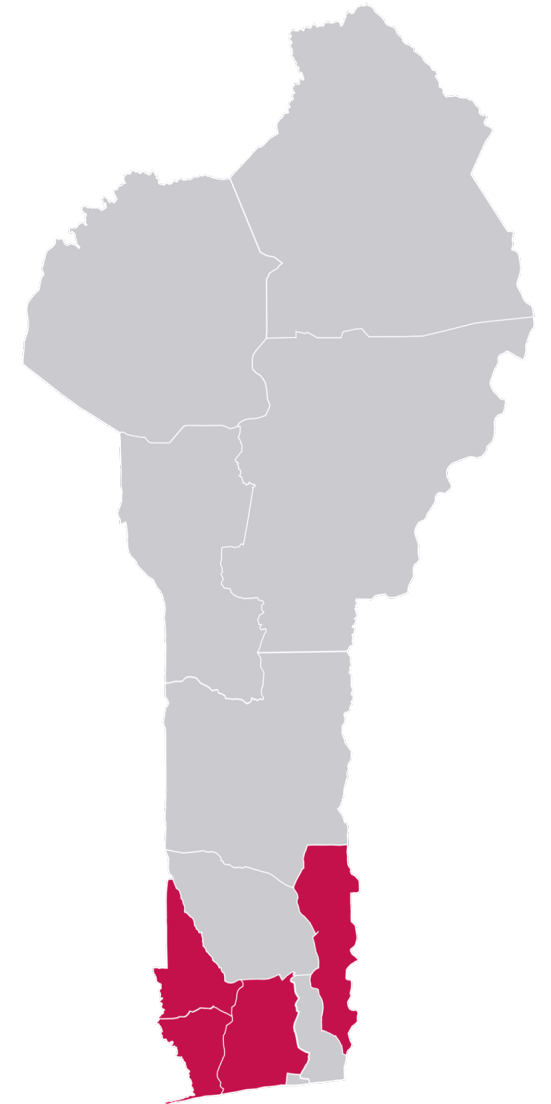
Introduction



Project Objectives

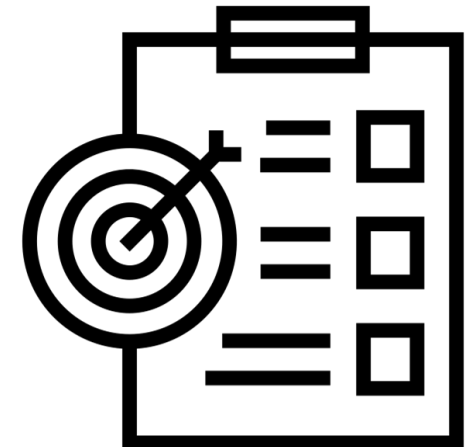
USAID-Benin requested MOMENTUM Routine Immunization Transformation and Equity (the project) to support the Ministry of Health in increasing vaccine coverage, especially unvaccinated and undervaccinated children, in the southern departments of:

- Atlantique
- Couffo
- Mono
- Plateau



Baseline Assessment Objectives

- Identify underlying root causes of routine immunization challenges in project-supported departments.
- Assess service delivery and the capacity of the health system to provide quality immunization services.
- Identify the priorities, motivations, and preferences of customers, healthcare professionals, and managers with regard to existing or new solutions.
- Use results in the co-creation process to inform intervention development in the four project-supported departments.



Objectives of Secondary Analysis

This secondary analysis focused on a subset of the baseline assessment data to gain insights related to **service experience**.

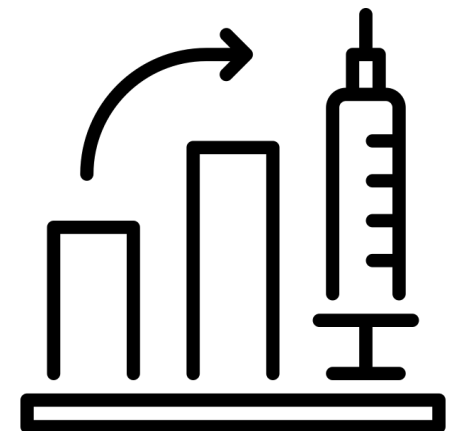


Immunization service experience:

- Encompasses factors influencing the delivery and experience of immunization services.
- Includes interactions between health workers and clients, as well as external factors.
- Considers components at individual, community, facility, and system levels.
- Affects both clients and health workers.
- Determines whether clients have a positive, people-centered, and high-quality experience.

