

Improving immunisation in urban slum areas in Nigeria through stakeholder participation: Implication for research

About CPED Policy Brief

Centre for Population and Environmental Development (CPED) policy brief series is designed to draw attention of stakeholders to key findings and their implication as a research is conducted. The general objective is to contribute to a body of evidence that can influence the development, modification and implementation of policies across various sectors in Nigeria. The primary focus, therefore, is to outline actionable recommendations for policy influence and result utilization by government institutions and other key stakeholders in Nigeria.

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Introduction

Immunization during childhood has been proven to be the most effective strategy for the prevention of many infectious diseases. The vaccination of children against childhood diseases carries obvious medical and economic benefits as well as numerous indirect and often far-reaching added societal benefits. Vaccination programmes provide an opportunity for the provision of other primary health care services. It also leads to a direct and measurable reduction of child mortality rates and becomes an opportunity for a higher standard of living as it encourages small families and, in this way, contributes in the family planning programmes' success. The vaccination of children has a great impact on the lives of women in a developing country such as Nigeria. Protecting the lives of children through vaccination and through other primary health care activities is a major strategy towards improving the lives of women. The opportunity and provision of vaccination empowers women to protect their own health and that of their children through their own actions, giving an added psychological feeling of control and empowerment in their lives. Therefore, while vaccination services can be delivered alone, they are best delivered along with other services that are needed by children in their first year of life and by pregnant women. These services may include, among others, child growth monitoring, use of oral rehydration to treat diarrhoea, promotion of breast-feeding, malaria treatment and maternal and child health services.

Despite the importance of immunisation for health care of children and women, Nigeria is one of the ten countries in the world with the largest numbers of unvaccinated or under-vaccinated children. The proportion of children aged 12-23

Background

This policy brief is based on the findings of CPED on-going implementation research on “*Improving immunisation in urban slum areas of Nigeria through stakeholder participation*”. The project is one of the small scale implementation research programmes with support from the *Think Tank Initiative* funded by Canada’s *International Development Research Centre (IDRC)*, Ottawa and other donors. The objectives of the research are (i) To determine the extent of full and up-to-date immunization coverage among children aged between 12-23 months living in selected slum community areas of Nigerian cities; (ii) To better understand caregivers' knowledge, attitudes, and practices regarding immunization and the health system and how these may contribute to sub-optimal vaccination; and (iii) To recommend modifications to service availability, provider practices, community mobilization, and/or health promotion that could improve immunization coverage. This policy brief reports on the findings and recommendations of the research project in a slum area in Warri, Delta State.

months that are reported to have received all recommended vaccinations is still less than 60 per cent which again is one of the lowest in Africa. More importantly is the fact that immunization rate varies from one part of the country to another. Some of the localities characterized by low level of immunization are the urban slum areas of the rapidly growing urban centres. Slum children in Nigeria's urban areas have been identified amongst the most socially and economically deprived and are therefore in need of universal childhood immunization services which are an entry point to the provision of other essential health services. Although the immunization programmes in Nigeria have often broadly benefitted urban areas compared with rural communities yet, within the urban areas, slum communities tend to be underserved because of various barriers such as (i) systems barriers to immunization, (ii) provider barriers to immunization and (iii) caregivers' barriers to immunization. Of all these, the caregivers' barriers are the most challenging in the slum areas of Nigerian cities. This is due to the fact that there have been situations in which even when immunization services are available they are not used by caregivers. Thus, this can only be changed by promoting the participation of the caregivers in the immunisation process in Nigerian urban areas. There is need therefore to mobilize caregivers in the slum areas of the urban areas in Nigeria to play key roles in the elimination of caregivers' barriers to immunization services. It is against this background that this policy brief on promoting caregivers active involvement in immunisation programmes in the slum areas of Nigerian urban centres is presented for the attention of policy makers and other stakeholders involved in immunisation activities.

