

Abstract

Impact of Training of Primary Healthcare Centers' Vaccinators on Immunization Session Practices - Wasit Province, Iraq, 2016 - An Interventional Study

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Abstract

Background: Immunization is one of the successful and cost-effective health interventions that averts >2.5 million child deaths annually. WHO and UNICEF estimates of immunization coverage in Iraq in 2015 revealed 58% for DTP3 and 57% for measles. High-quality immunization session practices (ISPs) can ensure safer, more effective vaccination and higher coverage rates.

Objective: The objective of this study was to assess the impact of training of primary healthcare centers (PHCs) vaccinators on quality of ISPs in PHCs in Wasit province.

Methods: An interventional study was conducted on ten (18%) PHCs in Wasit province where two PHCs were randomly selected from each health district. ISPs were first assessed by direct on-job observation of immunization sessions through a single visit for each PHC using modified WHO immunization session checklists and findings were grouped into seven domains: vaccine and diluent management, cold chain management, session's equipment, registration, communication, vaccine preparation and administration and waste management. Then, the vaccinators in these PHCs were enrolled in a one-day training using WHO module Managing an Immunization Session as a training material. A second assessment was made one month later using the same method. Mean differences in the domains' scores were calculated.

Results: A significant improvement was clear in three domains: vaccine and diluent management ($P=.005$), cold chain management ($P=.01$) and vaccine preparation and administration ($P=.003$). Eight PHCs (80%) showed improved, whereas the remaining two (trained vaccinators were moved away soon after training in one, while the other was conducting a badly managed campaign with influenza vaccine) showed some decline.

Conclusions: Training of PHCs' vaccinators was effective in improving ISPs. We recommend using this training module for other PHCs to improve utilization of immunization services. The impact on vaccination coverage may be assessed one year later.

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