



MISSED OPPORTUNITIES FOR VACCINATION AMONG CHILDREN IN KENEMA, SIERRA LEONE, 2023: CROSS-SECTIONAL SURVEY

M. Keshk¹, L. Vala², J. Gana³, M. Coneh⁴, A. Obeidat⁵, D. Grant⁶, D. Van Laeken⁷

¹MSF, Brussels, Cairo, Egypt, ²MSF, Brussels, Freetown, Sierra Leone, ³MSF, Brussels, Abuja, Nigeria, ⁴MSF, Brussels, Kenema, Sierra Leone, ⁵MSF, Brussels, Freetown, Sierra Leone, ⁶Ministry of Health and Sanitation Sierra Leone, Freetown, Sierra Leone, ⁷MSF, Brussels, Brussels, Belgium

BACKGROUND AND OBJECTIVES

- Sierra Leone has high levels of poverty (56.8%) and high under-five mortality (105 per 1000 live births). In its most recent demographic and health survey, 2019, the country had low vaccination rates, with only 56% of children aged 12 to 23 months and 51% of children aged from 24 to 35 months receiving age-appropriate vaccines (**Figure 1**).

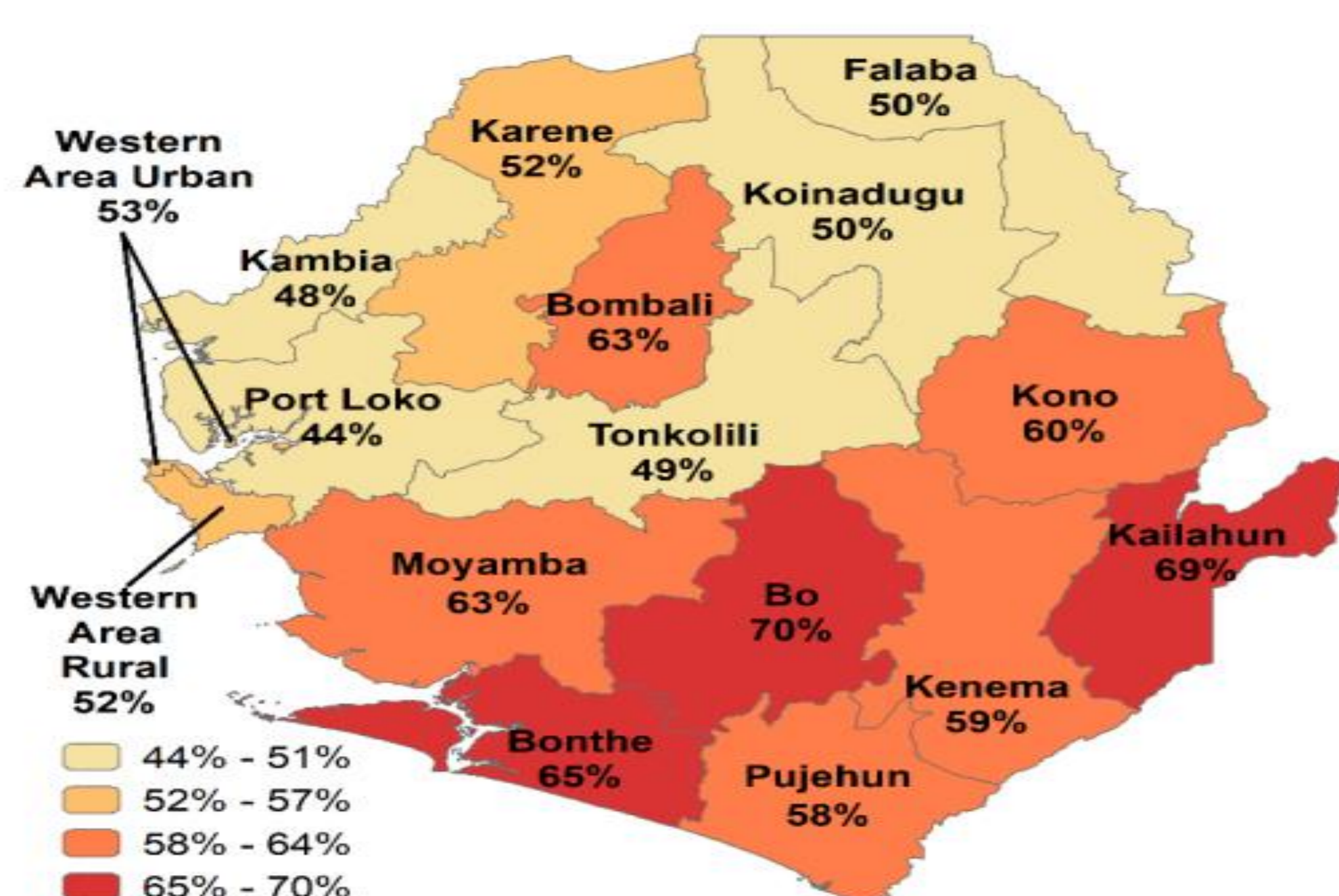


Figure 1. Vaccination rate among children <24 months in Sierra Leone, DHS 2019

- In Kenema District, eastern Sierra Leone, MSF fully supports six Ministry of Health public health units (PHUs), providing supplies, logistics, and community mobilisation activities. This support is enabling the PHUs to roll out catch-up vaccination programmes for children from birth up to 59 months.
- We aimed to evaluate the proportion of children in this region with missed opportunities for vaccination and the underlying reasons for these.

METHODS

- A health service-based exit survey was done by interviewing a convenience sample of caregivers of 250 children aged 0 – 59 months who came to the PHUs during working hours.
- The survey was conducted between the 15th of June and the 30th of July 2023.

ETHICS STATEMENT

This study has been reviewed and approved by the Office of Sierra Leone Ethics and Scientific Review Committee, SLESRC approval number 004/12/2022.

RESULTS

- Children above 24 months old had the highest vaccination coverage rate (41/42; 97%), while the lowest vaccination coverage was among children aged 0-11 months (97/150; 64.6%). Vaccine-specific coverage rates can be seen in **Figure 2**.
- Most children (93%) had their vaccination card with them at the time of the survey (**Figure 3**).
- Of the 143 children eligible for vaccination on the day of the survey, 84% (n=120) were given missing vaccine doses.
- The main reason for eligible children not receiving a vaccination on the day of the survey was the clinic's long waiting time to receive vaccines (**Figure 4**).
- Guardians of 201 children (201/250, 80.2%) said that they would accept extra vaccinations if proposed by healthcare workers.