Key Challenges facing immunisation in the urban areas of Nigeria

A major barrier to the effective implementation of immunization in the slum areas of Nigerian cities is the non-participation of key stakeholders including the caregivers themselves in the delivery of services. Understanding the reasons for low immunization coverage becomes much easier when health facility staff and other promoters of immunization establish a rapport with inhabitants of slum localities and involve their members in planning, promoting, implementing and monitoring services. The slum community members have important roles to play in informing caregivers about the benefits of immunization and the availability of immunization services. Thus to improve the immunization situation in the slum areas, families and community groups must receive enlightenment and counselling to be made aware of and value vaccination services, so that they perceive them to be of sufficient quality and will want to return to complete all of their doses. They must know where and when to come for services. Addressing this challenge is essential to strategies to improve immunization in urban slum areas. This should entail identifying and building the capacity of local groups and other stakeholders in the slum areas as sustainable actors that will take active part in the promotion of advocacy on immunization in their localities. They would promote increased knowledge and awareness of immunization activities amongst the caregivers. It is therefore essential to empower community groups in the slum areas to play key roles on the creation, design and implementation of immunization programs and other activities.

In Nigerian urban areas, disaggregated data on immunization levels and barrier factors are rarely available at the community level which makes it difficult for policy makers to target specific localities such as the urban slum areas with appropriate policy response. We need data on the role of factors such as caregivers' education, rating by caregivers of the quality and effectiveness of immunization services, unawareness that the child was due for another vaccine, loss of immunization card, service charge, shortage of vaccines at the health facilities, etc. The frequency of any of these factors can determine the strategies to be put in place to promote immunization in these slum areas. Furthermore there is need to examine the nature and role of community groups and stakeholders in the promotion of mobilization in the slum areas. It was in this context that a pilot study was carried out in one of the slum areas in Warri, Delta State to determine the following: the extent of full and up-to-date immunization coverage among children aged between 12-23 months; caregivers' knowledge, attitudes, and practices regarding immunization and the health system and how these may contribute to sub-optimal vaccination; the community stakeholders that can play key roles in the promotion of

immunization; and to make recommendation on improvement of services in slum areas such as modifications to service availability, provider practices, community mobilization, and/or health promotion that could improve immunization coverage. The study adopted a combination of quantitative and qualitative approaches in data collection. Data was collected from caregivers (parents or guardians) of the selected children using a pre-tested semi structured questionnaires by a door to door approach. Information collected included the socio-demographic characteristics as well as knowledge, attitude and perceptions of caregivers towards immunization, immunization status of the children and other factors influencing coverage in the selected slum areas. Child Health cards were scrutinized to aid in the assessment of the immunization status of the children. Identification and documentation of community groups that can be empowered as key players in the promotion of immunization was also carried out. The qualitative approach entailed in-depth interviews with primary health staff and community leaders, observations of immunization encounters and focus group discussions with caregivers of vaccination-eligible children ages 12 to 23 months.

The findings of the survey identified three major factors which are associated with immunization coverage among children living in the slum locality of Warri as follows: Socio-economic characteristics; Information, beliefs and behaviour; and Health services. With respect to socio-economic characteristics, the factors associated with immunization uptake included maternal education, employment and age, child's birth order, number of children in the family, ethnic group, place of birth (home or health facility) and household assets and expenditure. However, there is a probability of variation in the effect of socio-economic factors in different slum areas in different parts of Nigeria, depending on specific cultural and demographic conditions. It was observed that recent migrants appear to have lower immunization coverage than migrants who have been settled in an urban-slum area for more than 12 months, suggesting that migrating to a new locale has the most significant effect on immunization coverage, which then resolves to be similar to the slum-area average over time as a result of adaptation to the new environment.

As far as the factor of information, beliefs and behaviour is concerned the findings in Warri indicate factors such as parents being unaware of the need for vaccines; either the child's mother or both parents being too busy to take their child to be vaccinated; parents travelled to home village or place of origin; and parents or caretakers unaware of the location or timing of the vaccine clinic; parents having no faith in vaccinations, loss of earnings, negative attitude of health workers, and lack of out-of-pocket expenditure. Respondents cited rumours and uncertainty about whether some interventions could be harmful and highlighted lack of health worker knowledge and poor communication in relation to vaccines.

