
MALARIA VACCINE INTRODUCTION

**Rapid Assessment
Kebbi and Bayelsa states**



RATIONALE OF MALARIA VACCINE RAPID ASSESSMENT

- Inform the Social and Behaviour change Strategy and interventions
- Improve how to work together with community to create and sustain demand for all 4 doses
- Provide appropriate solution to strengthen community participation while measuring the impact of activities carried out
- Reinforce decision-making based on up-to-date evidence by integrating how people's values, priorities, beliefs and life experiences interact with disease prevention, new vaccines including Malaria Vaccine
- Ultimately, build community trust that translate into ownership, acceptance, and use of services.
- Promote vaccine demand and uptake as part of other malaria interventions.
- Ensure community engagement and risk communication.
- Monitor and address misinformation





METHODOLOGY



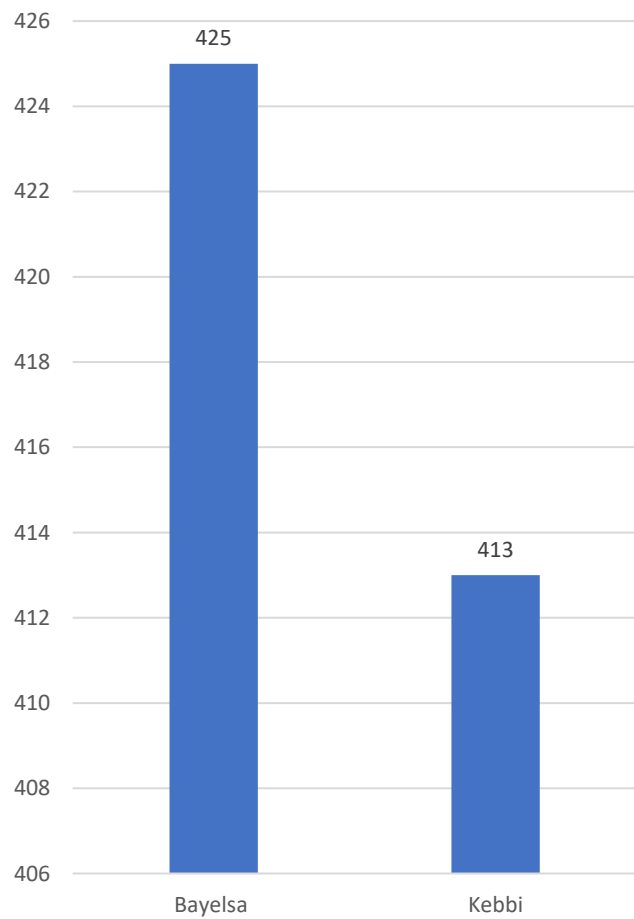
- **Quantitative and Qualitative**
 - Collected using KOBO (November 2024)
 - Quantitative analyzed using Frequency, tables
 - Qualitative Data Analyzed using Co-pilot, an AI machine learning software/ app
- **Consent** of the participants for participation orally sought (integrated in the questionnaires)
- **Sampling:**
 - LGA, Wards and communities within the State was ***purposively*** selected
 - Households and respondents ***randomly*** selected – Kebbi 415, Bayelsa 423 & 18 KII in both states
 - All respondents' caregivers of child under 5 years
 - All Respondents' above 18 years (Mostly Heads of households)



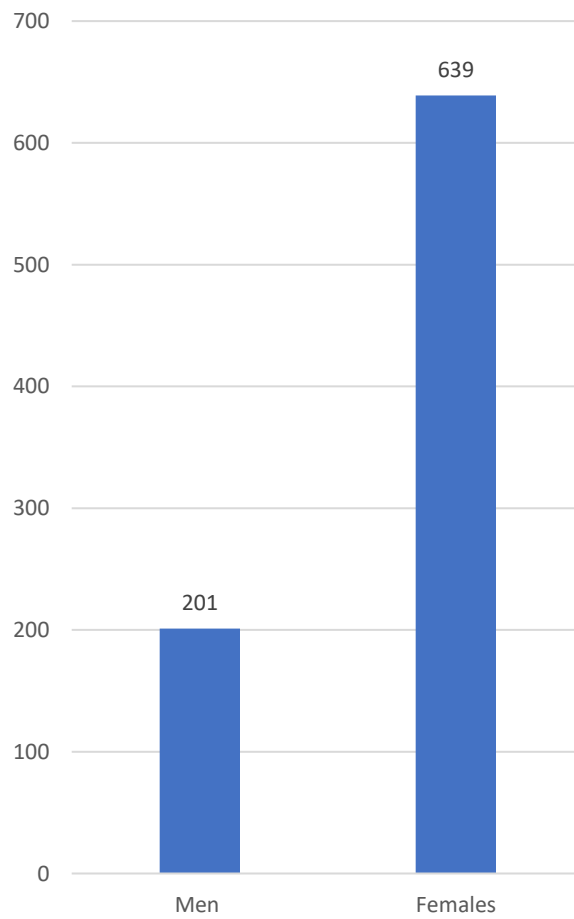
DEMOGRAPHICS



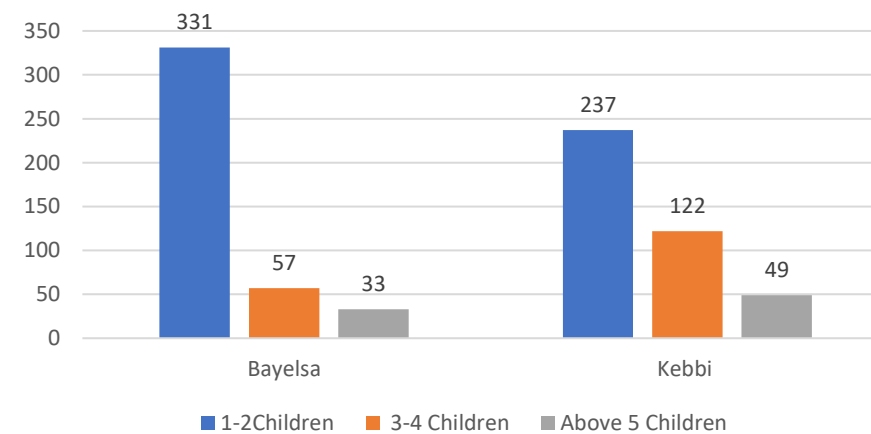
Respondents by State



Respondents by Gender

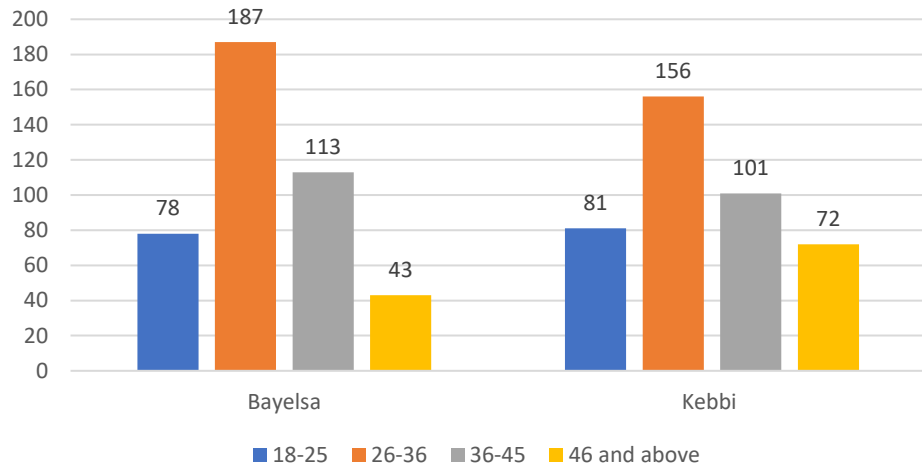


How many children under 5 years are in this household?

