KEY STRATEGIES FOR BRIDGING THE EQUITY GAP FOR IMMUNIZATION IN ETHIOPIA

Building Facility-Community Partnerships to Improve Equitable Service Delivery for Immunization

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Over the past two decades, Ethiopia has achieved impressive gains in reducing infant and child mortality[1] by improving health care workers' (HCWs) skills and rolling out the Reaching Every District (RED) strategy and the Health Extension Program. However, improved national statistics mask major gaps in routine immunization (RI) coverages by region and district, especially among remote and mobile populations. For example, in 2016, only about one-fifth of children in the largely pastoralist Afar Region received the third dose of pentavalent vaccine—well below the national average of 53.2 percent.[2]

In areas that are hard to reach and/or home to pastoralist populations, resources are limited; service infrastructure and access to health care services are weak; and those services that are available are of poor

1 The 2016 Ethiopia Demographic and Health Survey; https://dhsprogram.com/pubs/pdf/SR241/SR241.pdf; accessed 6.25.18.
2 Ibid.

AT A GLANCE

Opportunities to Engage Communities in the Immunization Program

- Include community leaders in planning for outreach and mobile services to increase access for remote and pastoralist populations.
- Involve communities in Quality Improvement Teams, and use QI tools to set immunization goals, identify bottlenecks, and monitor progress.
- Engage pastoralist community members to improve utilization of immunization services by increasing community awareness and tracking zero-dose and defaulter children.

quality. Unsurprisingly, members of these community have little trust in health care services, including immunization. This increases risk of disease outbreaks among zero-dose (having none of the recommended doses) and under-immunized (having some but not all doses) children.

Thus, it is critical to engage communities as partners and facilitators in health service delivery while also improving providers' capacity to plan, deliver, and manage high-quality services. This program brief[3] shows how JSI engaged communities to strengthen immunization services at lower levels—facility and woreda—in the six regions where it has operated.[4]

JSI'S APPROACH

JSI views community knowledge and input as a critical and often underused component of strong health care systems. To improve immunization in the challenging UI-FHS regions, JSI brought community members into facility- and woreda-level immunization activities, and utilized their knowledge of catchment areas and populations to target and strengthen immunization planning and implementation.

Community engagement in microplanning: To link national immunization directives with local approaches and needs, JSI trained HCWs and managers in all participating woredas and facilities to develop **microplans for the upcoming year's immunization activities.** JSI supported HCWs at each facility to **engage respected community members,** such as clan heads or kebele leaders, in the microplanning process. This gave HCWs access to leaders' deep knowledge of their communities and leveraged community leaders' prestige to increase local awareness of immunization, which in turn increased attendance at fixed, outreach, and mobile immunization sessions.

Community mapping: An assessment of facilities in 18 districts showed that about 75 percent of health centers, woreda health offices, and health posts developed catchment maps with help from community members. Their input helped facilities identify underserved areas and the best times and places to offer immunization services.

Quality improvement teams: Each participating facility and woreda health office developed a **quality improvement team (QIT)** of four to six people including HCWs (or woreda officers) and community members, such as religious leaders. The teams met monthly to discuss ongoing or emerging community and facility challenges and their effects on immunization. In keeping with JSI's philosophy of building upon the existing system, the QITs generally grew from already established community groups, who implemented activities in their communities. Project-trained HCWs supported each team to use step-by-step methods to identify, prioritize, and test solutions to problems affecting facility function and community health. Community members also participated in and exercised **"plan, do, study, act"** (PDSA) cycles to identify service problems and help in seeking solutions.

RECOMMENDATIONS

Community engagement is critical to achieve broader reach of RI services, particularly to underserved populations. There are concrete, doable actions that health workers and the broader health system can take to actively encourage community engagement. Adapt the Health Extension Program (HEP) to include guidance on improving service delivery for all **hard-to-reach populations** (urban poor, rural remote, and pastoralist). This should include 1) supporting levels of the health system to engage the community in planning and implementing health services, particularly during immunization microplanning; and 2) establishing QITs to strengthen community trust and participation in health services.

The Health Extension Program needs adaptation for the Developing Regional States (DRS). JSI can help the FMOH to engage community leaders and partners to **tailor the HEP for the DRS** and use implementation research to assess its impacts.

The process should include **strategies for increasing access to immunization by hard-to-reach communities** (especially pastoralist populations). After assessment, managers could use the approaches developed as a springboard to design improved immunization and delivery of other primary health care services.

There is much to learn from experiences across the spectrum of primary health care. Immunization could serve as an entry point for working with communities to identify and bridge equity gaps and improve access to services—ultimately maximizing the reach of not only immunization, but of all health care services.

3 This brief is one of four briefs on JSI's experience implementing the RED-QI approach to improve immunization equity in Ethiopia. For more information, please visit uifhs.jsi.com to see a summary, plus other briefs on capacity building and data use.

4 Afar, Benishangul-Gumuz, Gambella, Southern Nations, Nationalities, and Peoples' Region (SNNPR), Somali, and Tigray (project closed operations in Tigray June 2017).

Over time, QITs became an accepted model for institutionalizing important practices, such as defaulter tracing. As community members became engaged in QIT meetings, they took lessons learned back to their own communities. Immunization became a standing agenda during community meetings—thus indirectly supporting uptake of immunization and protecting the community from vaccine-preventable diseases.

