



**Wolkite University**  
*We Strive for Wisdom!*

**COLLEGE OF MEDICINE AND HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**ASSESSMENT OF MISSED OPPORTUNITIES FOR IMMUNIZATION AMONG CHILDREN AGE OF 0-23 MONTHS ATTENDING ON MIHUR AKLIL WOREDA HEALTH CENTERS, GURAGE ZONE, SNNPR, ETHIOPIA, 2022**

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**RESEARCH PROPOSAL TO BE SUBMITTED TO WOLKITE UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCE, DEPARTMENT OF NURSING IN PARTIAL FULLFILMENT OF THE REQUIRMENTS FOR THE BACHELOR OF DEGREE IN NURSING**

**April, 2022.**

**Wolkite, Ethiopia**

## **ACKNOWLEDGEMENT**

Our special gratitude and appreciation goes to Wolkite University study for giving us this educative and golden opportunity of conducting Research from which we learn many things. We would also like to thank our beloved advisers, Fisha .A and Tadesse S. for all their help and valued comments during the development of this proposal.

We would like to express our thanks to all other staff members of Wolkite University Nursing department for giving us the chance to develop the research proposal and their support, which influence for the successful completion of our proposal.

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## **ACRONYMS**

**AIDS**- Acquired Immune Deficiency syndrome

**BCG**- Bacilli Chalmette Guerin

**DPThiHb**- Diphtheria, pertussis, Tetanus, Homophiles influenza and Hepatitis b

**DPT**- Diphtheria, pertussis Tetanus

**EPI**- Expanded program on Immunization

**EDHS**-Ethiopia Demographic and Health Survey

**GIVS**-Global Immunization Vision and Strategy

**GAVI**- Global Alliance for Vaccines and Immunization

**HSDP**-Health Sector Development Plan

**WHO**- World Health organization

**MOH**- Ministry of Health

**OPV**- Oral Polio Vaccine

**NNT**- Neonatal Tetanus

**UNICEF**-United Nations Children's Fund

**SAGE**-Strategic advisory group of experts

**ERIAS**-Enhanced routine immunization activities

**SNNPR**-South Nation Nationality and people Region

**MCV**-Measles vaccination

**MOV**-Missed opportunities for vaccination

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## **ABSTRACT**

**Back Ground:-** Immunization is the process of inducing an immune response or making our body resistant to an infectious disease, typically by administering a vaccine. A few studies were conducted on child immunization default at national levels in Ethiopia by using EDHS 2016. Despite this enormous effort to scale up the national vaccination coverage, full immunization remained at 43% in 2019, far from planned coverage of 90% at the national level and 80% in every district level with all vaccines by 2020 with huge variation among regions.

**Objective:** The study was conducted to assess missed opportunities for immunization among children aged 0-23 months in Mihur Akilil district Health from April 28- May 8, 2022.

**Method:** - Institution based cross-sectional study was conducted on the children age 0-23 months who visit Mihur Akilil district, of Gurage zone. Data was collected using a structured questionnaire. The data was numbered in sequence after frequency count and cross tabulation, summarized in table and calculated in percentage.

**Result;** The study finding revealed that 77.6% of children were eligible for immunization and 42.6% were missed the opportunity for immunization after adequate health contact. 98.5% of children 0-23 months of age had immunization card, but it was brought by 47.7% of the mother /care takers. Most of mothers/ care takers of the children had positive attitude towards immunization and knowledge about the benefit of EPI.

**Conclusion** Based on findings, it was concluded that even though there was adequate health contact of eligible children, the magnitude of missed opportunity was quite high .

# 1. Background

## 1.1 INTRODUCTION

Immunization is the process of inducing an immune response or making our body resistant to an infectious disease, typically by administering a vaccine [1]. Defaulting of immunization refers to missing at least one or more recommended vaccine doses by the national expanded program of immunization (EPI) [2]. Besides the attainment of high coverage of vaccines, receiving complete immunization under 2 year of age is essential to reduce vaccine-preventable diseases among Children. It is vital for achieving the Sustainable Development Goals, poverty reduction, and universal health coverage [3].

Globally, 19.4 million (14%) were not fully vaccinated in 2018, and among them, 13.5 million (70%) did not receive any diphtheria, tetanus, and pertussis (DTP) doses in low-income countries, which is a principal indicator of immunization performance[4]. An estimated 5 million children died each year worldwide [5], nearly 199,000 deaths caused by Haemophilus Influenza type b (Hib), 195,000 by pertussis, 118,000 by measles, 59,000 by neonatal tetanus, 476,000 by pneumococcal disease, and 453,000 by rotavirus [6, 7]

African and Southeast Asian nations are the foremost influenced districts by vaccine-preventable malady, which accounted for 50% of all under-five passing's in 2018 [8, 9].

Ethiopia contributes 46% of the cases, with 51% of deaths from measles among eight eastern African nations [1].

There is a noteworthy difference in default from immunization between developed and creating nations, extending from 1% within the Western Pacific to 10% within the African locale, the most elevated (7%) among high-income countries to 3% in low-income countries for the third dosage of DTP3 [4].

In Ethiopia, the most obstruction of immunization is not the primary measurements; instep, completion of all prescribed measurements within the suitable age. Since the 2016 national report prove that, a huge number (79.1%) of children age 12 to 23 months took OPV1 (to begin with measurements of the verbal polio immunization), from this, as it were 47.4% of children took MCV1 (final dosage of measles vaccine).The overall default rate varied among regions,

ranging from 58.6% in the Somali region to 9.3% in Addis Ababa [10].

Similarly, there was marked variation among districts within the same region in Ethiopia. In the South Nation Nationality of People region, Arbaminch town was relatively high (41.2%) [11] compared with the Wonago district (20.7%) [12] and Omo district (27%) [13]

A number of studies about were conducted on child immunization default at national levels in Ethiopia by utilizing EDHS 2016 [14, 15]. In spite of this gigantic exertion to scale up the national immunization scope, full immunization remained at 43% in 2019, distant from arranged scope of 90% at the national level and 80% in each locale level with all antibodies by 2020 [16] with tremendous variety among districts [17].

## 1.2. Statement of the problem

Expanded program of immunization /EPI/ was propelled in 1974 by WHO. This program is started on 1977 by focusing on against six child hood disease that is ; Tuberculosis, Diphtheria, Tetanus, Polio, measles and pertussis[18, 19].

According to a September 2019 estimate from the World Health Organization/United Nations Universal Children's Crisis Funds (WHO/UNICEF), 5.3 million children under the age of five died in 2018[20]. More than half of these early child deaths are preventable or treatable with simple reasonable interventions such as immunization, exclusive breastfeeding for the first six months of life and continued breastfeeding with complementary feeding until the age of 24 months, safe water, and nourishment, and appropriate care by trained healthcare providers when needed. When compared to children in high-income nations, children in Sub-Sahara Africa are more than 15 times more likely to die from immunization-preventable diseases before the age of five years[21]. In April 2019, the WHO Strategic advisory group of experts on immunization (SAGE) observed many outbreaks of measles and other vaccine-preventable infections in the Horn of Africa region. These flare-ups indicate a weakened immune system. It's worth noting that conflict-torn countries, like many low-income countries, face financial hurdles in providing immunization.

Many outbreaks have occurred in Ethiopia, resulting in increased morbidity and mortality from vaccine-preventable diseases[19, 22]. Despite the fact that childhood mortality rates have decreased since 2000, the baby and under-2 mortality rates in Ethiopia were 48/1000 and 67/1000, respectively [23]. According to EDHS 2016. Immunization is the most significant public health intervention in the prevention of vaccine-preventable diseases [24]. ]. Every year, it prevents more than 2.5 million fatalities from diphtheria, tetanus, pertussis (whooping cough), and measles in people of all ages [25, 26]. ]. In Ethiopia, approximately four out of ten children aged 12 to 23 months have received all eight essential vaccinations, including single doses of BCG and measles, as well as three doses of each of the Pentavalent, PCV, Rota, and polio vaccines. Immunization is an important part of the health extension program. However, due to a

lack of timely and comprehensive immunization coverage in Ethiopia, more than 90% of child deaths are caused by avoidable communicable diseases and nutritional disorders [27]. Many children in Gurage Zone do not receive the benefits of timely and age-appropriate immunization because the Expanded Program on Immunization (EPI) schedule is not followed as national guidance for delivery scheduling. As a result, a greater understanding of the reasons for the delay would be required to improve timely and age-appropriate vaccine delivery [28].

