

**Ministry of Health, Wellness, Human Services and Gender Relations, Saint Lucia**

**Primary Health Care (Community Health Nursing Service)**

**Expanded Program on Immunization (EPI)**

**Measles Mumps Rubella (MMR) Vaccination Coverage Survey**

**Terms of Reference for Public Health Nursing Supervisor (PHNS)/Family Nurse Practitioner (FNP)**

**Background**

The Expanded Program on Immunization (EPI) commenced in Saint Lucia in 1977 and committed to procuring its vaccines through the Pan American Health Organization (PAHO) EPI Revolving Fund. The government provides the budget for all the implementation components of the EPI.

Immunization is delivered primarily at the Maternal and Child Health clinics through 36 Primary Care facilities by the Community Health Nurses of Family Nurse Practitioners in the public sector. There has been a well-established school vaccination program where children are vaccinated at the schools they attend integrated with other health interventions. Immunization is also offered at six private physician offices. One private hospital procures a limited supply of vaccines by individual order mainly for adults.

Measles Mumps Rubella vaccines are administered to children at 1 year and a booster dose at 4 - 5 years prior to school entry. Vaccination coverage of MMR1 has been 95% and above, whilst the reported coverage MMR2 has been between 60% to 80% for the past ten years.

In 2011 Saint Lucia completed the verification and documentation of measles, rubella and Congenital Rubella Syndrome (CRS) elimination in keeping with PAHO's Directing Council Resolution CSP27.R2 of 2007. Consequently, countries are urged to maintain high MMR vaccination coverage of 95% and above in every community and district, and to improve surveillance for the detection and management of cases and outbreaks of these diseases in a timely fashion.

The primary purpose of this survey is to determine the coverage of MMR1 and MMR2 among children born in 2004 to 2009 in Grade K through 5 and Special needs schools and as a secondary objective MMR1 for children 12 -36 months.

**Objectives**

- 1) Assess MMR2 vaccination coverage by area (A and B, see below), by region, sex, grade and cohort
- 2) Assess MMR2 vaccination timeliness
- 3) Assess vaccination status with other vaccines recommended for children <5 years of age

- 4) Assess factors related to incomplete vaccination schedules
- 5) Determine the main reasons parents or guardians give for not having their children up-to date with their vaccination schedule
- 6) Assess the proportion of children being vaccinated in the private sector
- 7) Assess health passport retention, completeness and quality
- 8) Assess the knowledge and attitudes of parents and guardians regarding vaccines and immunization services
- 9) Assess the knowledge and attitudes of school principals and selected teachers regarding immunization requirements for school entry
- 10) Compare parental/guardian recall with documented MMR2 vaccination (health passport or clinic record)
- 11) Compare MMR2 vaccination information in the health passport vs. clinic record for selected situations (e.g.. Doses given outside the recommended age, particularly earlier than 4 years of age).
- 12) Assess vaccination status for all age appropriate antigens in children aged 12-36 months of selected homes
- 13) The country will be grouped into two segments by regions with similar socioeconomic status, and surveys conducted in both segments (approximately \_\_\_ children in each survey).

Individuals not currently employed in the health sector will be selected to conduct interviews of caregivers of selected children in their homes; and PHNS/FNP will interview school principals. Photos of vaccination records will be taken for validation. Interviewing teams will be supervised by an assigned PHNS/FNP.

### **Tasks for Public Health Nursing Supervisors/Family Nurse Practitioner**

- Obtain school listings to be used as the sampling frame
- Obtain household contact information of selected students from the schools in their assigned region
- Assist in creating the schedule for home visits
- Accompany team members on the field when necessary
- Verify that teams are conducting visits as scheduled
- Ensure logistics are in place. If they are not, liaise with the survey coordinator to rectify issues
- Conduct 1-2 random re-interviews per week
- Review completed questionnaires daily
- Obtain or validate immunization data at health facility, as needed.
- Assist with clarifying data or addressing issues arising at the time of data entry
- Conduct interview with school principals

### **Skills, Knowledge, Experience and Qualifications Required**

- Public Health Nursing training and in the post of PHNS/FNP
- Knowledge of and experience with the health and education sector
- Excellent interpersonal and communication skills
- Good Organizational skills
- Reporting and writing skills that align with the MOH and survey implementation protocol
- Working with relevant technical and program teams of the survey

### **Deliverables**

All completed questionnaires

### **Time Frame:**

Start date: April 2015

End date: June 2015

### **Reporting:**

The supervisor will report to the survey coordinator