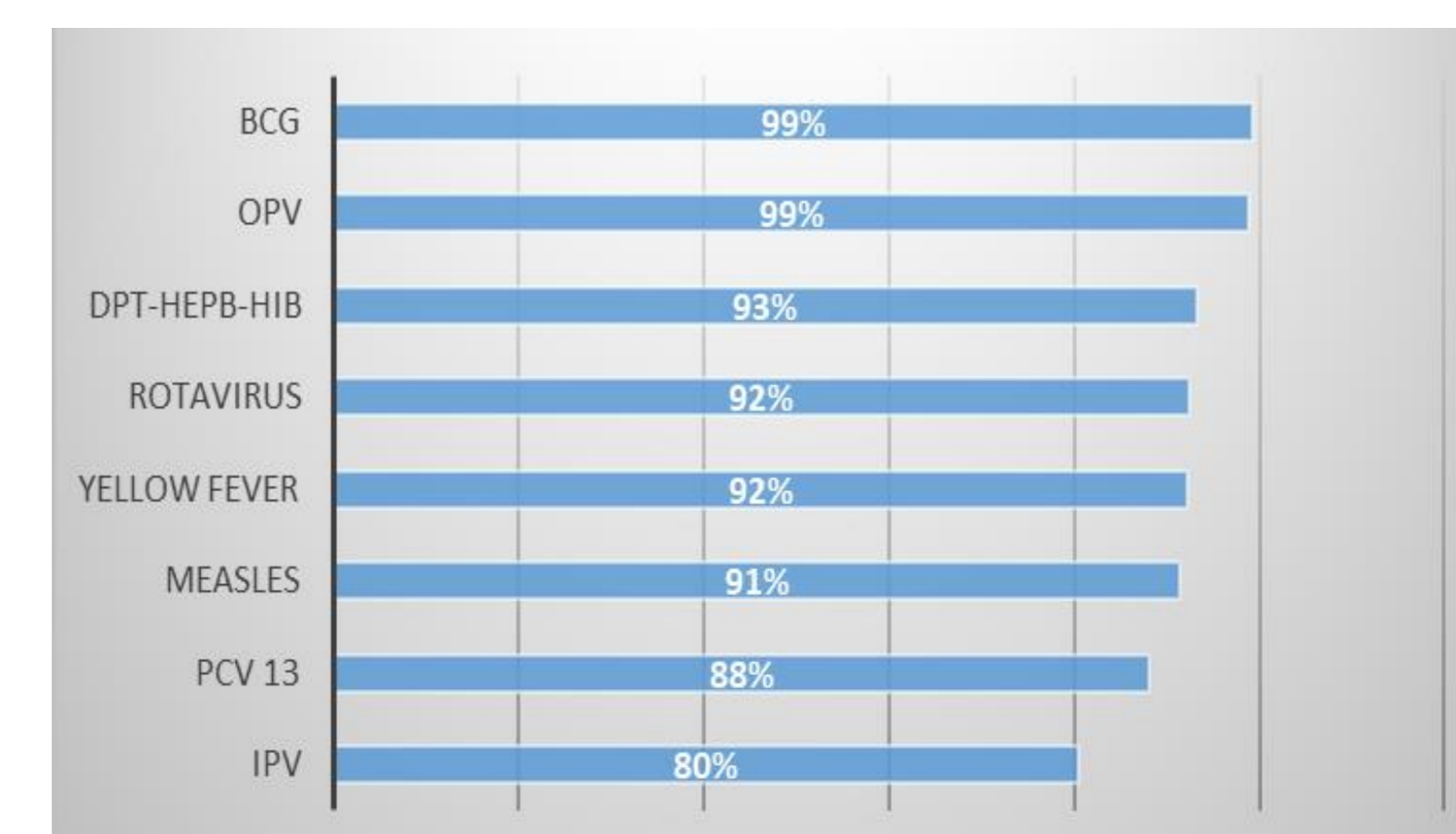


Figure 2. Vaccination coverage rates per vaccine

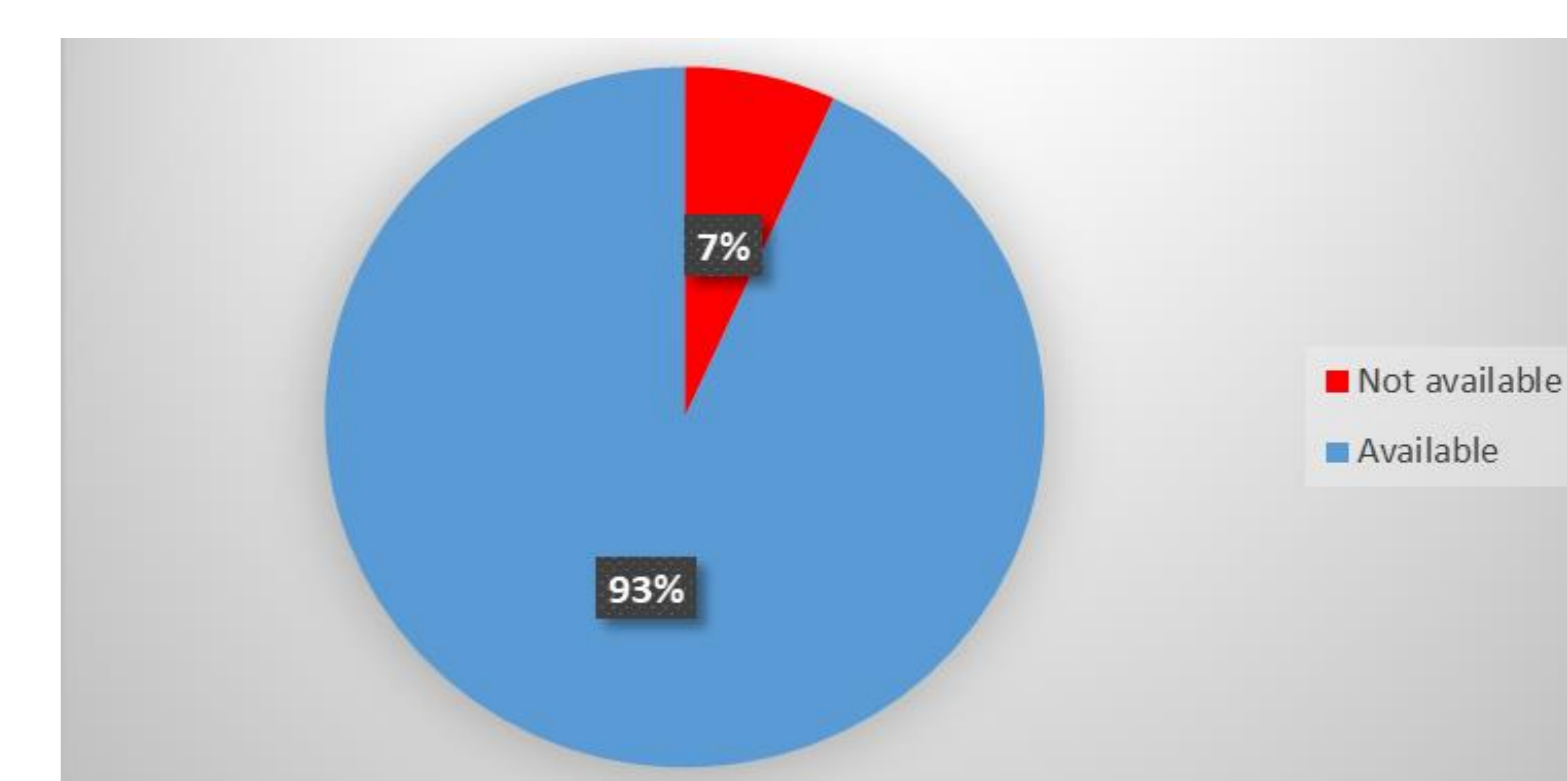


Figure 3. Vaccination card availability at time of survey

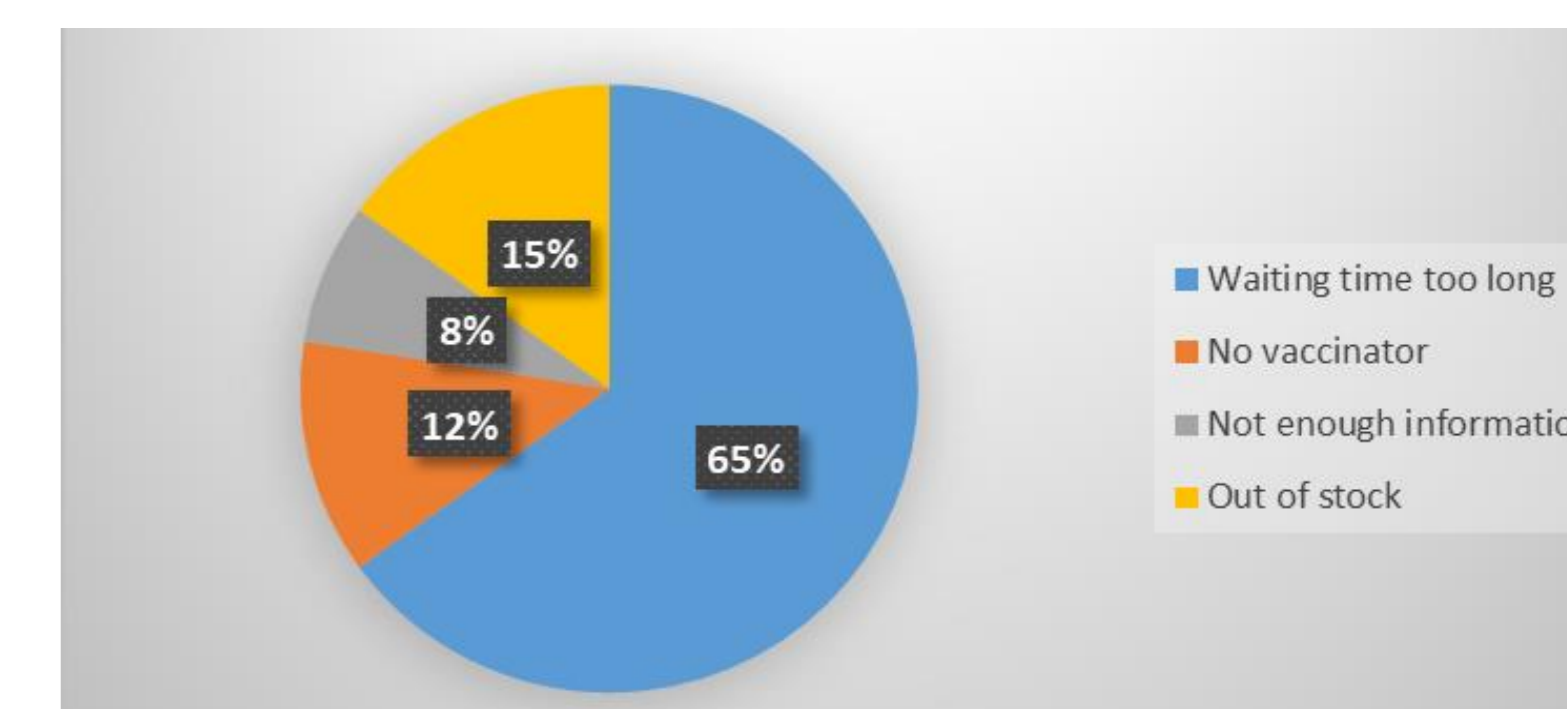


Figure 4. Reasons for not receiving vaccination at time of survey

CONCLUSION

- In Kenema, high vaccination coverage among children is attributed to the availability of vaccines, accessibility to vaccinations, training of healthcare workers, and acceptance from caregivers.
- This model of collaborative efforts can be used as a guide for enhancing vaccination coverage in similar contexts. However, limitations include the relatively small sample and the focus on health facilities supported by MSF.
- Further work will include an additional survey among the Ministry of Health PHUs that are not supported by MSF to investigate the causes of missed opportunities for vaccination among children attending these centres and to help develop strategies to increase vaccination uptake.

ACKNOWLEDGEMENTS

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