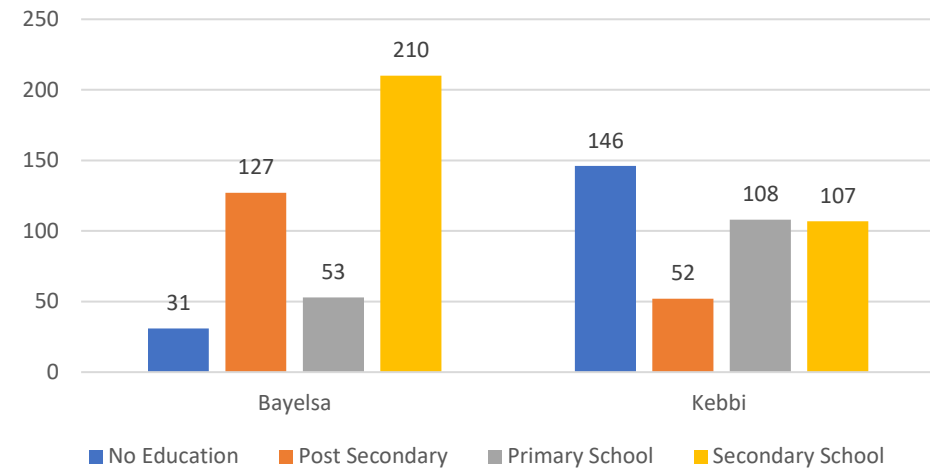




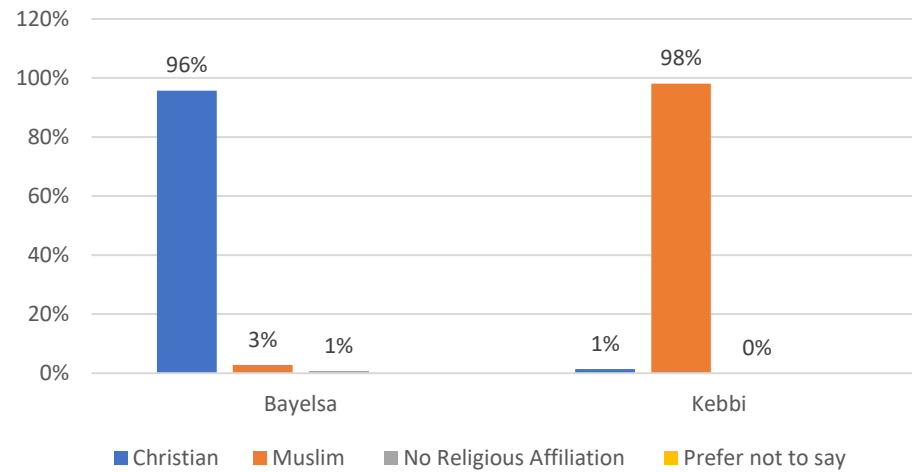
Age of Respdents



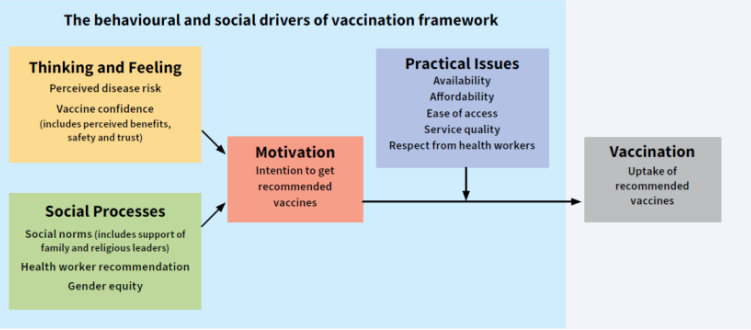
Level of Education



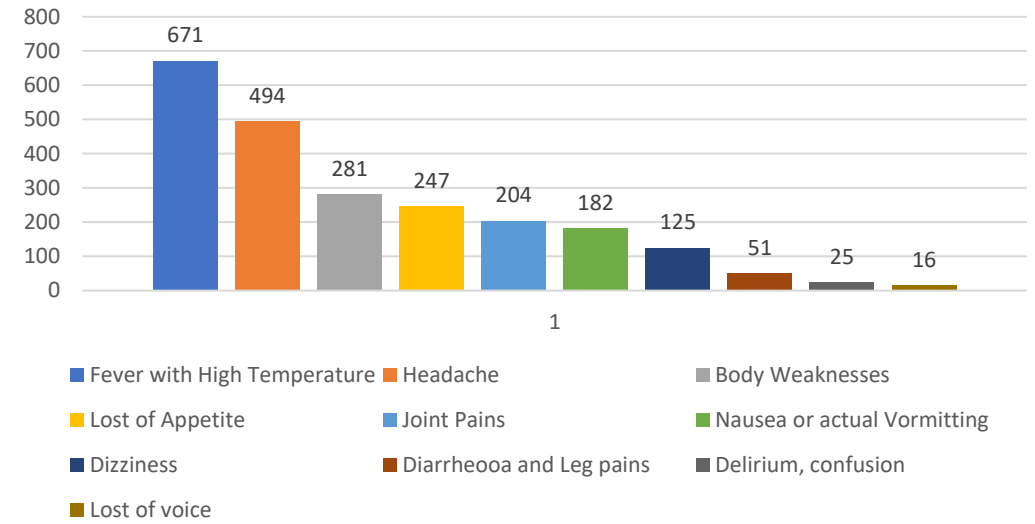
Current Religious Affiliation



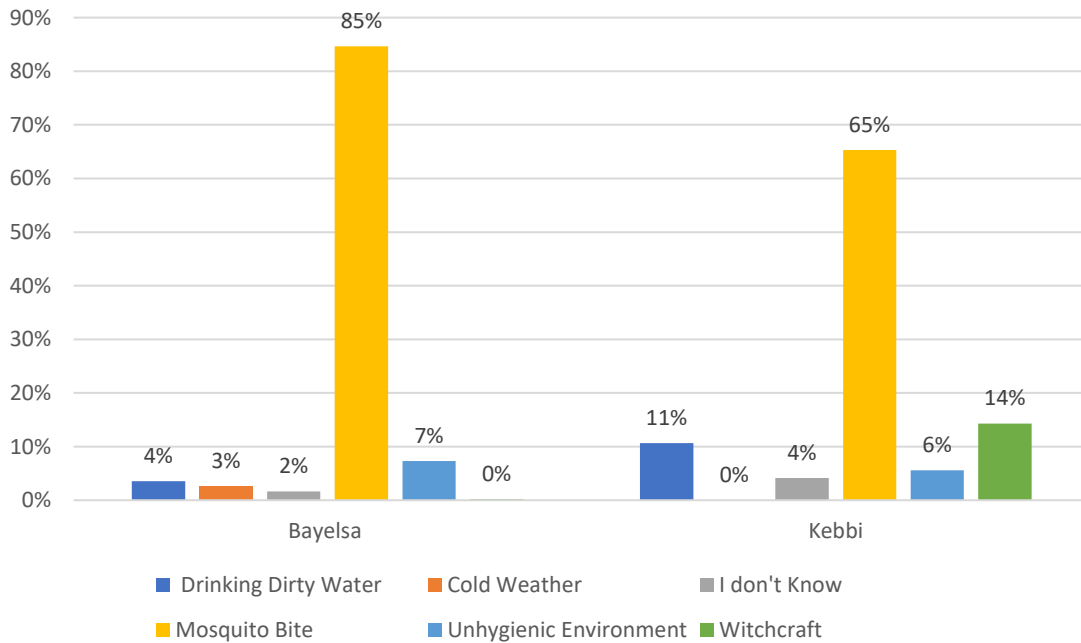
KNOWLEDGE: MALARIA