Context of vaccination in Benin

- Immunization of infants is a free service according to national policy.
- 79% of children had been confronted with at least one missed vaccination opportunity (MVO) while at a vaccination center. MVOs were a concern for OPV (60%), BCG (24%), and MCV1 (23%, ENCV 2023).
- The percentage of children vaccinated decreases with their birth rank (DHS 2017-2018).



Barriers to Accessing and Using Vaccines for Children Aged 0-12 Months

SERVICE DELIVERY	DEMAND
Poor motivation of certain providers	Misinformation related to the risks and advantages of vaccination
Limited means to organize vaccination outreach (External review of EPI 2023)	Limited financial means of parents to travel to vaccination sites
Limited human resources at health facilities, lack of regular training (External review of EPI 2023)	Negative perceptions of health provider patient reception and service quality
The positioning of health facilities and the long distances between them	Long distance to health sites and transport costs to get there
Absence of microplans for some health zones (External review of EPI 2023)	Lack of knowledge of the vaccination schedule



Baseline Assessment Data Collection

Sampling & Data Collection

- Across the four departments, the project analyzed the 2022 proportion of zero-dose children and Penta drop-out rates of each commune.
- Nine communes were then selected by the National Agency of Primary Health or *l'Agence Nationale de Soins de Santé Primaires (ANSSP)*.
- Administrative vaccine data was used to select the worst-performing districts (*arrondissements*) within each commune and a village was randomly selected from each district.

Department	Commune
Atlantique	Kpomasse
	Toffo
	So-Ava
Couffo	Djakotomey
	Lalo
Mono	Lokossa
	Grand-popo
Plateau	Pobe
	Sakete

Sampling & Data Collection

- In each village, the team first approached a health agent and a community relay (*relais communautaire* or RECO) to help them identify four households.
- These village representatives used their community knowledge to purposively select households where zero-dose, under-vaccinated, or completely vaccinated children were known to reside. They also sampled purposively to add diversity to the study data and maximize the richness of information collected. For example, some selected households' residents were considered to be vaccine hesitant or were located far from fixed vaccination sites.

Data Collection

- In August 2023, a trained research team collected data in the nine communes with the lowest coverage from the project-supported departments.
- The research team collected data through individual interviews and focus groups conducted in French and local languages (Fon, Adja, Nago).
- Participants:
 - Health providers and managers (administrative heads and EPI managers).
 - Guardians/parents of children (zero-dose and under-vaccinated).
 - Community leaders (religious, traditional chiefs, civil society organizations, and community mobilizers).

