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ABSTRACT.

The aim of immunization programme for children is to control infection in the community apart from individual protection. A lower level of herd immunity than what is necessary for solid individual protection can effectively control the incidence of communicable diseases if a high proportion of the susceptible community is immunized to at least 80 percent of all eligible children in the community.

The study was conducted in order to determine contributing factors to immunization coverage of children under- five years in Kawama compound of Ndola district.

A descriptive cross sectional design was used, comprising 203 mothers/caretakers of children under the age of five years, 5 community volunteers and 15 health workers found in Kawama health centre catchment area. The sample was purposefully selected by identifying mothers/caretakers with children under the age of five years. All the health workers found at the health centre were interviewed. Data were collected using in-depth interview schedule for mothers/caretakers, structured questionnaire for health workers and a focus group discussion guide for community volunteers. Analysis was by SPSS and EPI infor packages with Chi-square and P value outputs.

This study revealed that 71 percent (lower than national coverage of 90%) of the children were either fully immunized or on schedule. The results also show that 19 percent of children in the compound had defaulted and 8 percent had delayed receiving certain vaccines. Knowledge of correct age for a child to complete vaccination has an association to immunization status (Chi-square 136.90 and P-value <0.001). Contributing factors to this low coverage for full immunization included: lack of health education about specific vaccines available and correct vaccination schedule, scarce human resources and workload, inadequate support to community volunteers, lack of child tracers, inadequate outreach vaccination services.

The study concluded that implementing RED strategy recommendations could help each health facility attain higher coverage rates for immunization; and recommendations were that there should be strengthened data management and utilization, adequate and specific health education messages on value of and schedule of vaccinations, motivation to community volunteers, and increase in number of health workers involved in immunization services as well as frequent technical supervision.

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DEDICATION

I dedicate this dissertation to my late mother Mrs. L. Masilani without whom I would not have gone to school. To my elder sister Violet Masilani, who couldn't stay to see me complete my studies. I also dedicate the work to Dr. W. Chakanika for your patience, guidance and understanding during my studies. I pray to the almighty God that this work will inspire my children-Sharon, Joe, Tabo and granddaughter Katie to aim higher and attain more than what I have been able to reach.

APPROVAL PAGE

The University of Zambia approves this dissertation of R.M. Masilani in partial fulfilment of the requirement for the award of Master of Public Health.

Examiners

Signature.....Date.....

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CERTIFICATE OF COMPLETION OF DISSERTATION

I.....hereby certify that this dissertation is the product of my work and in submitting it for my Master of Public Health Degree Programme, further attest that it has not been submitted in part or in whole to another university.

I/We.....having supervised and read this dissertation, am/are satisfied that this is the original work of the author under whose name it is being presented. I/We confirm that the work has been completely satisfactorily and is ready for presentation to the examiners. (Delete sections that are not applicable).

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ACRONYMS

BCG	-Bacillus Calmette-Guern
CBOH	- Central Board of Health
CSO	- Central Statistical Office
DHMT	- District Health Management Team
DPT	- Diphtheria Pertusis Tetanus
DTP-HepB-Hib	- Diphtheria, Tetanus, Pertusis, Hepatitis B, Haemophilus Influenza Type b
EPI	- Expanded Programme on Immunization
GAVI	- Global alliance for Vaccines and Immunization
HIV/AIDS	- Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IMR	- Infant Mortality Rate
PATH	- Programme for Appropriate Technology in Health
MCH	- Maternal Child Health
MDG	- Millennium Development Goals
MOH	- Ministry of Health
MOIs	- Missed Opportunities for Immunization
NGO	- Non Governmental Organization
NHSP	- National Health Strategic Plan
OPV	- Oral Polio Vaccine
REC/D	- Reaching Every Child/District
SIAs	- Supplemental Immunization Activities
TFI	- Task Force for Immunization
UNICEF	- United Nations Children's Emergency Fund
USAID	- United states Agency for International Development
UNZA	- University of Zambia
UN	-United Nations
VF	-Vaccine Fund
WHO	- World Health Organization
ZKW	- Zambian Kwacha