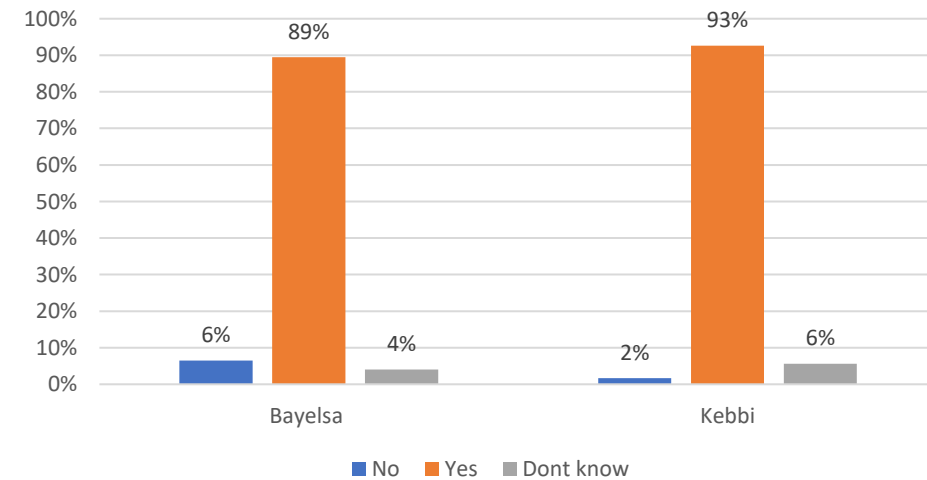
Malaria Signs and Symptoms



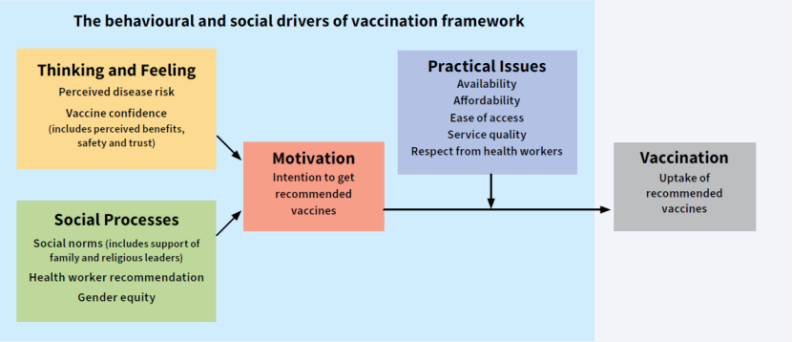
How Does one get Malaria?



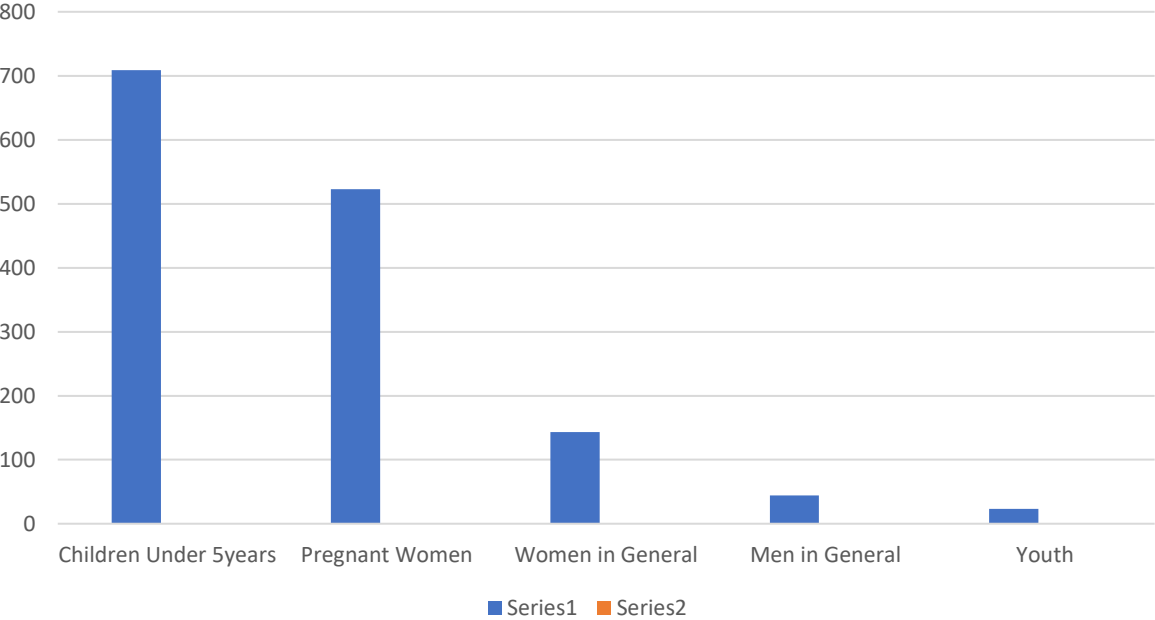
Do you think Malaria can kill a person?



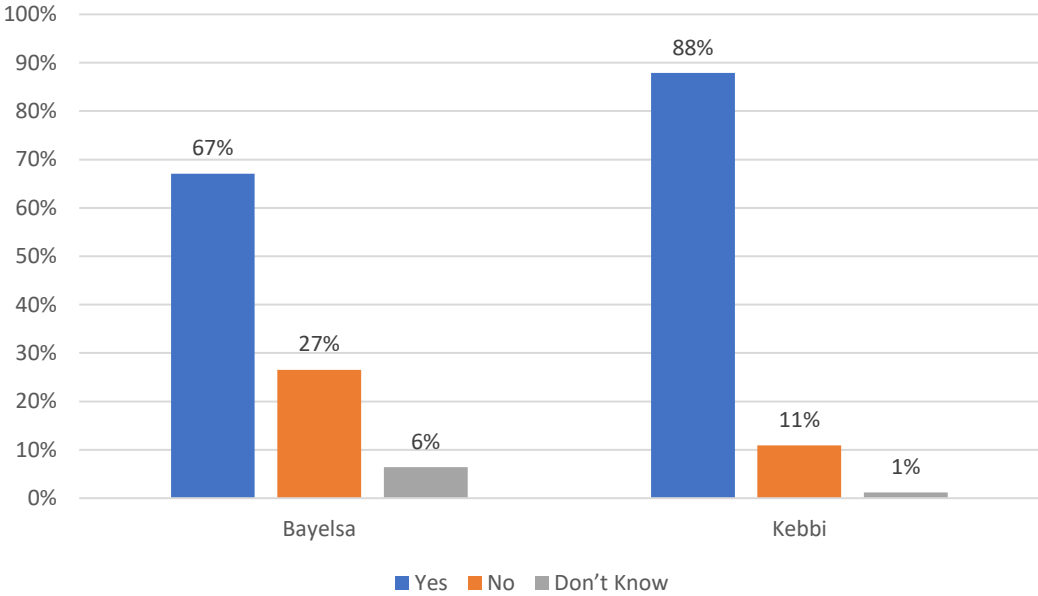
KNOWLEDGE: MALARIA PREVENTION



Who is most at risk of Malaria Infection?