Various studies indicated that the main factors affecting defaulting from immunization were the lack of information, motivation, maternal education, antenatal care (ANC), mother's occupation, birthplace, birth order, place of residence, region, and distance to health care intuitions [29, 30]. To minimize defaulting from immunization, Ethiopia has been implementing different strategies such as the combined effect of the Reaching Every District (RED) approach, a health extension program, and implementation of Enhanced Routine Immunization Activities (ERI)

### **1.3. SIGNIFICANCY OF THE STUDY**

The results of this study are likely to provide insight into successful ways for reducing MOV and increasing vaccination coverage.

The findings will be shared with relevant agencies in order to implement measures to reduce the occurrence of MOV and increase vaccine coverage, as well as policymakers and health planners to assist in the development of an integrated strategy with all stakeholders.

## 2. LITRATURE REVIEW

Several studies have been conducted to determine the prevalence of MOV and factors associated with missed opportunities and low vaccine coverage. If these factors are addressed It is believed to drastically improve vaccine coverage.

MOV assessment done by WHO/UNICEF and other partners in Jordan showed that MOV Prevalence among eligible children under 2 years was 36%. Higher prevalence was estimated among children attending the clinic for non-vaccination visits (65%), children of caregivers With no formal education (47%), children of caregivers employed as laborers (40%), and older Children (37% for 12-24 Months vs. 25% for 0-11Months). Challenges highlighted by Caregivers include vaccine stock-outs, caregivers not coming with vaccination cards to health Facilities, husbands not fully supportive of vaccination, concerns expressed about vaccination and ill child, and sub-optimal knowledge about vaccine contraindication[31].

Seventy-nine studies were identified from 45 countries in Europe, Africa and Asia; 18 were population-based, 52 were health-service-based, and 9 were intervention trials. A median of 32% (range, 0-99%) of the children and women of childbearing age who were surveyed had missed opportunities during visits to the health services for immunization or other reasons[32].

The study in New York found that two third of missed opportunities happened during an acute illness, one third happened at visit where no intense issue was distinguished [33]. Another study which is done in India including 3 huge urban health centers and essential health center missed opportunities for immunization was 57.1% and the genuine contra indication was 3%. [34]

A study conducted in kenya in 2016 among 677 age-eligible children exit interviews and 376 health worker KAP surveys. Of the 558 children with reported immunization histories, 33% were going to the health facility for a vaccination visit and 67% were for other reasons. A MOV was seen in 75% (244/324) of children qualified for immunization with recorded inoculation histories, with 57% (186/324) getting no inoculations. This included 55% of children going by for an immunization visit and 93% going to for non-vaccination visits. Opportuneness for multi-

dose antibody arrangement dosages diminished with ensuing dosages. Among health laborers, 25% (74/291) were incapable to accurately distinguish the national immunization plan for immunizations managed amid the primary year of life. Among health specialists who detailed regulating immunizations as portion of their day by day work, 39% (55/142) detailed that they did not continuously have the materials they required for patients looking for immunization administrations, such as vaccination, syringes and vaccination recording documents

Another study exhausted Boditi health center ,wolayta zone in 2014 appear that the second commonest figure found for disappointment of immunization was mothers( care taker) need of awareness of EPI target disease(12.8%) conjointly mothers negative attitude towards immunization(5%) were another hazard components detailed within the study. [35] Mothers or care takers instructive status features a coordinate impact on immunization status of their Children. A number of hazard components related with missed openings in immunization of children reported in deferent study about incorporate wrong contraindication to immunization, maternal unemployment, lack of education, information and state of mind towards immunization, and child's older age [33].

Similarly, according to the EDHS 2019 study, male children are somewhat more likely than female children to be fully vaccinated (45.6 percent) (44.6 percent ). First-born children are more likely to be fully immunized (44%) than children born in orders six and up (37 percent ). All basic immunizations are more than twice as likely in urban children as they are in rural children (62 percent compared with 36 percent). Children born to moms who have completed secondary school are more likely to be fully vaccinated than children born to mothers who have not completed secondary school (65 percent and 33 percent, respectively). Similarly, 67 percent of children in the top wealth quintile have had all of their vaccinations, compared to only 26 percent of children in the lowest wealth quintile. Some of the elements that contribute to inadequate immunization have been discovered and categorized into three primary issues.

Vaccination absent

Mother too busy by house hold activity

Fear of side effect

Among these factors we will like to emphasize on missed opportunity and try to assess factors  
Contributes to it. Missed opportunity for immunization means children have had contact with

Health workers for any reason, for example, a Woman brings her child to health facility suffering From any health problem but the child is not screened for immunization status and not immunized. The study conduct in Gozamen District Health Centers indicates that the prevalence of missed opportunity for routine immunization was (74.9%) found to higher than previous studies in Gurage Zone Wolkite Health Center (49.1%)[36].

The current heath policy is not to miss every opportunity; specially a child who brought to health Facilities for any reasons should be screened for immunization status and vaccinated if eligible.

### **3. OBJECTIVES**

#### **3.1. GENERAL OBJECTIVES**

To assess missed opportunities for immunization of children 0-23 months in Mihur Aklil district health centers Gurage Zone, SNNPR Regional state from May 9 -May 24, 2022 G.C.

#### **3.2. Specific Objectives**

- To find out the magnitude of missed opportunities for immunization of children 0-23 months who attend Mihur Aklil District health center
- To examine the reason for missed opportunities among children 0-23 months while attending Mihur Aklil District health center

### **4. METHOD AND MATERIALS**

#### **4.1 Study Design**

Institutional based cross-section study was conducted.

#### **4.2 Study Period**

The study was conducted from April 28 -May 08, 2022 G.C.

### **4.3 The study area**

Mihur Aklil district is one of the woredas found in Gurage zone SNNPR regional state, Southern part of Ethiopia. Gurage is located in South West of Addis Ababa at elevation between 2130 and 2164.

It is bordered on Southeast by Hadiya Zone and Yem special Woreda, on West, North and East by the Oromia region. Wolkite is the administrative city of the Gurage Zone, Mihur Aklil Woreda is located 52 km east from Wolkite, the capital city of Gurage zone and 210 Kms far from Addis Ababa capital city of Ethiopia. In Mihur Aklil Woreda there are five Health centers namely Megeran, Hawariyat, T/Haymanot, Wukiya and Mojer. All of five health centers are staffed (functional) health centers in the woreda, and the total population of the catchment area is 121451 of these 6291 are under two years.

#### **4.4.1 Source population**

Source population was age 0 – 23 months whose visit health facility in the catchments area of Mihur Aklil District Health center of Gurage Zone, SNNPR regional state.

#### **4.4.2 Study Population**

The sample population was children 0-23 months visiting Mihur Aklil District Health centers during the study period.

### **4.5 INCLUSION CRITERIA**

- Mother with under 2 year children who were attending Mihur Aklil District health center
- Those Mother with under 2 year children who were volunteer to participate in the study.

### **4.6 EXCLUSION CRITERIA**

- Mother with under 2 year children who were not mentally and physically capable of being interviewed.

## 4.7 Sample size and sampling technique

### 4.7.1 Sample size

Sample size was calculated using the single population proportion formula by taking the following assumptions in to consideration: p (74.9)[37].from the study in North western Ethiopia in Gozamen District missed opportunity of immunization, expecting 5% margin of error (d),non response rate of 5 % and confidence level of 95%.

$$n = \frac{z^2 p(1-p)}{d^2}$$

Whereas n= desired sample size

Z=level of significance at 95% confidence interval

p= Estimated prevalence of missed opportunity in the study area  
(74.9 for Ethiopia 2020))

d= margin of error (5%)

$$n = \frac{(1.96)^2 0.749 (1-0.749)}{(0.05)^2}$$

$$n=288.8867$$

$$\text{Adding non respondent rate } 5 \% = 288.88 \times 5\% = 14.4$$

$$288.88 + 14.4 = 303$$

## 4.8 Sampling technique

The sampling technique was non-probability sampling technique which is convenience type. In this technique all 0-23 months' children who was available during the study period was included.

## 4.9 Variables

### 4.9.1. Dependent Variable

Missed opportunity of immunization.

### 4.9.2 Independent variables

### 4.9.3 Maternal attitude towards immunization.

- Maternal literacy status
- False contraindication for vaccination
- Health workers practice and knowledge
- Side effects of vaccination
- Maternal knowledge towards immunization
- Maternal marital status
- Occupational status
- Age, Sex, religion

## 4.10 Definition of terms

- **Missed opportunities for immunization of children.**

When a child is eligible for immunization visiting, a health facility and there is no contra indication for receiving of other vaccine, but the vaccine was not given by the health workers.

