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## The influence of linkages, feedback mechanisms, and caregiver mobility on immunization follow-up visits in Lideta sub-city of Addis Ababa, Ethiopia: a qualitative study

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The influence of linkages, feedback mechanisms, and caregiver mobility on immunization follow-up visits in Lideta sub-city of Addis Ababa, Ethiopia: Losing children to follow-up is one of the major barriers identified in Ethiopia's immunization programme. In many urban slum areas like Lideta sub-city, Addis Ababa, several demand- and supply-side factors affect the follow-up visits for routine immunization services, so this study aimed to explore the influence of linkages, a feedback mechanism, and caregiver mobility on immunization follow-up visits. The study team employed a qualitative method and conducted 30 in-depth interviews with caregivers, 26 interviews with key informants, and five focus group discussions with health officials and decision-makers. A deductive content and thematic analysis was carried out by importing the transcripts into OpenCodes, applying the a priori codes, and identifying new codes and themes. The linkages among health facilities included those from hospitals to health centres, from hospitals to hospitals, and from health centres to health centres within and outside the sub-city. Using these linkages, most vaccinators transfer caregivers without providing multi-dose vial (MDV) vaccines, mainly bacille Calmette-Guérin (BCG) and measles-containing vaccines (MCV), "to minimize wastage" and thus successfully reduce vaccine wastage rates; yet most caregivers wasted their time, energy, and money travelling from one health facility to another. Despite some efforts to transfer caregivers using "transferal slips" and informal phone calls to vaccinators' friends, unfortunately, there was no formally established system for obtaining feedback about the arrival of caregivers and continuation of the follow-up visits. Overall, the transfer process lacked uniformity, used various approaches, and was not systematic. Transferal of caregivers for the sake of minimizing wastage of MDV vaccines without checking the vaccination schedules of the receiving health facilities, using various informal types of tools and approaches, along with a poor follow-up and feedback system, were major identified challenges which cost caregivers extra money, energy, and time in getting timely immunization services. Therefore, the Federal Ministry of Health should strengthen the linkages among facilities, ensure the establishment of formal communications by developing guidelines and standardized tools – transferal slips and approaches – and initiate a fast feedback provision system using SMS text messages.