Has anyone in your family tested and confirmed a malaria case in the last one year?



AWARENESS: MALARIA

Awareness:

- Recognized as a serious disease from mosquito bites; knowledge of transmission and prevention varies.
- Misconceptions include beliefs about sunlight and cold weather as causes.

Burden of Malaria

- Significant health issue affecting productivity and quality of life.
- Economic strains from medical costs and loss income.

Dangers of Malaria

- Awareness of severity, especially for children and pregnant women high
- Limited knowledge of long-term effects like anemia.

Most at Risk

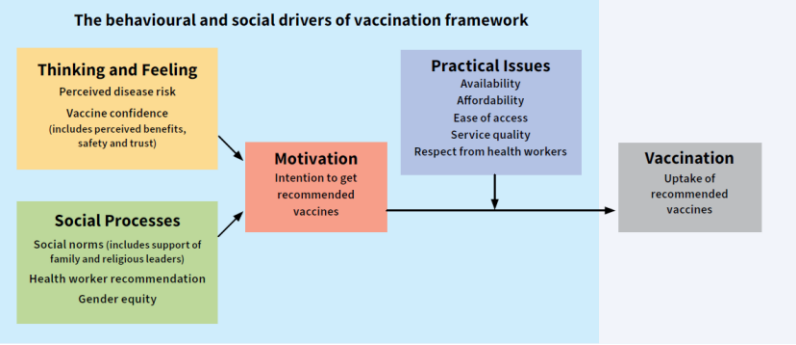
- Vulnerable groups: children under five, pregnant women, immunocompromised individuals.
- Local beliefs influence perceptions of risk.

Risk Factors

- Cultural preference for traditional remedies over modern prevention.
- Stagnant water (e.g., Epie Creek) contributes to malaria transmission.

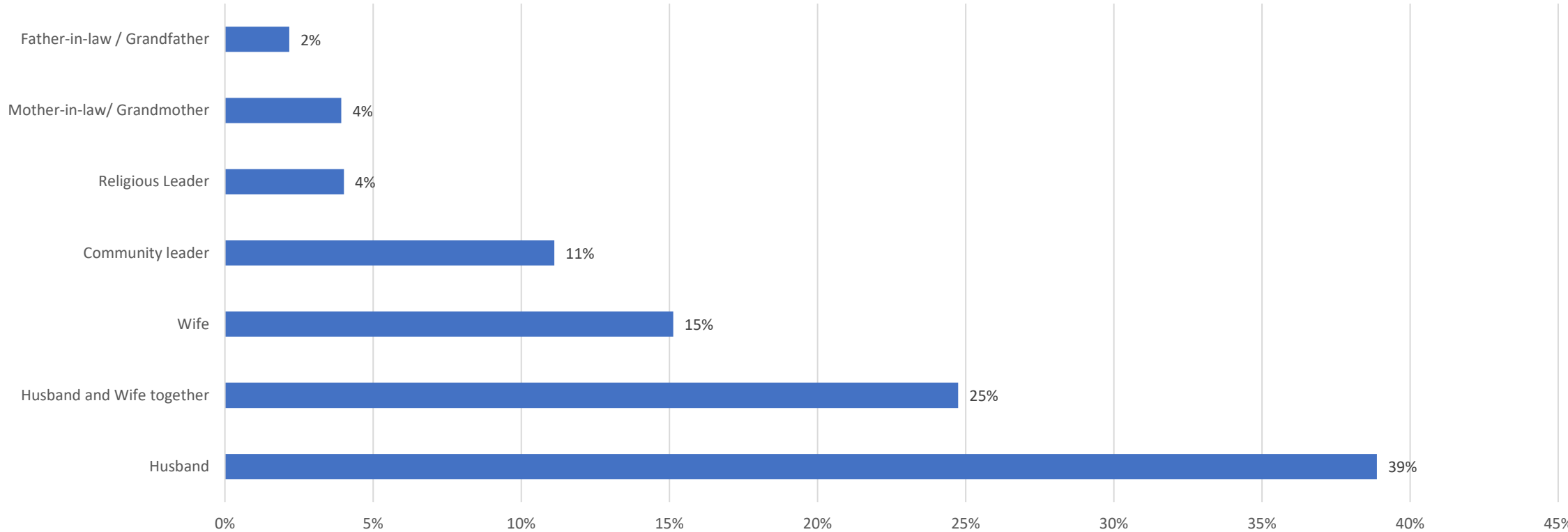
Organizations Supporting Prevention

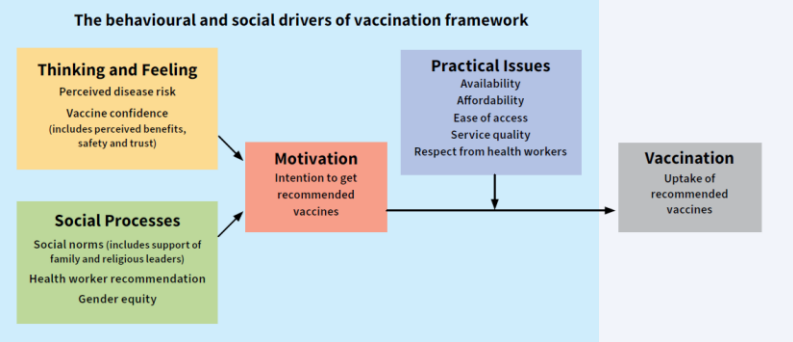
- Local NGOs, government initiatives, and WHO engage in health education
- Community health workers create awareness, but HW support may be limited



HEATH SEEKING BEHAVIOUR: DECISION MAKING

In your family and community, who makes the decision about whether children will get vaccines, including Malaria Vaccine?