- **Eligible child**

A child whose age is 0-23 months and which needs immunization without any contradiction

- **Fully immunized**

A child who was completed vaccination against eleven EPI targeted disease according to the standard vaccination schedule of the ministry of health.

- **Partially immunized**

A child who started vaccination but not completed the course.

- **False contradiction**

Condition most often wrongly considered to be contradictions to immunization.

- **True contradictions**

Condition most often truly considered to be contradiction to immunization. Such as

- A known HIV case /clinical AIDS
- Severe reaction to previous dose of pentavalent
- Recurrent convulsions
- Other active neurological disease of central nervous system or Severe classification of illness.

#### **4.11. Method of data Collection**

The data was collected by interviewing when the mother or care taker leaves the health center and Health post after any getting service; a point where common for all and the card was reviewed for immunization status of the child, diagnosis and possible contraindication for vaccination. Structured questionnaire was used to collect data. The format was composed of different variables which was related to the objective of the study

#### **4.14 Quality control measure**

To ensure quality of data, questioner was checked to confirm completeness and consistency; therefore unnecessary questions was revised and omitted Pretest was given at wolkite health center for five (5%) of the total sample size who was not take part in the study. Collected information from pretest was reviewed by group members and questionnaires which contain error was returned for corrections.

#### **4.15 Data processing and analysis**

The collected data were checked manually for completeness, then coded and entered in Epi data version 3.1 and later exported to SPSS Version 22. Descriptive statistics was to present the data with the different variables by tables, statement, charts and graphs was used. The binary logistic regression model was used to identify the determinant variables.

#### **4.16 Ethical consideration**

Before data collection letter of permission was obtained from Wolkite University college of medicine and health science, Department of nursing was submitted to Mihur Akli District health office .Also confidentiality was assured by stressing and explaining the issue of keeping anonymity of individual information.

#### **Dissemination of findings**

Findings which identified from the study was disseminated to Mihur Akli District Health Office at first and then to higher administrative bodies of Wolkite University and finally it was disseminated for those bodies who want to publish the study legally.

## Chapter 5 RESULT

### 5.1 Demographic character of children

A total of 303 children were included in this study .From this 148 (48.8%) were males and 155 (51.2%) were female. The male to female ratio was 1:1.6.From them 47.5% come to the facility for medical consultation, 52.5% for vaccination.

Table 1 Demographic characteristic of children, at mihur akilil district, 2022

Variable		Frequency	Percent
Gender	Male	148	48.8
	Female	155	51.2
Bring reason	for medical consultation	144	47.5
	vaccination	159	52.5

### 5.2 Socio demographic characteristic of care giver

Among 303 participants visited the health facilities, 273 (90.1%) were mothers of the children's, 4 (1.3%) were fathers and 26 (8.6) are Grandparents . Only 133 (43.9%) mothers/caregivers can read and write and 170 (56.1%) are not read and write. Among 303 care givers 168 (55.4) no formal educated, 25 (8.3%) did not complete primary, 22 (7.3%) complete primary, 13 (4.3%) complete secondary school, 75(24.8%) care givers attended more than secondary education. Majority of the study participants 228 (75.2%) were house wives, 63(28.3%) are employee or laborer, 1 (0.3%) Farming, 6 (2%) self-employees,5 (1.7%) are boss or employees. From 303 participants only 2 (0.7%) use bus or Bajaj for transportation and rest 301 (99.3%) care givers come walked to the facility and those takes maximum of 120 minutes.

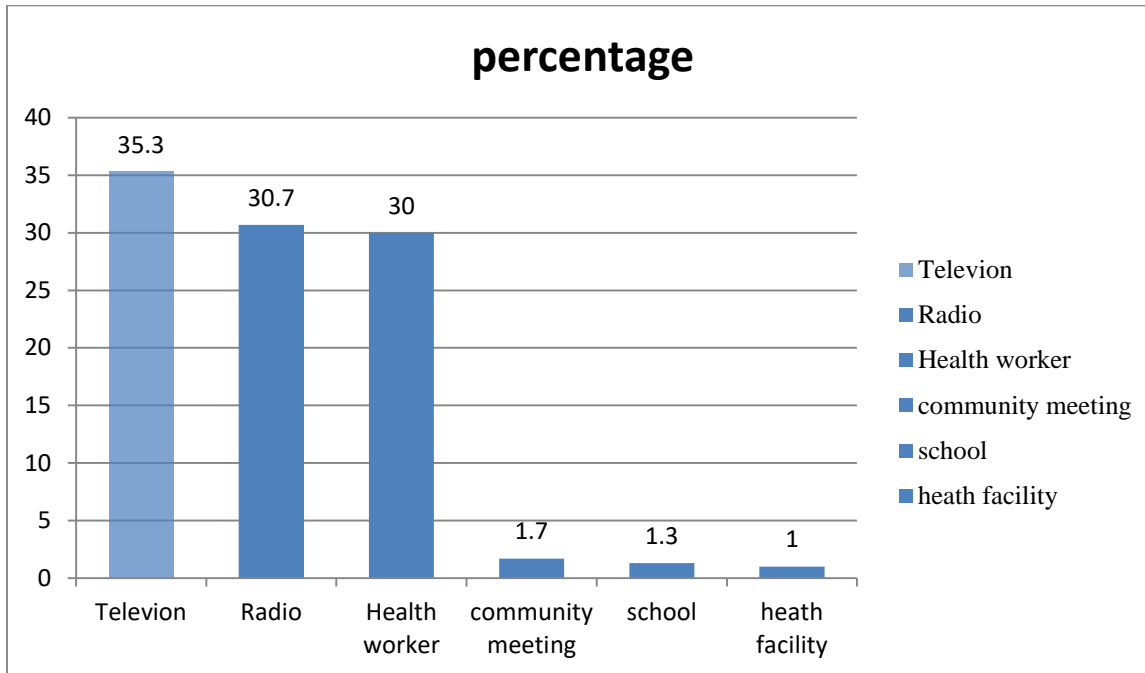
Table 2 Socio demographic characteristic of care giver ,at mihur akilil district , 2022

Variable		Frequency	Percent
Relation ship	Mother	273	90.1
	Father	4	1.3
	Grandparent	26	8.6
Read and write	Yes	133	43.9
	No	170	56.1
Formal education	No formal education	168	55.4
	Did not complete primary	25	8.3
	completed primary	22	7.3
	completed secondary school	13	4.3
	more than secondary	75	24.8
Occupation	house wife	228	75.2
	employee or labor	63	20.8
	other	12	4
Transportation	Walk	301	99.3
	Bus /Bajaj	2	0.7
	Total	303	100
Distance in minute	0- 30 min	103	34.0
	30- 60 min	110	36.3
	Above 60 min	90	29.7

### 5.3 Access to information on vaccination of care giver

Most of the care givers 296 (97.7%) have heard or seen message on vaccination in the last month and few care givers are not see or heard for immunization at last month. Majority 107 (35.3%) got vaccination messages from television, 93(30.7%) got the message from radio, 91(30.0%) got from health worker during home visit, 5 (1.7%) got at community meeting and remain 4 (1.3%) got at children's school.

Figure 1 Bar chart of information source for vaccination ,at mihur akilil district , 2022



#### 5.4 Immunization history of children

Prevalence of missed opportunities of vaccination was computed as a proportion of vaccine age eligible children who attended at Hawariyat health center for various services and receive vaccination. Over all 235(77.6%) feel the child is eligible for vaccine, 12(4.0%) feel not eligible and 56(22%) of the interviewer are not sure for their child eligibility to vaccination. Most of participants 273 (90.1%) child are vaccinated, 30 (9.9%) are not receive any type of vaccine at their lifetime. From 303 care givers 83 (27.4%) are requested for vaccination and refuse,220 (72.6%) accepted and vaccinate the child ,the main reason the raised doctor or/nurse said couldn't be done b/c the child was sick 65 (35.5%), care giver are the hour for vaccination are limited 46 (25.1%), and 35(19.1%) are not arrived at the day of vaccination schedule or the date of the vaccination limited,14 (7.7%) care givers/mothers have didn't vaccination card and they not understand which vaccine type can receive at past, and the rest are not vaccinated by no vaccine at time, it was no vaccination day. It indicates low awareness of care givers for immunization schedule for MOV. Majority of parents 188 (62%) of father and mother decide to vaccinate their child to gather, 92 (30.4%) are decision of mother and18 (5.9%) can decide by fathers.