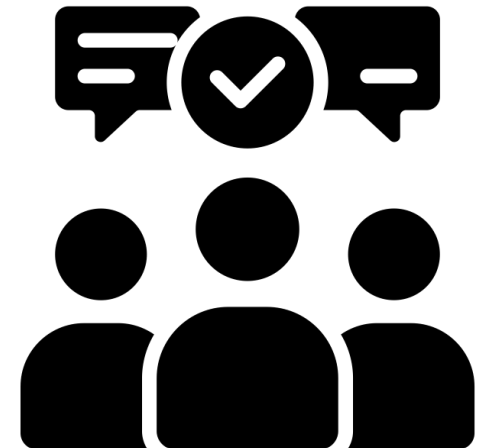




Secondary Data Analysis

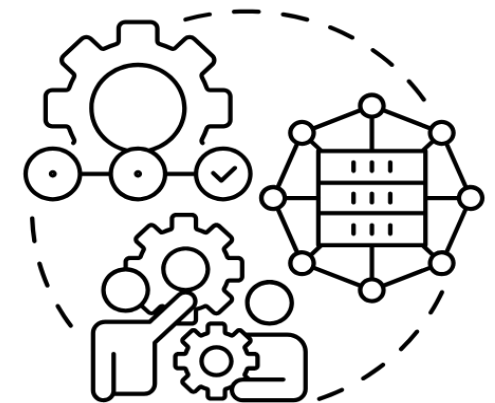
Secondary Data Analysis

- Based on available resources, a subset of individual interview and focus groups audio recordings from over 80 baseline data recordings were selected for secondary analysis.
- Recordings were selected based on their expected ability to provide a comprehensive set of insights on service experience from a variety of perspectives and communes.
- Comprised of:
 - Individual interviews with commune EPI Managers, health facility managers, and mothers of zero-dose and under-vaccinated children.
 - Focus groups with community leaders and community mobilizers from the three departments.



Data Processing

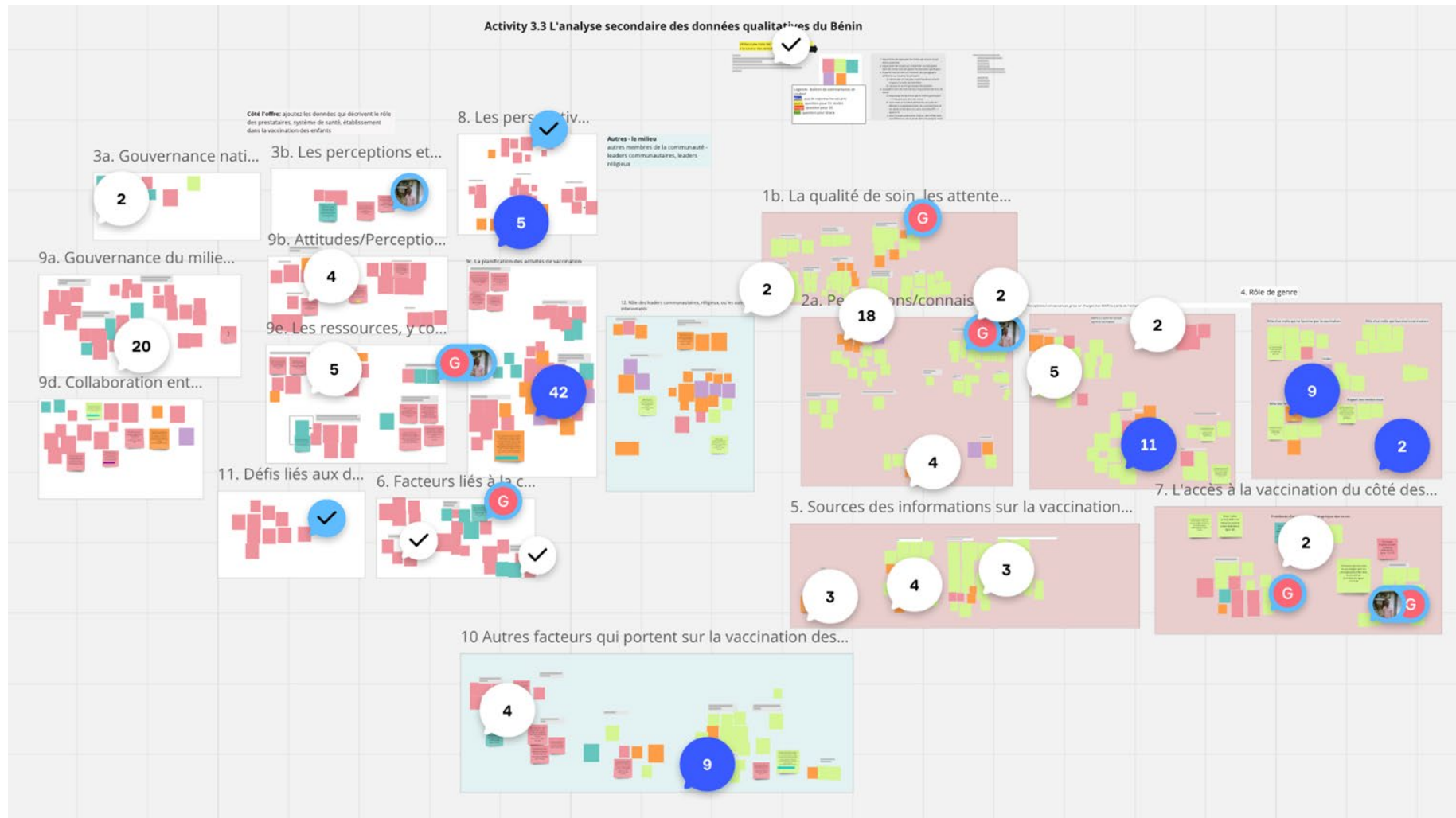
- A total of 14 interviews/focus groups from the departments of Couffo (3), Atlantique (4), and Mono (7) were transcribed and analyzed.
 - A few additional recordings from the Plateau department were transcribed but not included in the secondary data analysis due to the consultant's limited ability to understand Nago, the language used in much of the Plateau interviews.