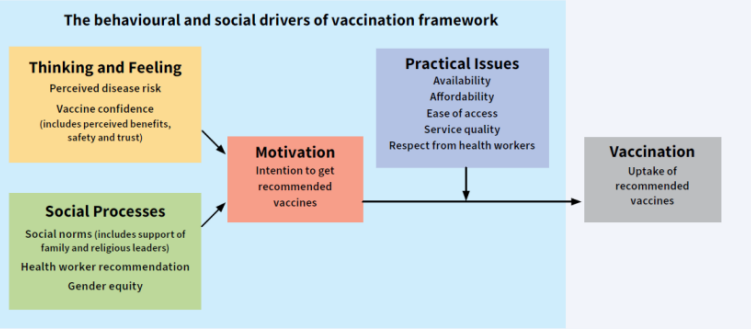




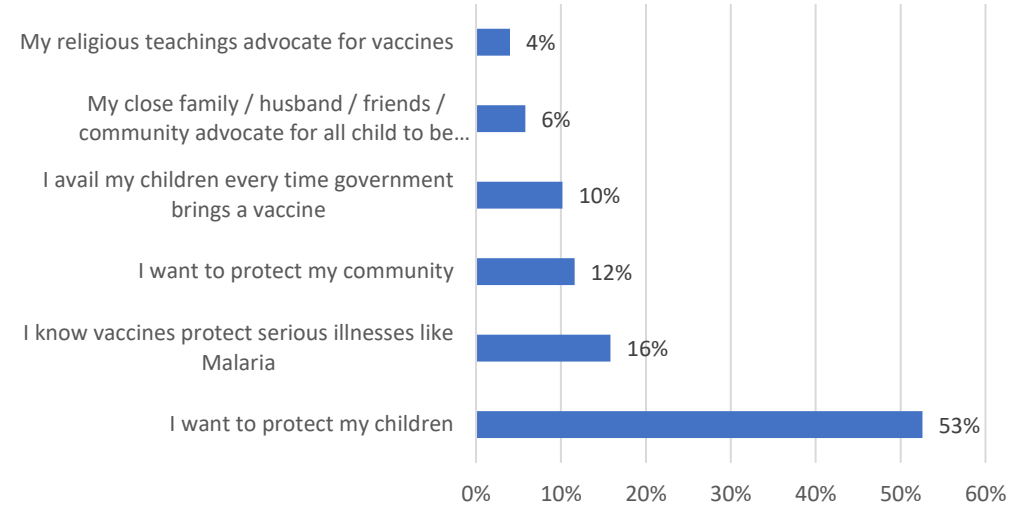
KII: DECISION MAKING/ INFLUENCES

- Community perceptions of vaccination highlight mixed attitudes influenced by cultural beliefs and community leaders.
- Mixed Opinions: Influenced by cultural beliefs and past experiences
- Parental Approval: Parents recognize the importance of immunization for children, especially against diseases like measles and polio.
- Trust in healthcare providers and understanding of vaccine benefits varies
- Community Leaders' Influence: Endorsements from respected leaders can enhance parental acceptance.
- Government efforts should aim to ensure inclusivity in vaccination programs, fostering strong community support.

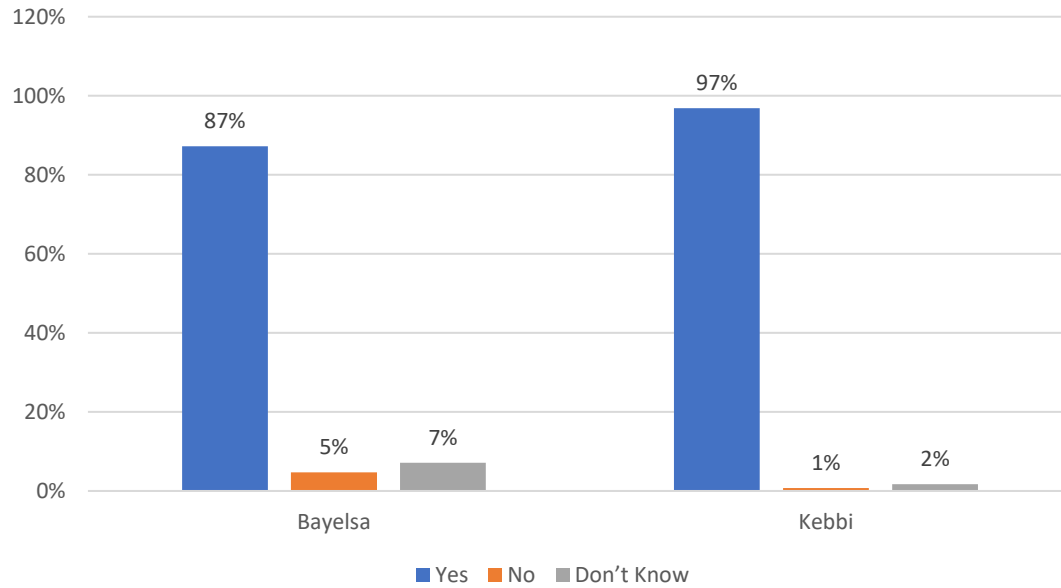
MALARIA VACCINE: MOTIVATION



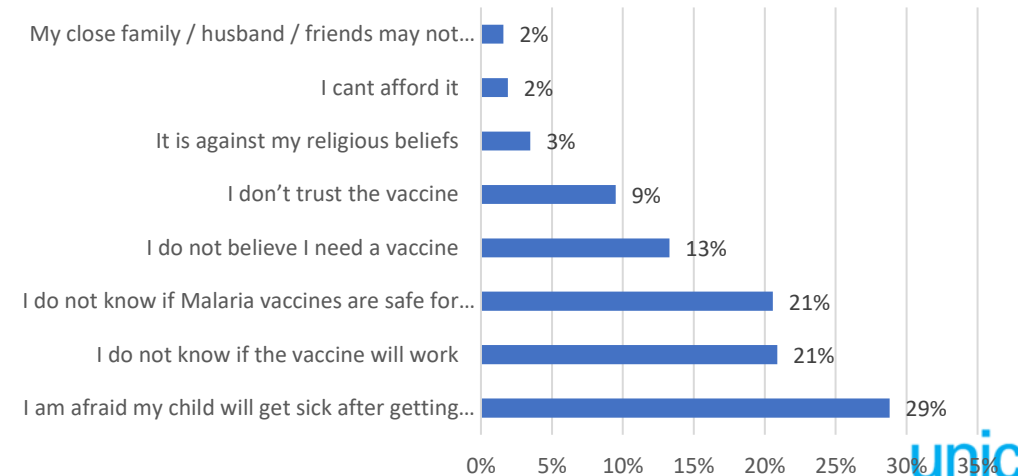
I will avail my child to get the vaccine because:



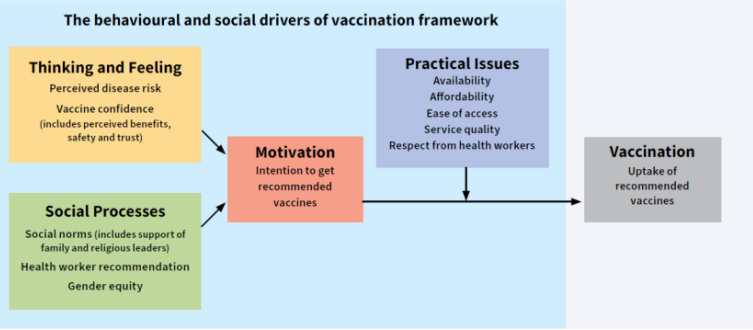
If a malaria vaccine is available in this area at no cost, would you be willing to get your child vaccinated?