Table 3 immunization history of the child of care giver ,at mihur akilil district , 2022

Variable		Frequency	Percent
Feel that vaccine need	Yes	235	77.6
	No	12	4.0
	not sure	56	18.4
Ever been Vaccinated	Yes	273	90.1
	No	30	9.9
The reason not Vaccinated	child was sick	65	35.5
	there were no vaccines	6	3.3
	it was no vaccination day	35	19.1
	the vaccination area was closed	7	3.8
	we didn't have the vaccination card	14	7.7
	the hours for vaccination are limited	46	25.1
	other specify	10	5.5
Who make decision for vaccination	Father	18	5.9
	Mother	92	30.4
	Father and mother	188	62.0

### 5.5 Use of vaccination card status of the child

Most of the care giver have vaccination card out of 303 come to vaccinate their child 145 (47.7%) comes with their vaccination card and 129(42.6) have vaccination card but not comes with their vaccination card and the rest19(6.3%) have not vaccination card totally . from the vaccination card you don't comes with their child to health center he/she assumes that vaccination are not important for child to vaccinate 59(19.5%),74(24.4%) are lost their vaccination card and 6(2%) do not comes their vaccination card with their child at the day of +vaccination 7(2.3%) vaccination is not the reason to this visit 4(1.3%) are totally damaged their vaccination card.

Over all 129(42.6%) out of studied children had MOV during the time of interview ,30(9.9%) have never received any vaccine in their life.DPT3,OPV3,IPV,PCV3(9.9%) and meseale1 30(9.9%) was the most frequently missed vaccination compared to DPT1,PCV1,OPV1 ,ROTTA1 and DPT2,OPV2,ROTTA2,and PCV2 ,27(8.9%),29(9.6%) respectively. BCG at birth and OPVO at birth are the list missed vaccine 4(1.3%) ,this shows that mothers are at the time of birth are more likely vaccinated than going time apart.

Table 4 missed vaccine type ,at mihur akilil district , 2022

Vaccine/Dose	Missed dose	Frequency	Percentage
BCG	1	2	0.6
OPV0	1	2	0.6
DTP-HepB1-Hib1	2	6	1.9
PCV1	2	7	2.3
OPV1	2	8	2.6
Rota1	2	6	1.9
DTP-HepB2-Hib2	3	8	2.6
OPV2	3	6	1.9
Rota2	3	8	2.6

PCV2	3	7	2.3
DTP-HepB3-Hb3	4	7	2.3
IPV	4	6	1.9
OPV3	4	8	2.6
PCV3	4	9	3.3
Measles I	5	30	9.9
Measles II	6	9	3.3

### 5.6 Purpose of vaccination card

As summarized from the table below almost all have vaccination card when they comes to vaccination at that day from 130 come to vaccinate their child 128 (98.5%) have vaccination card and only 2(1.5%) are lost their vaccination card but they get easily. There is deficiency of knowledge about the purpose of the vaccination card 65(21.5%), 62(20.5%)are respond that the purpose was to know what vaccine had to receive before and to know for the next appointment.

From 164/303(54.1%) was vaccinate their child ,139(46.9%) was not vaccinate at the day of interview ,during vaccinate their child majority of care giver are asked by health worker their vaccination card 180/303(65.7%) and 123(34.3%) was not asked by the health worker and not almost all who are not vaccinated their child was asked their vaccination status of their child 75(24.8%) asked by health worker and 20(14.5%) was not asked by their vaccination status of their child. From 303 care givers that attended the health facility 161(53.1%) are respond their child is eligible for all type of vaccine, 49 (16.2%) are respond not eligible for vaccination, 93(30.7%) are not know the eligibility of their child. Out of 159 children visited to health facility for vaccination 120(75.5%) are vaccinated and 39 (24.5%) are not vaccinated up today with different reason.

Table 5 Use of vaccination card hawariyat health Center ,at mihur akilil district , 2022

Variable		Frequency	Percent
Lost vaccination card	Yes	2	0.7

	no skip to Q123	128	42.2
Purpose of vaccination card	To know what vaccine has and which one missed	62	20.5
	Other	3	1.0
	Do not know	65	50.0
Vaccination status of child	Yes	75	24.8
	No	20	14.5
Is he/ she eligible	Yes	161	53.1
	No	49	16.2
	I do not know	93	30.7
Vaccinated today	Yes skip to Q 130	120	39.6
	NO	39	12.8

### MISSED OPPORTUNITY VACCINATION

The commonest reason raised not to vaccinated their children was related to the care giver was forgetting to take their child to vaccination area 19 (48.8%) which covers majority cause for MOV. The second commonest reason from 17 (43.6%) which is related to health worker because the nurse said that the child could not vaccinate because of illness and 3(7.6%) was related to the health facility which is responded by care giver was limited day to various vaccines and we have no fully informed for which vaccine given when and also a reason for MOV. The maximum time the care giver wait for vaccination was 25 minutes and the minimum time wait to vaccinate their child is 10 minutes which account for (50.4%).

Table 6 Missed opportunity of vaccination, at mihur akilil district , 2022

Variable		Frequency	Percent
Reason not vaccinated	reason related to the health worker	19	6.2
	reason related to care giver	17	5.6
	reason related to the health facility	3	0.9

Wait time for vaccine	Below 15 minute	99	32.7
	15 – 25 minute	30	9.9

### 5.7 Quality of the vaccination service

Majority of the care giver was gained information from the health worker about what vaccine they have given 110(91.6%), the rest 10(8.4%) was not informed what vaccine they have given. All of ( 120) child that vaccinated have written the next vaccination appointment by the health worker. Also 74 (24.4%) neither vaccinate their child nor written the next appointment for vaccination. Almost all care giver are informed about the reaction or side effect occur after vaccination and what to do if the reaction is occur, the reactions that mention by care giver are pain at injection site, fever and rash.

Table 7 Quality of the vaccination ,at mihur akilil district , 2022

.variable		Frequency	Percent
Vaccine that given today	Yes	110	36.6
	No	10	3.3
Reaction that mention	Pain at injection	82	27.1
	Fever	47	15.5
	Rash	30	9.9

### 5.8 Quality of health service

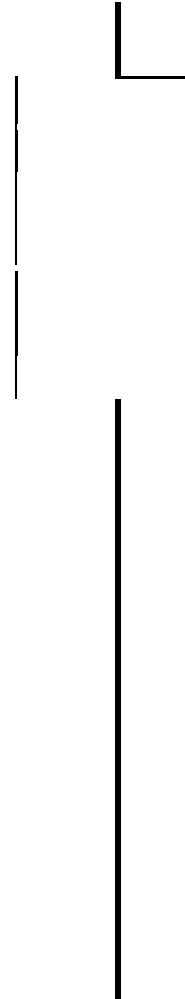
From 279/303(92.1%) was satisfied from the services he/she given 24(7.9%) are not satisfied from the services he/she was given, from the majority of satisfied group as implicated the health worker gave immediate attention at time of arrival and friendly and family treatment by the health worker is the commonest reason for satisfaction 114(49.1%),87(37.5%) respectively.28(12.1%) free services given by the facility 3(1.3%) satisfied from not waiting long time for vaccination, among the services given which was not satisfied the staff was discourteous and had waited long time for vaccination was the major reason which was raised 23(43.4%)and 17(32.1%) respectively.13(24.5%) by long distance was gone to vaccinate their child.

Most of the mother/caregiver 134/303(44.7%) responded that immunization prevent disease, 101 (33.7%) responded that immunization cure/heal disease, 27(9%) were responded that immunization help to grow up children and the rest 40(12.7%) had not sure about the benefit of immunization.

From the suggestion where the care giver complained 87/303(28.7%) was the vaccination days and hours should not be limited takes the major reason, 83(27.4%) the health center should have always provide vaccine, 24(7.9%) complained the time to wait to vaccinate should be to less and 69/303(22.8%) had no any complained from the services he/she given. The rest were complained on the number of staff less than the work load 8(2.6%) and the health worker should be friendlier to the public and the children 22(7.3%).

**Table 8 quality of health service ,at mihur akilil district , 2022**

Variable		Frequency	Percent
satisfied	Yes	279	92.1
	no skip to Q138	24	7.9
Reason not satisfied	had to wait a long time	17	5.6
	the staff was discourteous	23	7.6
	other specify	13	4.3
Reason satisfied	immediate attention skip to Q139	144	49.1
	friendly treatment by staff skip to Q139	97	37.5
	no change for service skip to Q139	28	12.1
	other specify skip to Q139	3	1.3
Purpose of vaccine	to prevent disease	137	45.2
	to children will grow up health	27	8.9
	to cure/heal disease	101	33.3
	not sure what they are for	38	12.6



## Chapter: 6 Discussions

In our assessment the prevalence of missed opportunities of vaccination among children 0-23 months was found to be 42.6% and 9.9% of the study children have never received any vaccine in their lifetime this is high prevalence rate and need cooperative effort to achieve required vaccine coverage. In contrast, the finding of this study higher than from the study conducted in Boditi Health Center with the prevalence of MOV (23.5%). This discrepancy might be due to study period and geographical variation study finding in Kenya health facilities the magnitude of MOV was (75%) which was high compare to the present study. The differences may be due to socio cultural and the sample size which was used to conducted the study.

