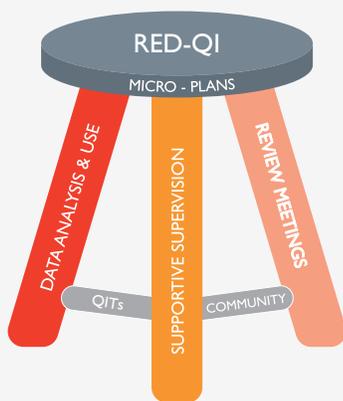


Reaching Every District Using Quality Improvement (RED-QI) in Ethiopia

While great strides have been made globally in immunization, the goal of reaching every child with lifesaving vaccines has been impeded, in part due to the challenges of reaching children among underserved populations. Equity in immunization service delivery depends on reaching “zero-dose” (had received no vaccines) and partially vaccinated children in rural remote and urban communities, as well as those who are nomadic or living in conflict/fragile settings.



In 2003, Ethiopia introduced the Reaching Every District (RED) strategy, a widely used approach to strengthen immunization services. But many districts and health facilities found it difficult to implement the RED strategy components in full and sustain them over time. To address this challenge, in 2011, JSI Research & Training Institute, Inc. (JSI) developed RED-QI (Reaching Every District Using Quality Improvement), which integrates select quality improvement elements into the RED strategy. RED-QI supports managers and healthcare workers (HCWs) at the regional, woreda (district), and facility level to plan, implement, and monitor tailored health services to reach all children with routine immunization regardless of where they live.

Two cornerstones of the RED-QI approach were capacity development for immunization managers and service providers and improving the quality and use of immunization data. More specifically, RED-QI featured:

- **Building HCW capacity to manage, implement and monitor equitable immunization services:** training in RED-QI, microplanning, and supportive supervision was provided to HCWs at all participating health facilities. Training concepts and skills were reinforced through routine supportive supervision of HCWs, including on-the-job skills updates and coaching to improve immunization services. Overall woreda-level performance scores improved by 49 percent in facilities that had three or more supervisory visits.
- **Strengthening the collection, accuracy, analysis, and use of data:** RED-QI helped immunization managers and HCWs to integrate the ongoing collection, review, and use of data into their immunization services. After receiving training on using QI tools and processes, managers and HCWs established and revitalized facility-based QI teams (QITs). The QITs used data and their knowledge of the community to develop and implement solutions to local challenges to full immunization coverage and then monitored the outcomes.

Implemented in **over 103 Ethiopian woredas**, RED-QI was designed to be adapted to local contexts and to evolve over time. RED-QI improved the health system’s capacity to plan, implement, and monitor tailored immunization services, which ultimately protected more children against vaccine-preventable diseases.

The table below illustrates how RED-QI tools and strategies helped to operationalize the RED strategy.

RED strategy components	RED-QI components in Ethiopia
<p>Planning and management of resources, including microplanning</p> 	<ul style="list-style-type: none"> • Developing district, sub-district, and health facility WHO Expanded Programme on Immunization (EPI) microplans. Include community leaders and other stakeholders, such as civil administration, in planning process. • Conducting participatory community mapping to accurately identify catchment populations • Conducting fishbone analyses to identify the root causes of problems • Implementing plan-do-study-act (PDSA) cycles to test solutions crafted by health workers and community members working together
<p>Engaging with communities</p> 	<ul style="list-style-type: none"> • Developing QITs comprised of health workers and community members to focus on immunization and conduct PDSA cycles, trace defaulters, and obtain community input on immunization program planning, including optimal location and time for vaccination outreach sessions, as well as problem solving • Involving civil administration to elevate issues and mobilize local resources
<p>Conducting supportive supervision</p> 	<ul style="list-style-type: none"> • Engaging health staff and non-health stakeholders (such as civil administrators) in conducting supportive supervision or reviewing findings from supervisory visits • Increasing focus on health worker capacity building and on-site mentorship, particularly for data analysis and problem solving • Revising existing supportive supervision tools to improve their use for mentoring and on-the-job training
<p>Monitoring and using data for action</p> 	<ul style="list-style-type: none"> • Conducting data quality self-assessment and improving data consistency across standard EPI reporting tools • Building health worker capacity to monitor immunization coverage and drop-out rates to inform health workers' own actions • Holding quarterly review meetings (QRMs) with both health personnel and local nonhealth stakeholders to review performance and encourage participants to “think outside the box” to problem solve, mobilize local resources, and flag problems needing national-level attention
<p>Reaching all eligible populations</p> 	<ul style="list-style-type: none"> • Supporting the provision of outreach and mobile services • Using data to expand availability of health facilities providing static services • Mobilizing local resources to overcome barriers to service delivery