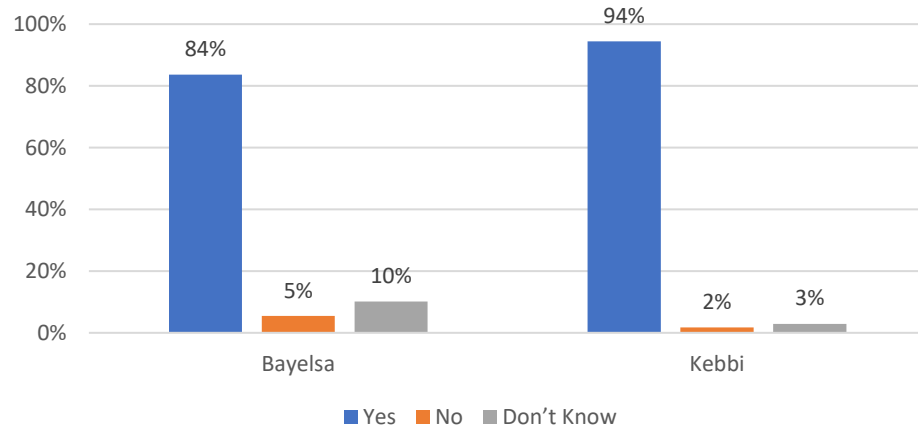
If no or not sure, why?



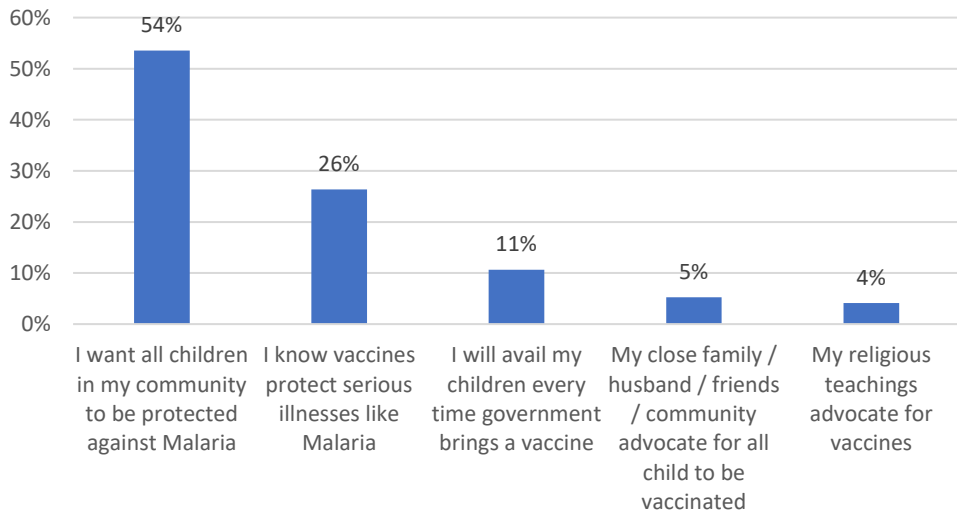
MALARIA VACCINE: MOTIVATION



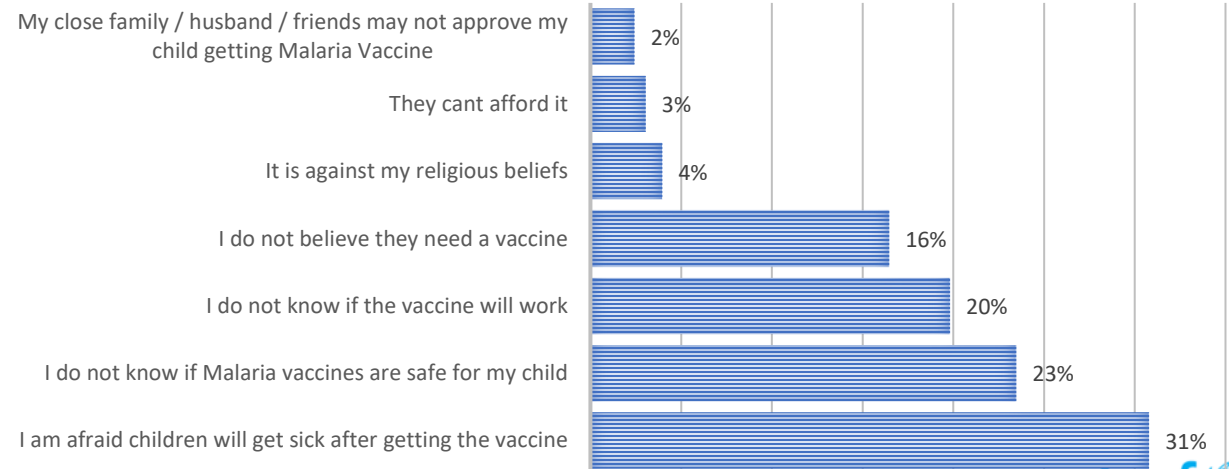
Would you recommend a malaria vaccine to an eligible child within your community?



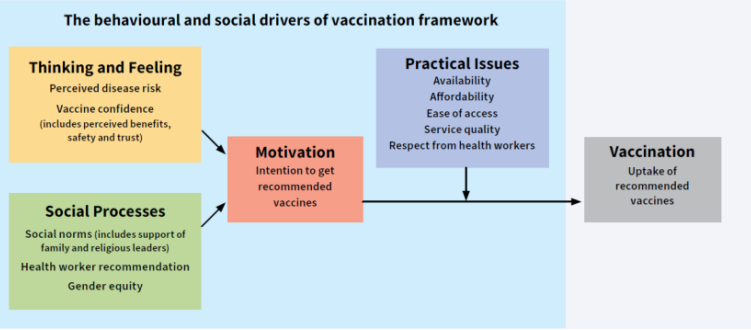
IF YES, WHY?



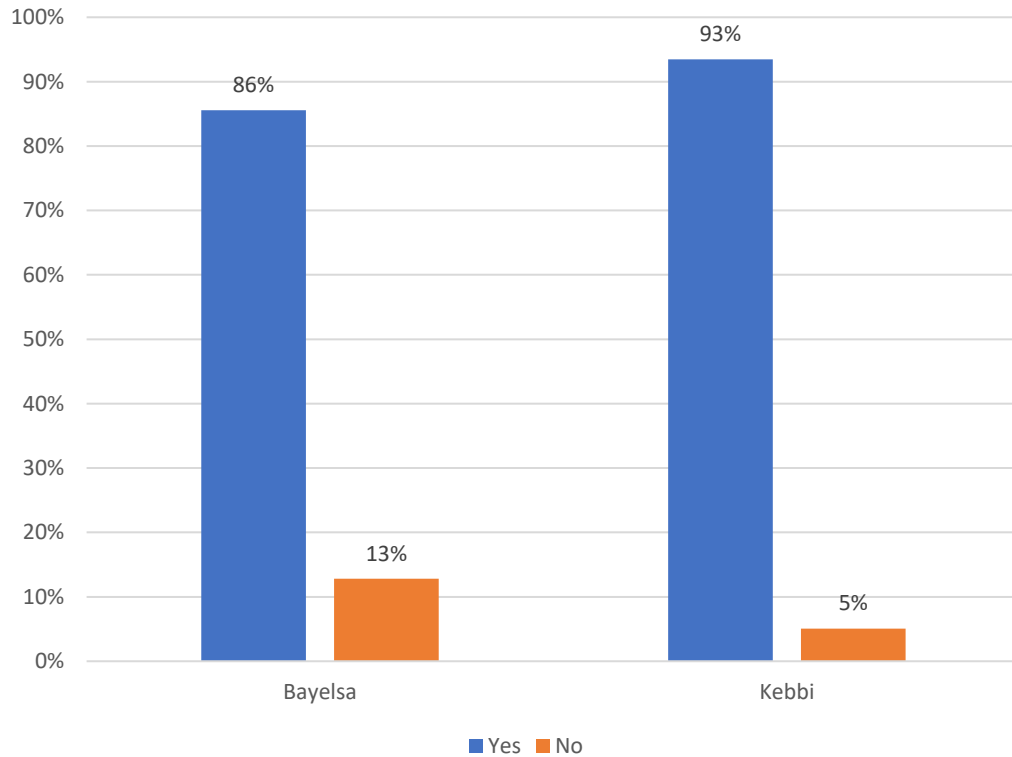
IF NO, WHY?