In this study, the most defaulted types of vaccines were measles2 and penta3,ipv, opv3 and pcv3vaccines, respectively which was high and BCG and OPV0 was the least missed vaccine and this was attributed to forgetting to take the child to vaccination area, the child sick at vaccination day and limited day to vaccinate . However, in contrast with the previous study in Gozamen district BCG and OPV0 was higher (68.7%) [37] this difference may be due to government involvement in the immunization program. Almost all care givers who brought the child to facility were the mothers and this indicates lack of support from the fathers or poor involvement on the health care of their children.

According to this study the commonest reason given for non-immunization was forgetting to take their child to vaccination area, health worker because the nurse said that the child could not vaccinate because of illness and the health facility was limited day and hours to vaccinate. These reasons have had a great contribution for missed opportunities for immunization. Long distance walk to vaccination, waiting long time to vaccinate at the day of vaccination, ineffective health education of care giver and educational status of the care giver was the other reason for MOV. The finding was consistent with the study conducted on Boditi health center. This might be due to similar characteristics of the study population regarding the reason. .

The children born from mothers who had good knowledge of vaccination service and its importance were less likely to have incomplete vaccination status when compared to primary caretakers of children who had poor knowledge of vaccination.

This study also revealed that 98.5% of the children 0-23 months of age had immunization card, but brought by 47.7% of mothers/care takers with the immunized child to health center. Bringing of the immunization card would have a great contribution in lowering missed opportunities, in that it enable the health workers easy to screen eligible children and schedule of immunization. Most of the mother /care giver were receptive and had positive attitude towards vaccination and were generally satisfied from the service.

Generally as shown in the study, the magnitude of missed opportunities for immunization is high. The commonest reason given for non-immunization was the care giver forgetting to bring their children to the vaccination area.

## **CHAPTER 7 Conclusions**

Eligible children who missed the opportunity for immunization were 42.6%. This high extent of missed opportunity for immunization can be reduced, if interventions are implemented appropriately.

From the program standing point, EPI should be integrated with other services like delivery, neonatal care unit, under five clinic and less costly that is mothers/care takers would spent less time and money in traveling and waiting the services. Therefore, to reduce the numbers of contact require to complete the immunization schedule. It is essential to screen every child who visits the health center for any contact.

As shown in the study, the main reasons given by mothers/care takers was forgetting their children to at immunization day and child sick. This reason had a great contribution for missing opportunity for immunization. Therefore, in health care institution encourage to address effective health education of the mothers /care takers to recall the next vaccination date is important.

## **Recommendation**

Based on the study result, in order to minimize the existent of missed opportunity the following recommendations were forwarded.

The vaccination day of Measles from current one day per month should be modified to every mother days and awaring the community on vaccination day properly. Giving health education of the mothers/care takers in place like waiting area of the health center and the community about the availability of EPI service in any governmental health facility and the need of immunization for a child at any contact of the health facility

Fathers should participate to bring their children to the immunization area this decrease the burden of the mother and the number of vaccine missed by the child.

Bringing vaccination card along with the child should be encouraged in every opportunity to enable the health personnel easily to screen and peak the eligible child.

Further a large scale study is also recommended with a large sample size and duration is ordered to identify other significant factors.

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## Annex II. A: - English Version Questionnaire

S.No.	Question	Response	Skip
<b>SECTION 1: DATA ON THE CHILD (IN CASE OF MORE THAN ONE CHILD, CHOOSE THE YOUNGEST CHILD)</b>			
101	Date of birth	Day  __ __  Month  __ __  Year  __ __	
102	Sex or Gender of child	1. Male 2. Female	
103	Why did you bring the child to this health care facility today? (DO NOT READ OUT THE CHOICES)	1. For medical consultation (child is sick) 2. For vaccination 3. Healthy child visit or growth/development check-up 4. Child is only accompanying (not for treatment, vaccination) 5. Hospitalization (child was admitted or is still on admission) 6. Other Specify: _____	
<b>SECTION 2: DATA ON THE CHILD'S CAREGIVER, PARENT/GUARDIAN</b>			
104	What is your relationship to the child?	1. Mother 2. Father 3. Grandparent 4. Uncle/aunt 5. Brother/sister 6. Other Specify	
105	Can you read and write	1. Yes 2. No	
106	Level of formal education	1. No formal education 2. Did not complete primary (less than 6 years) 3. Completed primary 4. Completed secondary school 5. More than secondary	
107	What do you do for a living?	1. Housewife (work is housekeeping) 2. Employee or laborer 3. Farming 4. Self-employed 5. Boss or employer 6. Other Specify: _____	
108	By what means of transportation do you usually come to this facility?	1 Walk 2. Bajaj/Bus. 3. Carts 4. Other Specify: _____	
109	How long does it take you to get here?	1. ____Hours ____Minutes	
110	Have you heard or seen messages on vaccination in the last one month?	1. Yes CONTINUE WITH QUESTION 111 2. No SKIP TO QUESTION 112	
111	Where/how did you hear or see the	1. Radio 2. Television 3. Newspaper	

	message? (DO NOT READ OUT THE OPTIONS. CHECK ALL THAT APPLY)	4. Health facility 5. Telephone message 6. Facebook or internet 7. Children's school 8. Place of worship 9. During home visit by health workers/health outreaches 10. Community meetings 11. Other Specify: _____	
112	Do you feel that you know the vaccines your child needs and when they should be given?	1. Yes 2. No 3. Not sure	
113	Has this child ever been vaccinated?	1. Yes 2. No	
114	Have you ever requested vaccination service for this child and been refused?	1. Yes 2. No SKIP TO QUESTION 115	
115	If so, why didn't they vaccinate the child?	1. The doctor or nurse said it couldn't be done because the child was sick 2. There were no vaccines, or there were no syringes or some other supply needed for vaccination 3. It was not a vaccination day 4. The vaccination area was closed 5. The person in charge of vaccination was not there 6. We didn't have the vaccination card/passport 7. The hours for vaccination are limited 8. Other Specify: _____	
116	In your home, who makes the decision to vaccinate the children	1. Father 2. Mother 3. Other relatives 4. Consensus of father and mother 5. Other Specify: _____	

**SECTION 3: USE OF VACCINATION CARD/HEALTH PASSPORT AND INFORMATION ON VACCINES ADMINISTERED**

117	Does your child have a vaccination card/health passport?	1. Yes, and I have it with me GO TO QUESTION 119 2. Yes, but I do not have it with me GO TO QUESTION 118A with Annex 5 3. No GO TO QUESTION 118 B with Annex 5	
118 A	Could you tell us why you do not have the vaccination card/health passport with you today?	1. It is at the nursery school/day care center 2. I left it at home (because I forgot to bring it) 3. I left it home (because I didn't know it was important to bring it along) 4. I lost it SKIP TO QUESTION 21	

		<p>5. The card/health passport has been damaged</p> <p>6. I have never been given one SKIP TO QUESTION 22</p> <p>7. Because vaccination was not the reason for this visit</p> <p>8. Other Specify: _____</p>	
118 B	Why don't you have a vaccination passport?	<p>1. I lost it SKIP TO QUESTION 121</p> <p>2. I have never been given one SKIP TO QUESTION 122</p> <p>3. I don't know</p> <p>4. Other Specify: _____</p>	
	Whenever the vaccination card or health passport is not with the caregiver today, request to complete the information in Annex 5 (Health Facility Register Follow-Up Form).		
119	Request and examine the child's vaccination card/health passport or temporary vaccination document to fill out the missing vaccine.		