Data Processing and Secondary Analysis

- In December 2023, three staff (two from headquarters, one local research consultant) began reading and visually “coding” the data using a collaborative online whiteboard workspace (Miro, see next slide) by pulling key data points and verbatim quotes from the transcripts onto virtual post-its and organizing them by theme (e.g. staffing challenges) and sub-theme (e.g. insufficient resources to transport vaccines).

Data Processing and Secondary Analysis



Data Collected and Analyzed for Secondary Analysis

	Subset of baseline data collected in August 2023*	Sample of data selected for further service experience secondary analysis	Description of subset of data
INDIVIDUAL INTERVIEWS	79	12	
Parents of zero-dose and under-vaccinated children	31	9	- 5 mothers of an under-vaccinated child in Mono, Couffo, and Atlantique - 4 mothers of a zero-dose child in Mono, Couffo, and Atlantique
Vaccinators, nurses, midwives, facility managers	18	1	Health facility managers or Chef poste**
Commune EPI Managers	9	1	EPI Managers or <i>Responsables du Programme Élargie de la Vaccination (RPEV)**</i>
Department EPI Representatives	4	1	DVL Managers or CDVL**
FOCUS GROUP DISCUSSIONS	9	2	
Community leaders and community mobilizers	9	2	- 1 in Couffo - 1 in Atlantique

* The baseline assessment also collected data from two national stakeholders, nine parents of fully immunized children, and nine community mobilizers.

** The departments from which this information was received are not specified to protect the anonymity of participants.

Notes and Limitations on the Data Analyzed for Secondary Data Analysis

- It is **difficult to generalize** findings for all of the project-supported departments since the secondary analysis is based on nine individual interviews and two focus groups from **three of the four** departments.
- The results concerning health service provision **mainly reflect the situation in one department** due to the health system actors interviewed were from the same department.
- Participation **refusal rates were not documented**. This could mean that potential sampling bias or other unfavorable features of the data collection process occurred but were not detected.
- Mothers of zero-dose or under-vaccinated children had **often vaccinated an older sibling** of the index child, but then changed their mind about vaccination since they were confronted with some type of barrier.



Summary of Results and Recommendations

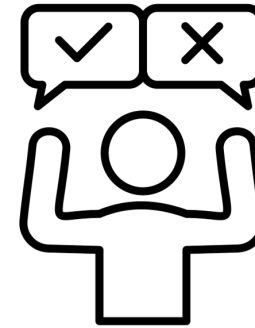
Gender and Access-related Barriers to Services

- Parents' access to vaccination is limited by the distance they must travel to reach a vaccination site, transport costs, indirect travel costs, travel insecurity, uncertainty about whether they can access services in a given location, and other health priorities in the family (e.g. if a mother is asked for money at the vaccination site as payment to the HWs for chairs or their travel, this could negatively impact her decision to return for subsequent visits).
- Men are expected to financially support vaccination (if they want to and can), but it is expected that mothers take the child to the health facility for vaccination services. If a husband is against vaccinating a child, he may question and prohibit her travel to a vaccination site. Some men accompany women to the sites, but it is not the norm nor the expectation that they do so.