Thirdly, it was found that access to health services is also an important factor in improving immunization coverage in the study area. In informal, illegal or swiftly emerging settlements, the provision of health services has been shown to be different when compared to the rest of the urban area, which may also have an effect on immunization coverage and lead to inequities in coverage, particularly among the urban poor in slums. In addition, health services in slum areas may be provided through different organizations than in other parts of an urban area. The Warri study shows that the informal private sector provision of health services by non-medically qualified staff is more common than public provision in slum areas, although this may be supplemented by services provided by NGOs. Slum-dwelling populations are less likely to access health services, even when they are provided, because of fear of costs, risk of losing income, or not knowing where and when services can be accessed. When people do access healthcare, the quality of the services provided also plays a role: higher patient satisfaction and provision of accurate information leads to increased attendance for repeat vaccine doses, thus increasing coverage.

Improving immunization coverage in urban areas in Nigeria

The Warri study findings confirm the poor immunization coverage among the urban poor population and existence of important modifiable factors influencing vaccine uptake. Identifying and targeting vulnerable clusters and households within urban settlements via community-based outreach programmes are very much

required as an interim effort and are vital to improving stagnant coverage rates. Since lack of awareness and social-cultural beliefs play a major role in the decision making of families in vaccinating their children, overcoming these social barriers by improving female literacy and addressing lack of awareness or motivation, through professionally designed behaviour change communication interventions, will go a long way in improving child health in urban slum areas. The increasing population of people living in urban slums is introducing new challenges for health programmes, especially in effectively addressing the health disparities between the urban poor and wealthy. This is reflected in changing patterns of vaccine preventable disease outbreaks, which are becoming more common and severe in urban areas, and are exacerbated by existing vulnerability of slum dwellers characterized by low immunization coverage, poor sanitation, or crowded living conditions. The attainment of global and national goals of immunization in future will require specific attention on slum environments in urban settings.

Multi-component interventions that tackle multiple factors that can contribute to low coverage should be implemented. An important component in this regard is community involvement, which enables the individual context of a slum to be considered. This should include consideration of minority ethnic groups, who may suffer from lower coverage. There is need to focus specifically on reducing physical distance between slum communities and health services which would encourage slum dwellers to access immunization services. Slums are often the first entry point of new migrants to an urban area, and the process of migration leads to an understandable disruption in parents' ability to access health services, leading to lower coverage. Reminder/recall systems have good evidence for effectiveness in high-income countries and are considered as a core component of any immunization programme. The provision of reminder/recall systems in Nigeria could be challenging, especially in slums, due to informal road systems, lack of addresses and limited access to electronic communications. However, reminders can be effective in a slum context in Nigeria if it is implemented with the participation of the stakeholders in the slum communities.

Conclusion

Different factors affect immunization coverage in different urban poor and slum contexts in Nigerian cities. Immunization services should be designed and provided to slum-dwelling communities in consultation with the people living there, considering the local context and avoiding constructing barriers to access, such as geographic and social distance, cost and timing.

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ABOUT CPED

The Centre for Population and Environmental Development (CPED) is an independent Think Tank organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED is located in Benin City, Edo State, Nigeria. The Organisation was formally registered in Nigeria by the Corporate Affairs Commission (CAC) in 1999. CPED is a member of different Think Tank Networks including the “West Africa Think Tanks Network (WATTNet)”, and also a beneficiary of the Think Tank Initiative (TTI), a multi-donor program of the *International Development Research Centre (IDRC)*, Canada. The Centre’s Executive Director is **Professor Emeritus Andrew Godwin Onokerhoraye**, vice chancellor University of Benin (1992-1998).

CPED core programme areas can be broadly categorized into: Action Research; Policy Engagement, Communications and Advocacy; Intervention Programme and Capacity Building for Policy makers, CSOs and Mentees from allied institutions. CPED research agenda covers (1) Climate change with particular reference to the wetland and coaster regions (2) Gender and development (3) Health Systems and Health Care Service Delivery (4) Research on Governance and Development (5) Peace Building and Development in Niger Delta Region (6) Growth, Development and Equity.

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