Vaccine/Dose	Visit/round	Missed vaccine
BCG	1	
OPV0	1	
DTP-HepB1-Hib1	2	
PCV1	2	
OPV1	2	
Rota1	2	
DTP-HepB2-Hib2	3	
OPV2	3	
Rota2	3	
PCV2	3	
DTP-HepB3-Hb3	4	
IPV	4	
OPV3	4	
PCV3	4	
Measles I	5	
Measles II	6	

120	Have you ever lost a vaccination card/health passport for this child?	1. Yes 2. No SKIP TO QUESTION 23
121	Did you encounter difficulty getting it replaced?	1. Yes 2. No
122	Could you tell me what purpose the vaccination card/health passport serves?	1 To know what vaccines the child has had and which ones are missing 2. Other Specify: _____ 3. Don't Know/No Response
123	During today's visit, did the personnel/staff ask you for the child's vaccination card/health passport?	1. Yes SKIP TO QUESTION 126 2. No SKIP TO QUESTION 124
124	If No, did they ask for the vaccination status of the child?	1. Yes 2. No
125	Is this child up-to-date for all vaccines for which he/she is eligible?	1. Yes 2. No 3. I don't know
126	Was your child vaccinated here today?	1. Yes SKIP TO QUESTION 30 2. No
127	Why didn't they vaccinate the child today? (Please DO NOT read the options)	
	FIRST LISTEN TO THE REASONS GIVEN BY THE CAREGIVER AND THEN TRY TO CHOOSE THE RIGHT OPTION FROM BLOCK A, B OR C BELOW	
	<p><b>BLOCK A: REASONS RELATED TO THE HEALTH WORKERS</b></p> <p>1. The doctor/nurse said that the child was not eligible for vaccination today</p> <p>2. The health worker who saw us did not tell me about vaccinating the child today</p> <p>3. The doctor/nurse said that the child could not be vaccinated because he/she was sick</p> <p>IF BECAUSE OF ILLNESS, WHAT TYPE OF DISEASE OR TREATMENT DID THE CHILD RECEIVE TODAY?</p> <p>1. Minor illnesses such as mild fever, cold, cough, or diarrhoea</p> <p>2. Major illnesses requiring admission, such as severe pneumonia or severe malaria</p> <p>3. Other illnesses such as intestinal parasitosis, malnutrition, anaemia, dehydration, urinary tract infection</p> <p>4. Child is taking medications: Write down generic name _____</p> <p>5. HIV or AIDS</p>	

	<p>6. Other Specify: _____</p> <p>Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK A ABOVE, SKIP TO QUESTION 40</p>	
	<p><b>BLOCK B: REASONS RELATED TO THE CAREGIVER</b></p> <ol style="list-style-type: none"> <li>1. The last time the child was vaccinated, he/she got sick or had a reaction.</li> <li>2. My religion doesn't permit vaccination or I don't believe in vaccines</li> <li>3. Vaccination was not the purpose of this visit</li> <li>4. This child is already fully vaccinated for his/her age</li> <li>5. I don't trust the health workers/the vaccines in this health facility</li> <li>6. I forgot to take my child to the vaccination area</li> <li>7. I didn't have time today to wait for vaccination</li> <li>8. Other Specify: _____</li> </ol> <p>Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK B ABOVE, SKIP TO QUESTION 40</p>	
	<p><b>BLOCK C: REASONS RELATED TO THE HEALTH FACILITY (LOGISTICS &amp; ORGANIZATION)</b></p> <ol style="list-style-type: none"> <li>1. There were no vaccines in the health facility today</li> <li>2. There were no syringes or other vaccination supplies</li> <li>3. Today is not a vaccination day in this <b>health</b> facility</li> <li>4. The vaccination area was closed</li> <li>5. The person in charge of vaccinations was not there</li> <li>6. There would have been a long wait</li> <li>7. The staff treated us badly</li> <li>8. Other Specify: _____</li> </ol> <p>Interviewer: IF THE REASONS CITED BY THE INTERVIEWEE REFER TO BLOCK C ABOVE, SKIP TO QUESTION 40</p>	
128	If your child was eligible for vaccination but was not vaccinated today, did the health worker refer you to or inform	1. Yes

	you where you can receive the missing vaccine doses?	2. No
129	How long did you wait today for your child to be vaccinated?	Hours.....minu
130	Did they tell you today what vaccines they gave the child?	1. Yes 2. No
131	Today, did they tell you the date of the next vaccination appointment?	1. Yes 2. No
132	Today, did they write down for you the date of the next vaccination appointment?	1. Yes 2. No
133	. Did you receive information today on the reactions or side effects that can occur following vaccination?	1. Yes 2. No SKIP TO QUESTION 136
134	If so, what did they mention?	(choose all that apply) 1. Pain at injection site 2. Fever 3. Rash 4. Diarrhea 5. Vomiting 6. Other Specify: _____
135	Did you receive information today on what you should do if the child has reactions or side effect to the vaccine	1. Yes 2. No
136	Are you satisfied with the service provided today?	1. Yes 2. . No SKIP TO QUESTION 138
137	Why were you satisfied with the service?	1 Immediate attention SKIP TO QUESTION 139 2. Friendly treatment by staff SKIP TO QUESTION 139 3. No charge for service SKIP TO QUESTION 139 4. Other Specify: _____ SKIP TO QUESTION 139
138	Why were you NOT satisfied?	1. Had to wait a long time 2. The staff was discourteous 3. The language that the health workers use is not clear 4. They did not explain what vaccines they had given

		the child 5. Other Specify: _____
139 a	Have you ever been asked to pay for vaccines given to a child?	1. Yes 2. No
139 b	What type of health facility asked you to pay?	1. Public 2. Private 3. Don't know
140 a	Have you ever been asked to pay for a health card/passport for a child?	1. Yes 2. No
140B	What type of health facility asked you to pay?	1. Public 2. Private 3. Don't know
141	Could you tell me the purpose of vaccines?	(CHECK ALL THAT APPLY) Please DO NOT read out the options  1. To prevent diseases 2. So children will grow up healthy 3. To cure/heal diseases 4. They don't do any good 5. Not sure what they are for 6. Other Specify: _____
142	Do you think your child could get diseases if you don't vaccinate him/her?	1. Yes 2. No
143	What suggestions do you have to improve vaccination services?	(CHECK ALL THAT APPLY)  1. There should be more vaccination personnel 2. There should be less of a wait 3. Hours and days when vaccinations are available should not be limited 4. Vaccination should remain free 5. The treatment of the public, and of the children being vaccinated, should be friendlier

		<p>6. The health center should always have vaccines</p> <p>7. They should provide information on the vaccines that are being given, on the diseases that they prevent, and on the reactions that they produce.</p> <p>8. Other Specify: _____</p> <p>9. None</p> <p>10. Don't know</p>
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**Amharic version**

**መጠይቅ**

እንደምን ሰነበቱ እኛ \_\_\_\_\_ . በወልቂጤ ዩኒቨርሲቲ የህክምና እና ጤና ሳይንስ ኮሌጅ የመጀመሪያ ዲግሪያቸውን በአህመድ በሽር፣ ታሪኩ ተረፈ እና ፋለቀ ዳኛቸው በዚህ ማህበረሰብ ውስጥ እየተካሄደ ላለው ጥናት መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ስለ ጥናቱ እና ለጥናቱ ተሳታፊ በመመረጥዎ ለጥናቱ መሳካት የእርሶም ድጋፍ ያሻል፣ በመሆኑም ከስር የተቀመጡትን ጥያቄዎች በመመለስ እንዲተባበሩን በአክብሮት እንጠይቃለን።

ርዕስ፡ ከ0-23 ወር እድሜ ክልል ውስጥ የሚገኙ ህጻናት ያመለጡ የክትባት እድሎች ገምጋሚ በሐዋሪያት ጤና ጣቢያዎች ጉራጌ ዞን፣ ደቡብ ክልል፣ ኢትዮጵያ 2022.