Gender and Access-related Barriers to Services



Distance to vaccination site



Decision-making power

Recommendations

- Raise men's awareness of the benefits of vaccination and the potential of AEFI
- Strengthen the capacity of health workers to communicate with and further engage men in vaccination since male support and involvement in child vaccination is not universal.



Sometimes you run out of the 200f. Even if you find your child is hungry, are you going to leave your child and say you'll take a motorcycle cab with the money to go and get vaccinated? As a result, some mothers get discouraged and say they won't go to the vaccination.

- Mother of an unvaccinated child - Couffo

Adverse Events Following Immunization (AEFIs) Influence Parents Decisions on Subsequent Vaccinations

AEFIs are a major concern for families in two ways:



the care of a sick child



the cost of treating
a sick child

Adverse Events Following Immunization (AEFIs) Influence Parents Decisions on Subsequent Vaccinations



the cost of treating
a sick child

Although treatment of AEFI is supposed to be free, one provider says that severe AEFI are likely to cost a child's parents something. Furthermore, the process of reimbursing health facilities for these services is cumbersome, and these additional expenses present a conflict of interest for facilities with already tight budgets.

The results indicate a clear link between fears of AEFI and the decision of parents and families to abandon childhood immunization as cited by providers, mothers of young children, and community leaders.

Adverse Events Following Immunization (AEFIs) Influence Parents Decisions on Subsequent Vaccinations



the cost of treating
a sick child

Women are familiar with the common AEFI symptoms and seem to know that paracetamol is recommended for the treatment of fevers. On the other hand, the data were less definitive concerning the providers' involvement in sensitizing patients about AEFI, providing paracetamol, and its use.

There is confusion among mothers as to whether and how the costs associated with treatment of AEFIs are covered by a health facility.

Adverse events following immunization (AEFIs)

Findings

- Women are familiar with the common AEFI symptoms and treatment.
- Mothers are confused about whether and how costs for AEFI treatment are covered by health facilities.

Recommendations

- Clarify AEFI cost procedures and policies with both providers and community members.
- Provide health workers with training on discussing AEFI with caregivers.

Adverse events following immunization (AEFIs)

Recommendations (continued...)

- Raise community awareness that severe AEFIs are rare and that non-severe AEFIs are inconvenient but manageable.
- Inform mothers during vaccination sessions on managing AEFIs and when to seek medical help. Emphasize the long-term benefits of vaccination outweighing minor AEFI risks (e.g., fever, irritability).

Health Worker Considerations for Providing High-quality Care

Strengths

- Strong collaboration with community mobilizers, local authorities, and civil society organizations
- Good collaboration between health workers and EPI managers

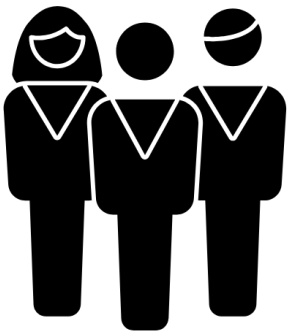
Areas for Improvement

- Lack of human and financial resources reduces capacity to implement immunization activities, particularly outreach vaccination activities.
- Female community members are not always involved in these planning activities in all health zones.

Recommendations to Improve Health Worker Care Quality



- Support the assessment and strengthening of both human resource and financing systems to ensure:
 - Sufficient qualified, trained staff for vaccination activities.
 - Staff reimbursement, when appropriate.



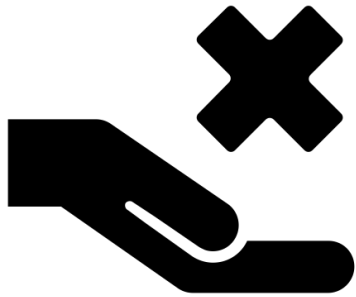
- Continue collaboration with local partners for effective microplanning.
- Train health workers on proper microplanning and the inclusion of community women in its development.