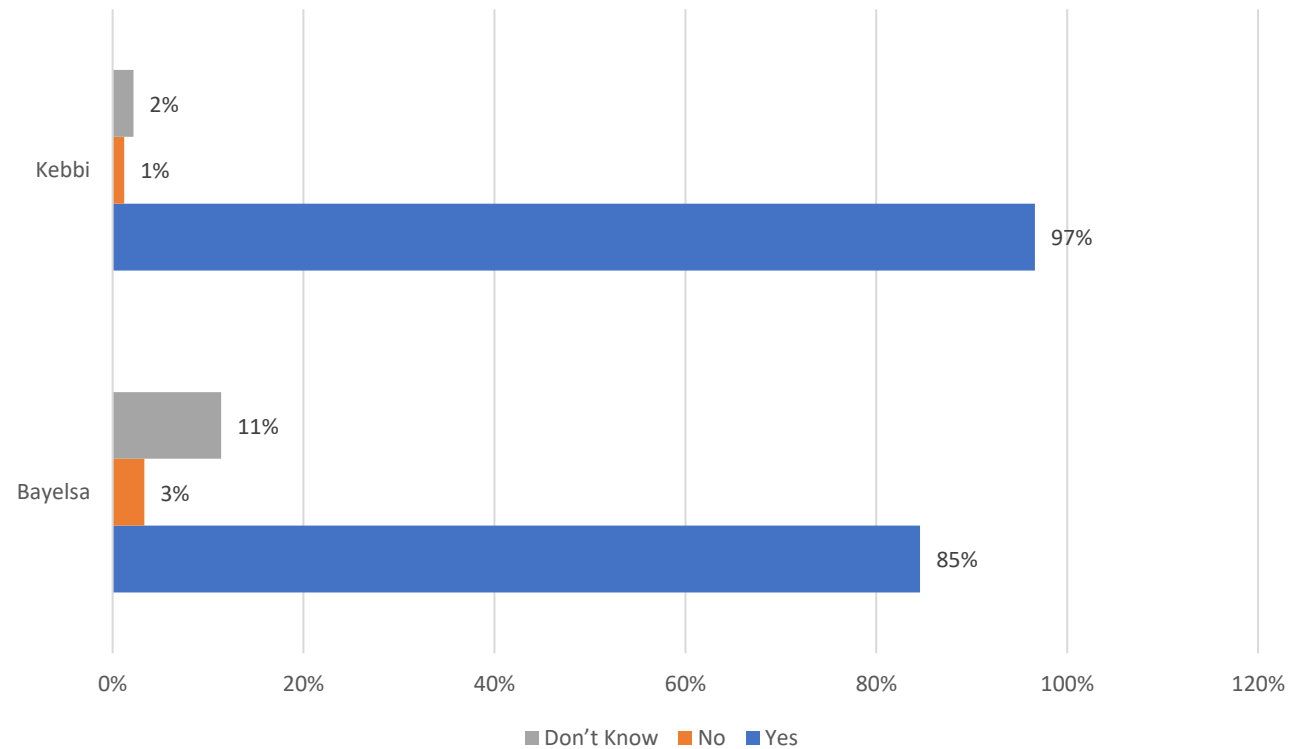
MALARIA VACCINE: MOTIVATION TO COMPLETE RECOMMENDED



Do you take your children to the health facility for all Vaccines until they turn 15 months?



Are you willing to ensure your child receive all 4 doses of Malaria vaccine by bringing them to the health facility severally as guided?





KII: PRACTICAL ISSUES (BARRIERS)



Community Insights:

- **Vaccination Views:** Varied Community perceptions on vaccination, particularly the malaria vaccine
- **Role of Leaders:** Community leaders, traditional healers, and health workers influence health decisions
- **Challenges:** Issues like transportation and health worker attitudes affect health-seeking behaviors
- **Cultural and Social Norms:** Traditional beliefs impact risk reduction practices

Vulnerable/High-Risk Groups:

- **Children Under Five and Pregnant Women:** These groups face barriers to vaccination and require targeted strategies like mobile clinics
- **Communication Priorities:** Clear messaging and community engagement through various channels are essential for promoting vaccination awareness

Access Challenges for Vulnerable Groups:

- **Social, Economic, and Logistical Barriers:** These barriers make it difficult for high-risk groups to access vaccination services.
- **Heightened Risks:** Vulnerable groups face increased risks due to limited healthcare access, increased exposure, or underlying health conditions.

People with Disabilities:

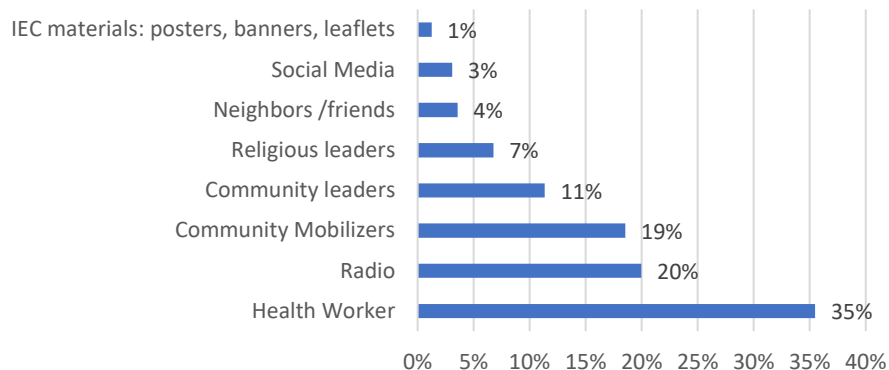
- **Access Issues:** Challenges include lack of wheelchair-accessible facilities, communication barriers for those with hearing or vision impairments, and fewer resources for individualized care at vaccination sites.