የተሳታፊው ስም እና ፊርማ፡- \_\_\_\_\_ ቀን \_\_\_\_\_

የመረጃ ሰብሳቢው ስም እና ፊርማ፡- \_\_\_\_\_ ቀን \_\_\_\_\_

ተራቁጥር	ጥያቄ	ምላሽ	ዝላል
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**ክፍል 1. ህፃናትን የተመለከተ መጠይቅ (ከ 1 ብላይ ህፃን በሚኖር በትሰአት ላይ በእድሜ አነስተኛ ውጤት መጠቀም ይመረጣል)**

101	የትውልድ ቀን	ቀን  __ __  ወር  __ __  ዓ/ም  __ __	
102	የልጅ ምፃታ	1. ወንድ    2. ሴት	
103	ለምን ወይም ደዚልታ መጪያ/ጣወያቻ ልከው/ሽው	1 ህክምና ለማግኘት 2 ለክትባት 3 ለክትትል 4 ለልጄ አስፈላጊ ስለሆነ 5 ለልጄ ሆስፒታል ስለገባ/ች (አዚሁ ስለተኛ/ች) 6 ሌላ: _____	

**ክፍል 2. የህፃን/ኗ አሳዳጊዎችን የተመለከተ መጠይቅ**

104	ከልጄ ጋር ያሉት ግንኙነት	1 .እናት    2 አባት    3. አያት    4 .አጎት/አክስት 5 ወንድም/እት    6 ሌላ (ጥቀስ)	
105	ማንበብ ወይም መጻፍት ላለህ/ሽ	1. አዉ    2. አይ	
106	የትምርት ደረጃ	1. አልተማርኩም 2. የመጀመሪያ ደረጃ አልጬረስኩም 3. የመጀመሪያ ደረጃ ጨርሻለዉ 4. ሁለተኛ ደረጃ ጨርሻለዉ	

		5. ከሁለተኛ ደረጃ በላይ	
107	የስራአይነት	1. የቤትአመቤት 2. የቢሮሰራተኛ 3. እርሻ 4. የግልስራ 5. የድርጅትሃላፊወይምተቀጣሪ 6. ሌላ(ጥቀስ): _____	
108	ትራንስፖርትበምንድነዉምትጠቀሚ/መዉ	1 በእግር 2. መኪና/ባጃጅ 3. ሳዩክል 4 .ሌላ(ጥቀስ)_____	
109	እዚላመድረስምንደሰሰአትደወስድብሻል	2. _____ ሰአት _____ ከደቂቃ	
110	ስለክትባትከዚበፊትሰምተሃል/ሻል	1. አዉ ከሆነ መልሶ ወደ ጥያቄ ቁጥር 111 ይሂዱ 2. አይ ከሆነ መልሶ ወደ ጥያቄ ቁጥር 112 ይሂዱ	
111	በምንአይነትመንገድነዉመረጃዉንያገኘኸዉ	1 .ከራዲዮ 2.ከቲቪ 3. ከጋዜጣ 4 . ከጤናተቻም 5 ከስልክ 6. ከፌስቡክ 7. ከልጆችትምህርት 8 ከፀሎት ቦታ 9 . የጤና ባለ ሙያዎች ከሚሰጡት ትምህርት 10 . ከማህብርስቡ 11. ሌላ(ጥቀስ): _____	
112	ለልጅሚያስፈልግክትባትነዉብለሁታስባለሁእና መቼእንደሚሰጸጥታዉቃለሁ	1 አዉ 2. አይ 3. እርግጠኛ አይለሁም	
113	ከዚበፊትተከትቦያዉቃል	1. አዉ 2 . አይ	
114	ከዚበፊትለክትባትሲጠራለክትባቱአሉታዊምለ ሽሰጥተወያዉቃሉ	1. አዉ 2. አይ ከሆነ መልሶ ወደ ጥያቄ ቁጥር 116 ይሂዱ	
115	አዎ ከሆነመልሶለምንፍቃደኛአልሆኑም	1 ሃኪሙ ልጁ ህ መም ላይ ስለሆነመከተብ የለበትም ስላለን 2. ለክትባትየሚሆንግብአትስላልነበረ 3. የክትባትቀንስላለፈ 4. የክትባትቦታዝግስለነበር 5. ክትባትየሚሰጠዉሰዉስላልነበር 6. የክትባትካርድስላልነበረን 7. የክትባትሰአትዉስንስለነበር 8 .ሌላ(ጥቀስ): _____	
116	እቤትዉሰጥስለልጆችክትባትዉሰሚሰጥ ማነዉ	2. 1.አባት2 .እናት 3. ሌሎችዳደሮቻችን 4. አባትእናእናት 5. ሌላ(ጥቀስ): _____	

**ክፍል 3. የክትባት ካርድ አጠቃቀም የተመለከተ መጠይቅ እና ስለክትባት አሰጣጥ የተመለከተ መጠይቅ**

117	ልጅ የክትባት ካርድ አለው	<ol style="list-style-type: none"> <li>1. አዉየዜዋለሁካሉወደ ጥያቄ ቁጥር 119 ይሂዱ</li> <li>2. አዉግንአልያዝኩትምካሉወደጥያቄቁጥር 118 A ይሂዱ</li> <li>3 አይካሉወደጥያቄቁጥር 118 B ይሂዱ</li> </ol>	
118 A	ዛሬ ለምን እንዳልያዙት ይነግሩናል	<ol style="list-style-type: none"> <li>1. የልጆቼት ምህርት ቤት አስቀምጬዉነዉ</li> <li>2. መኖሪያ ቤት አስቀምጬዉ ነዉ</li> <li>3. አስፈላጊ መስሎስላልታየኝቤትአስቀምጬዉነዉ</li> <li>4 ጠፍቶብኝ ነዉ</li> <li>5 የክትባት ካርዱ ተበላሽቶብኝነዉ</li> <li>6. የክትባት ካርዱ አልተሰጠኝም</li> <li>7. ለክትባትብለንስላልመጣንነዉ</li> <li>8. ሌላ(ጥቀስ): _____</li> </ol>	
118 B	ክትባትለምንእንደሌለዉይነግሩናል	<ol style="list-style-type: none"> <li>1. ጠፍቶብኝነዉካሉወደጥያቄቁጥር 121 ይሂዱ</li> <li>2. የክትባትካርዱአልተሰጠኝምካሉወደጥያቄ ቁጥር 122 ይሂዱ</li> <li>3. አላዉቅም</li> <li>4. ሌላ(ጥቀስ): _____</li> </ol>	
የክትባት ካርዱ ከተጠቃሚዉ ጋር ካልሆነ የህክምና አገልግሎትመሙያቅጥንያስሞሉ			
119	የክትባት ካርድ ካለ ካርዱን በመቀበል ከስርዓላዉን ፎርም ላይ ያመለጡዉን ክትባት ሙሉ		

Vaccine/Dose	Visit/round	Missed vaccine
BCG	1	
OPV0	1	
DTP-HepB1-Hib1	2	
PCV1	2	
OPV1	2	
Rota1	2	
DTP-HepB2-Hib2	3	
OPV2	3	
Rota2	3	
PCV2	3	

DTP-HepB3-Hb3	4	
IPV	4	
OPV3	4	
PCV3	4	
Measles I	5	
Measles II	6	

120	ከዚህ ፊት የክትባት ካርድ ጠፍቶብህ/ሽያጭቃል	1. አዎ 2. አይ ካሉ ወደ ጥያቄ ቁጥር 23 ይሂዱ
121	የክትባት ካርድ ከጠፋብ ኋላ ለማግኘት አስቸግሮህ/ሻል	1. አወ 2. አይ
122	የክትባት ካርድ ጥቅም ምንድን ነው;	1. ህፃኑ የወሰዳቸውን እና ያልወሰዳቸውን ክትባቶች ለመለየት 2. ሌላ(ጥቀስ): _____ 3. አላወቅም
123	ዛሬ ለክትባት ስመጡ በባለሙያዎች የክትባት ካርድን ተጠይቀዋል;	1. አዎ ከሆነ መልስ ወደ ጥያቄ ቁጥር 126 2. አይ ከሆነ መልስ ወደ ጥያቄ ቁጥር 124
124	አይ ካሉ ህፃኑ ያለበት የክትባት ሁኔታ ተጠይቀዋል	1. አወ 2. አይ
125	ህፃኑ ክትባቱን መወሰድ ያልበት እድሜ ላይ ነው ብለው ያስባሉ;	1. አወ 2. አይ 3. አላወቅም
126	ህፃኑ ዛሬ ክትባቱን አግኝቷል	3. አዎ ከሆነ መልስ ወደ ጥያቄ ቁጥር 30 4. አይ
127	ዛሬ ልጄን ለምን አላስከተቡትም? (እባክዎ አማራጮቹን እንዳያነቡ) በመጀመሪያ በተንከባካቢው የተሰጡትን ምክንያቶች ያዳምጡ እና ከዚያ ከታች ከ A፣ B ወይም C ትክክለኛውን አማራጭ ለመምረጥ ይሞክሩ	