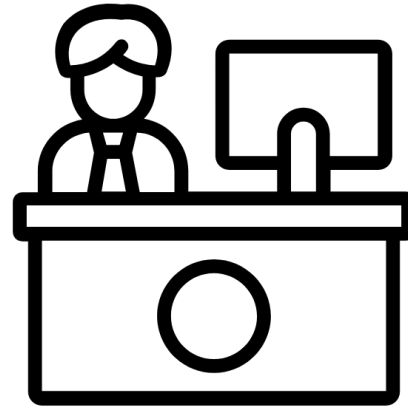
There was one year when we were asked to pre-finance at least the fuel, and we pre-financed, but nothing at all [was repaid]. Even today, in 2020, 2022, we are owed payments for outreach vaccination activities.

- Commune RPEV (EPI Manager)

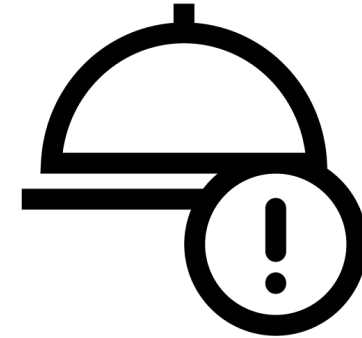
Mothers' Service Experience Findings



Turned away from
vaccination sites



Poor reception at
health facilities



Long wait times

The qualitative data show a clear link between the experience of services at health facilities and the reluctance of many women to visit them.

Mothers' Service Experience Findings

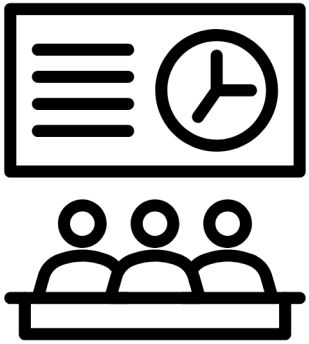
- Mothers report sometimes being turned away when they present for vaccination at vaccination sites, which discourages them from completing vaccine series. Providers try to minimize wastage of multi-dose vaccines, but this can result in mothers being turned away and missed opportunities for vaccination.
- Reception at health facilities is often poor. Patients avoid using them, and community leaders and community mobilizers in turn have to encourage the community to get vaccinated despite their concerns about the quality of services and poor reception.
- The long waiting times for services, the order in which patients are assisted, as well as the threats and verbal aggression of providers all discourage the mothers.



If ... you have to go to the hospital for vaccination, you have to ... know that it's a wasted day, you can't go there and be in a hurry, the whole day is wasted.

- Mother of an under-vaccinated child - Atlantique

Recommendations to Improve Service Experience



- Provide **regular training** and **sufficient staff**
- Provide **continuing medical education (CME) opportunities**, provision of **psychosocial support**, etc. to improve health worker motivation
- **Allocate funding** for advanced strategies and reimbursement of staff where necessary
- **Collaborate with local partners** for effective microplanning and engage caregivers to build accountability.
- Unite health staff and communities to **develop empathy and shared solutions for issues** like patient waiting times and care order.



Issues with Vaccine Supply Affect Service Experience



Preventive maintenance of equipment at the facility level



Bottleneck at the *Chef de Poste* for vaccine collection

Recommendation

- Advocate for resources to enable logisticians to distribute vaccines directly to health facilities (pilot program already underway).

Demand for Vaccines

Issues

- Parents, especially fathers, often lack understanding of vaccination risks, benefits, and schedules.
- Misinformation about vaccination reduces demand.
- Community members frequently have negative experiences with antenatal care to childhood immunization care.

Recommendations

- Implement communication activities targeting both parents.
- Highlight community leaders collaborating with health facilities to encourage system engagement.
- Enhance communication and collaboration between communities and health workers through quality improvement teams or routine co-creation activities.



The husband refuses to vaccinate his children... he says that among the children he had before I gave birth, he never vaccinated one. The first child he vaccinated, it went badly, that we are no longer going to vaccinate his children.

- Mother of a zero-dose child - Couffo

THANK YOU

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