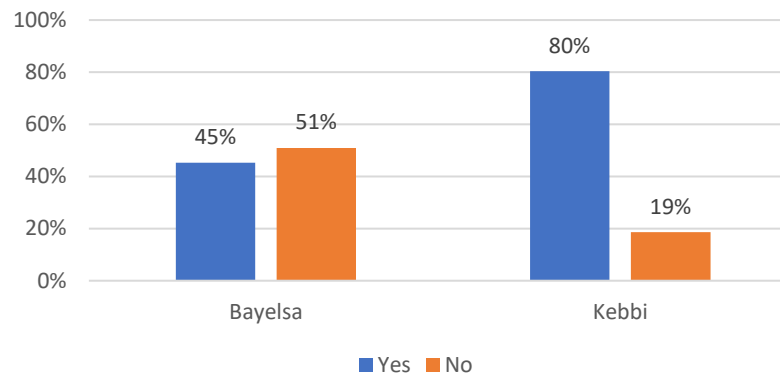
SOURCES OF INFORMATION



Where do you usually get information on vaccination and other health programmes?



Do you listen to Radio in this household (Radio set or Phone Radio)?

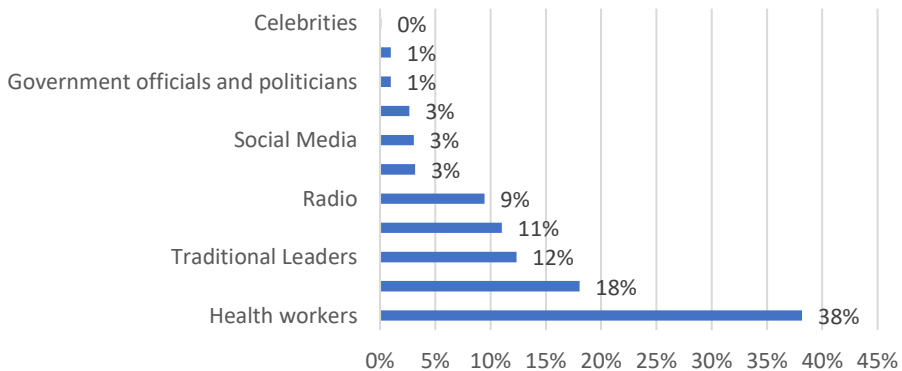


Face-to-Face: Health workers and religious leaders relay health information during community gatherings and religious services.

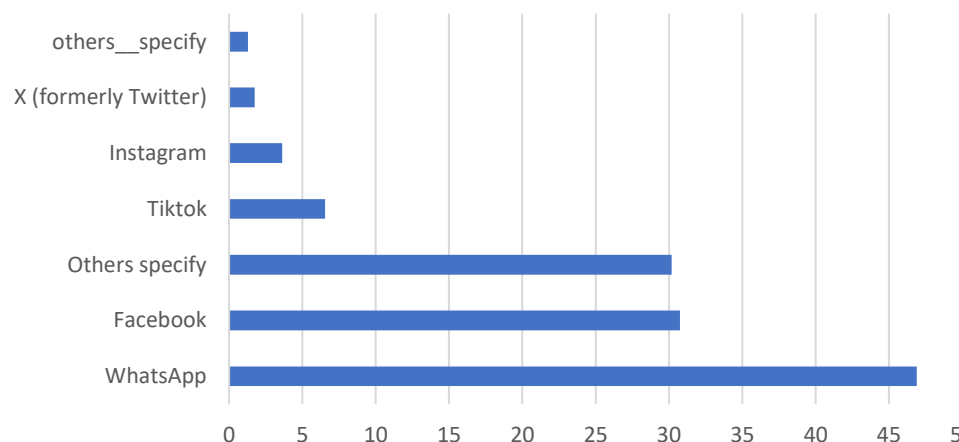


Megaphones: Used to broadcast clear messages loudly to the community.

If a Malaria Vaccine is introduced, where would you prefer to get information on the vaccine from?



What social media platform do you use the most?



Radio and Community Mobilization: Local radio stations and community mobilization efforts are also utilized.



COMMUNITY INSIGHTS



Vaccination Views:

Community acceptance and perceptions on vaccination, especially the malaria vaccine positive

Influence of Leaders:

Community leaders, traditional healers, and health workers play a significant role in shaping health decisions.

Challenges: Issues like transportation and the attitude of health workers affect health-seeking behaviors.

Cultural Beliefs: Traditional religious beliefs and social norms impact risk reduction practices.

Strategies: Effective strategies for promoting health awareness and vaccination uptake were identified.



DATA ANALYSIS: SUMMARY



THINKING AND FEELING	Sources of Information (Access v/s Preferred)	Behavioral Practices	Practical Issues (Sociocultural, Economic, Environmental)
<p>Barrier: 29% Afraid of AEFI Motivation: >90% willing to avail children</p> <p>Dangerous Disease that can kill very fast (Children, pregnant women); Signs and Symptoms of Malaria high; Population at risk</p> <p>Varied knowledge on transmission – witchcraft (7%)</p> <p>Burden of Malaria – Death and economic strains (treatment and death)</p> <p>Varied trust in health care providers</p>	<p>Face to Face (IPC) - Megaphones</p> <p>Community Mobilizers</p> <p>Traditional, Religious & Community Leaders</p> <p>Local/ Community radio stations</p> <p>Social Media – WhatsApp, FB</p>	<p>Cultural and social norms – Traditional beliefs reduce risk perception</p> <p>Prevention measures: Sleeping under mosquito net (inadequate)</p> <p>Decision makers: Husband makes decision and provides financial support</p> <p>Deterrent to hospital visits: health worker attitude</p>	<p>Government - Ensure inclusivity in vaccination programs = fostering strong community support</p> <p>Economic constraints (transport)</p> <p>Vulnerable groups & PLWD – difficult accessing health services</p> <p>Varied Respect and trust to health care workers (attitude)</p>
<p style="text-align: center;">Motivation</p> <p style="text-align: center;">Protect Children and community from Malaria and deaths</p> <p style="text-align: center;">Barriers: Fear of AEFI</p>			



PROGRAMMATIC RECOMMENDATION



Message Framing: Contextualized Messages

Targeted messages for key groups especially - husbands ,household heads and community influencers

Reassure communities of vaccine safety and efficacy

Incorporate local names in content

Preference to IPC using community health workers, leaders and Community Radio



Structural Barriers

Engage Community & Traditional leaders in outreach planning

Cost Benefit Analysis – cost of vaccines v/s cost of treatment

Partnership Between Local Leaders and health personnel



Leveraging on Existing Community Networks

Local/ Community, Religious leaders & networks

Train & Deploy Community Health Workers (existing Community Health Networks)

Incorporate Community, traditional and Religious leaders as change agents

Endorsements from respected leaders - enhance parental acceptance



Participatory Media Engagement

Intensify Interactive Radio Sessions to clarify on Safety, schedule and other Malaria Prevention mechanisms

Introduction dates, eligible children, Emphasis on Safety and completion of recommended schedule (all 4 doses)

Use of Local Language for IPC and English/ Pidgin and Hausa for printed (in Bayelsa and Kebbi)

Develop & Disseminate short audio visual for Whatsapp, Facebook

Continue with Social listening before and after Malaria Vaccine Introduction



Integration of Malaria Vaccine with other Malaria Preventive Messages

Fumigation and Environmental Management- reduce mosquito breeding

Intermittent Presumptive Treatment for Pregnant women

Distribution & Sleeping under mosquito net

Timely testing and treatment of Malaria