<p><b>አግድሀ፡ከጤናሰራተኞች ጋር የተያያዙ ምክንያቶች</b></p> <ol style="list-style-type: none"> <li>1. ዶክተር/ነርስ ሀጻኑ ዛሬ ክትባት አልገባም አለች</li> <li>2. .ያየን የጤና ባለሙያ ልጄን ዛሬ ስለመከተብ አልነገረኝም</li> <li>3.ዶክተር/ነርስ እንዳሉት ሀፃኑ / ቷታ ሞስላንበረመከተብ አልቻለም</li> </ol> <p>በህመም ምክንያት ልጄ ዛሬ ምን አይነት በሽታ ወይም ህክምና ተቀበለ?</p> <ol style="list-style-type: none"> <li>1. ጥቃቅን ህመሞች እንደ መጠነኛ ትኩሳት፣ ጉንፋን፣ ሳል ወይም ተቅማጥያሉ</li> <li>2. ዋና ዋና ህመሞች መቀበል የሚያስፈልጋቸው እንደ ከባድ የሳንባ ምች ወይም ከባድ ወባ</li> <li>3. ሌሎች እንደ አንጀት ውስጥ ጥገኛ ተውሳኮች ፣ የተመጣጠነ ምግብ እጥረት፣ የደም ማነስ፣ የሰውነት ድርቀት፣ የሽንት ቱቦ ኢንፌክሽን</li> <li>4. ሀጻን መድሃኒት እየወሰደ ነው፡ አጠቃላይ ስም ይፃፉ _____</li> <li>5. ኤች አይቪ ወይም ኤድስ</li> <li>6. ሌላ ይግለጹ፡ _____</li> </ol> <p>ጠያቂ፡ በቃለ መጠይቁ የተገለጹት ምክንያቶች ከላይ ያለውን ለመከላከል የሚጠቅሱ ከሆነ ወደጥያቄ 40 ዝለል</p>
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<p><b>አግድላ፡ ከተንከባካቢው ጋር የተዛመዱ ምክንያቶች</b></p> <ol style="list-style-type: none"> <li>1. ሀፃኑ ለመጨረሻ ጊዜ የተከተበት ጊዜ፣ ታመመ ወይም ምላሽ ነበረው።</li> <li>2. ሃይማኖቱ ክትባቱን አይፈቅድም ወይም በክትባት አላምንም</li> <li>3. ክትባቱ የዚህ ጉብኝት አላማ አልነበረም</li> <li>4. ይህ ልጄ ለዕድሜው ሙሉ ለመከተብ ችሏል</li> <li>5. የጤና ባለሙያዎችን አላምንም / በዚህ የጤና ተቋም ውስጥ ያሉ ክትባቶች</li> <li>6. ልጄን ወደ ክትባቱ በታመው ሰድረስ ችውነበር</li> <li>7. ክትባት ለመጠበቅ ዛሬ ጊዜ አላገኘሁም</li> <li>8. ሌላ ይግለጹ፡ _____</li> </ol> <p>ጠያቂ፡ በቃለ መጠይቁ የተጠቀሰው ምክንያት ለመከላከል ከሆነ B በላይ፣ ወደጥያቄ 40 ዝለል</p>
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<p><b>አግድሐ፡ ከጤና ተቋም ጋር የተያያዙ ምክንያቶች (ሎጂስቲክስና ድርጅት)</b></p> <ol style="list-style-type: none"> <li>1. በጤና ተቋም ዛሬ ምንም ዓይነት ክትባቶች አልነበሩም</li> <li>2. መርፌ ወይም ሌላ የክትባት ቁሳቁሶች አልነበሩም</li> <li>3. ዛሬ በዚህ የጤና ተቋም የክትባት ቀን አይደለም</li> <li>4. የክትባት ቦታ ተዘግቷል</li> <li>5. የክትባት ኃላፊው እዚህ አልነበረም</li> <li>6. ረጅም ጊዜ ይጠበቅ ነበር</li> <li>7. ሰራተኞቹ ክፍኛ አደረጉልን</li> <li>8. ሌላ ይግለጹ፡ _____</li> </ol> <p>ጠያቂ፡ በቃለ መጠይቁ የተጠቀሰው ምክንያት C ለመከላከል ከሆነ በላይ፣ ወደጥያቄ 40 ዝለል</p>
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128	ልጅዎ ለክትባት ብቁ ከሆነ ግን ዛሬ ካልተከተቡ፣ የጤና ሰራተኛው ወደ እርስዎ መላክቷል ወይም የጎትሉትን የክትባት መጠኖች የት እንደሚወስዱ አሳውቆዎታል;	1. አዎ 2. አይ
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129	ዛሬ ልጅዎ ለማስከተብ ስንት ጊዜ ጠብቀዋል	ሰአት-----ደቂቃ-----
130	ለህፃኑ የተሰጠው ክትባት ምን እንደሆነ ተነግሮታል	1. አዉ 2 አይ
131	ቀጣይ ክትባቱ መቼ እንደሆነ ተነግሮታል.	1 አዉ 2 አይ
132	የቀጣይ ክትባቱ ቀጠሮ የጤና ባለሙያዎቹ ፅፈዋል;	2. አዉ 2 አይ
133	ክትባቱስላለው ሂደት ወይም ስለሚያመጣው ተያያዥኛ ግሮች ተነግሮታል	1. አዉ 2. አይ ከሆነ መልሱ ወደ ጥያቄ ቁጥር 136
134	ከሆነ ስምን ጠቅሰው ነበር? (የሚመለከተውን ሁሉ ይምረጡ)	1. በመርፌ ቦታ ላይ ህመም 2. ትኩሳት 3. ሽፍታ 4. ተቅማጥ 5. ማስታወክ 6. ሌላ Sp: _____
135	ህጻኑ በክትባቱ ላይ ምላሽ ወይም የጎንዮሽ ጉዳት ካጋጠመው ምን ማድረግ እንዳለበት ዛሬ መረጃ ደርሶዎታል	3. አዎ 2 አይ
136	ዛሬ በተሰጠው አገልግሎት ማረክተዋል?	3. አዉ 2 አይ ከሆነ መልሱ ወደ ጥያቄ ቁጥር 138
137	በአገልግሎቱ ለምን ረክተዋል?	1 አፋጣኝ ትኩረት ወይ ጥያቄ 2. በሰራተኞች ወዳጃዎ አያያዝ ወይ 3. ለአገልግሎት ምንም ክፍያ የለም 4. ሌላ ዓይነት: _____
138	ለምን አልተረኩም?	1. ረጅም ጊዜ መጠበቅ ነበረበት 2. ሰራተኞቻቸው አሰልፏቸው ነበሩ 3. የባለሙያዎች ቋንቋ ግልፅ አይደለም 4. ለልጁ ምን አይነት ክትባቶች እንደሰጡ አላብራሩም

		5. ሌላይግለጹ: _____
139 a	ለአንድ ልጅ ለሚሰጡ ክትባቶች ክፍያ ጠይቀህ ታውቃለህ?	1 አዎ 2 አይ
139 b	ምንዓይነት የጤና ተቋም እንዲከፍሉ ጠይቆታል?	11. የህዝብ                      2. የግል                      3. አያውቅም
140 a	ለአንድ ልጅ የጤና ካርድ/ ፓስፖርት እንድትከፍል ጠይቀህ ታውቃለህ?	1 አዎ                      2 አይ
140 b	.ምን ዓይነት የጤና ተቋም እንዲከፍሉ ጠይቆታል?	1. የህዝብ                      2. የግል                      3. አያውቅም
141	የክትባቶችን ዓላማን ገረኝ? (የሚመለከተውን ሁሉ አረጋግጥ) እባክህ አማራጮቹን አታንብብ?	1. በሽታዎችን ለመከላከል 2. ስለዚህ ልጆች ጤናማ ሆነው ያድጋሉ 3. በሽታዎችን ለመፈወስ / ለመፈወስ 4. ምንም ጥሩ ነገር አይሰሩም 5. ምን እንደሆኑ እርግጠኛ አይደሉም 6. ሌላይግለጹ: _____
142	እሱን ካልከተቡት ልጅዎ በበሽታ ሊጠቃ ይችላል ብለው ያስባሉ?	1 አዎ                      2 አይ
143	የክትባት አገልግሎቶችን ለማሻሻል ምን ምክሮች አሉዎት? (የሚመለከተውን ሁሉ አረጋግጥ);	1. ተጨማሪ የክትባት ባለሙያዎች ሊኖሩ ይገባል 2. የሚጠብቀው ያነሰ መሆን አለበት 3. ክትባቶች የሚገኙበት ሰዓቶች እና ቀናት መገደብ የለበትም 4. ክትባቱ ነጻ ሆኖ መቆየት አለበት። 5. የህዝብ እና የልጆች አያያዝ መከተብ, የበለጠ ወዳጃዎ መሆን አለበት 6. ጤና ጣቢያው ሁልጊዜ ክትባቶች ሊኖረው ይገባል 7. በክትባቶቹ ላይ መረጃ መስጠት አለባቸው እየተሰጡ ባሉት በሽታዎች ላይ ይከላከላሉ, እና በምላሾች ላይ የሚያመርቱት። 8. ሌላይግለጹ: _____ 9. የለም 10. አላውቅም