RESULTS

Ultimately, project activities reached health workers in over 2,700 health centers and health posts and 103 woreda health offices—about two-thirds of these in the Developing Regional States of Ethiopia, where health workers work to support large numbers of pastoralist populations.

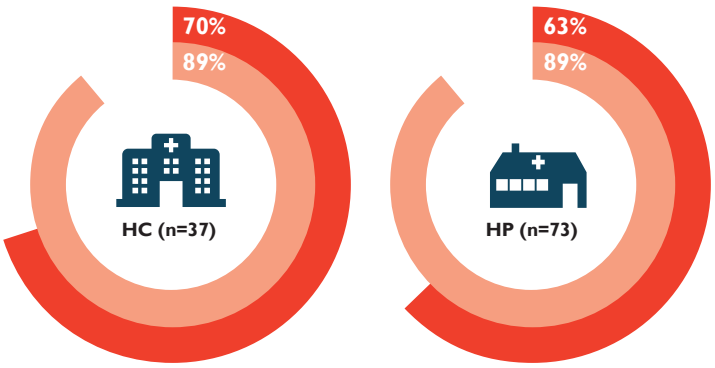
JSI's experience indicates that community involvement is fundamental for achieving the goals of the RED strategy—especially in countries like Ethiopia, where a substantial proportion of the population is hard to reach. Community input helped HCWs and woreda health managers develop realistic, context-specific budgets—and to advocate with key civic and political figures to secure the needed funding. For example, Itang Woreda in Gambella region obtained funding for 156 additional outreach activities at 13 sites, and similarly Sodo Zuria Woreda in SNNP region secured a 25 percent increase in its budget, most of which to cover expanded immunization activities.

> **The approach was so successful that the FMOH incorporated microplanning as a key component into the 2018 guidance for immunization programs.**

One of the clearest and most immediate benefits of the community-health facility partnership was the **reduction in the number of children who missed (or defaulted) on their immunizations**. Between baseline (2014) and endline (2018), an assessment in 18 districts (see Figure) showed a 19 percent increase at health center level and a 26 percent increase at health post level in the use of defaulter tracking mechanisms.

Community engagement was equally important in planning and designing **mobile and outreach strategies** to ensure equity of access for remote populations. Effective expansion of services requires first identifying where the remote populations are, and then designing a plan to meet them where they are. An analysis in 2012 (Ethiopian fiscal year) of 123 district microplans from four regions (Afar, Benishangul-Gumuz, Gambella, and Somali) found that 51 percent of all planned immunization sessions were either via mobile or outreach services—representing 89,434 people, nearly half (47 percent) of those projected to be reached for immunization. These numbers clearly show that community engagement in expanded services—from planning service delivery to guiding vaccinators to immunization session sites on the day of services—is crucial for reaching a significant portion of the population.

Facilities with Defaulter Tracking Mechanisms



Source: UI-FHS Summative Evaluation

JSI's experience in Ethiopia revealed additional benefits from community engagement:

- *Improvement in the quality of services:* Project assessments and feedback from HCWs at participating facilities showed that involving communities—even the act of seeking and maintaining input from communities—enhanced their immunization programs.
- *Strengthening immunization:* Engaging local leaders and leveraging their knowledge about their communities informs and enhances immunization programs. Community QIT members helped identify and overcome chronic program problems such as low service reach and frequent dropout.
- *Overall service uptake:* Participation in facility activities by prominent community members, such as religious and civic leaders, increases the visibility of HCWs and immunization activities, reduces misunderstandings and mistrust, and stimulates public discussion of immunization and other health issues.
- *Mobile and outreach services:* Expanded services are essential to reach remote and pastoralist communities and partnerships with communities are key to determining where pastoralist groups are, when and how to reach them, and to mobilize caregivers to come for services.

About the UI-FHS Project

Strengthening Immunization Systems

IN ETHIOPIA

JSI's 10-year (2011–2021) Universal Immunization through Improving Family Health Services (UI-FHS) project is using innovative approaches to expand equitable access to routine immunization (RI) services for all eligible children in Ethiopia—including those in hard-to-reach pastoralist communities. The project, funded by the Bill & Melinda Gates Foundation and implemented by JSI Research & Training Institute, Inc. (JSI), currently works in five of the country's 11 regions.

To reach these "last-mile" communities, JSI built upon the Federal Ministry of Health (FMOH) national strategy for RI, Reaching Every District (RED). The project's innovation, RED-QI, integrates quality improvement to the RED approach. RED-QI's three mainstays—strengthening community-facility linkages, sustainably building capacity, and improving data use—target regional-, woreda-, and facility-level managers and health workers. The approach helps them plan, implement, and monitor tailored health services to reach all children with RI, regardless of where they live. The expectation is that strengthening the management and delivery of context-specific RI services will not only offer full protection to all eligible children, but also has the potential to increase access to a wider range of primary care services.

The RED-QI approach represents a promising practice for immunization coverage in remote pastoralist communities. Based on the success of initial testing in three woredas and expansion of the approach to 103 woredas, the FMOH integrated several RED-QI practices within its national guidance. JSI's experience increasing access to immunization among hard-to-reach communities offers useful information on how to achieve equity in services for all children.