

CASE STUDY

USAID TRANSFORM: PRIMARY HEALTH CARE

Improving Immunization by Reaching Every District



Background

Immunization is one of the greatest public health achievements and is a high-impact, cost-effective intervention that prevents diseases and advances global welfare. Substantial investments over the past 30 years have helped establish and maintain national routine immunization systems. Progress has been remarkable: the percentage of children receiving three doses of penta (three-dose diphtheria, tetanus pertussis, Hib, and Hep B vaccines) has reached 77 percent.ⁱ

Immunization has led to the eradication of smallpox, the near-eradication of polio, and significant progress in lowering the incidence of diphtheria, tetanus, whooping cough, and measles.ⁱⁱ Studies also show that key immunization interventions can avert up to 30 percent of child mortality and have contributed to 23 percent of deterred child mortality rates to achieve Millennium Development Goal 4: Reduce child mortality in Ethiopia.ⁱⁱⁱ

**USAID Transform:
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(EPI) implementing
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SNNP, and Tigray.**



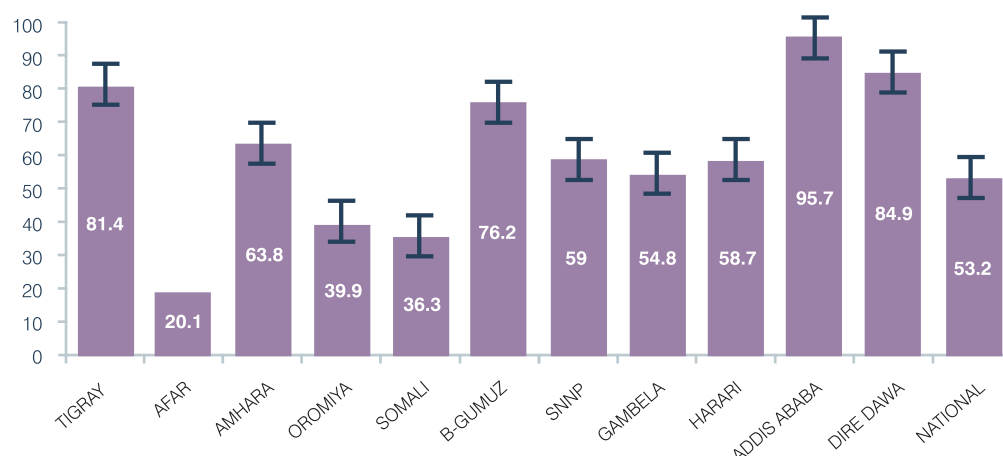
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Figure 1: Immunization Coverage Disparity between Regions, EDHS 2016



Although national coverage of immunization has improved in the past few years, gaps in immunization coverage still exist between various regions, e.g., 20.1 percent in Afar Region vs, 81.4 in Tigray. Variation is mainly due to geographical inaccessibility and other social determinants.

Since 2004, the Ethiopia has applied the Reaching Every District/Community (RED/C) approach in districts that have poor immunization coverage and high dropout rates. As a result, coverage rates improved and penta 3 coverage reached 53.2 percent.^{IV}

USAID Transform: Primary Health Care is the primary Expanded Program of Immunization (EPI) implementing partner of the Federal Ministry of Health (FMOH) and implements EPI activities in the agrarian regions of Oromia, Amhara, SNNP, and Tigray. Transform: PHC is improving access to and raising the quality of immunization services by strengthening the health system, monitoring and using data for action, and improving community demand for high-quality services. This case study describes how Transform: PHC is using RED/C in the Demboya District of Southern Nations, Nationalities, and Peoples' Region.

Figure 2. Proportion of Districts Reporting Penta 3 Coverage, Ethiopia 2005–2017
Source: WHO/IVB database July 2018

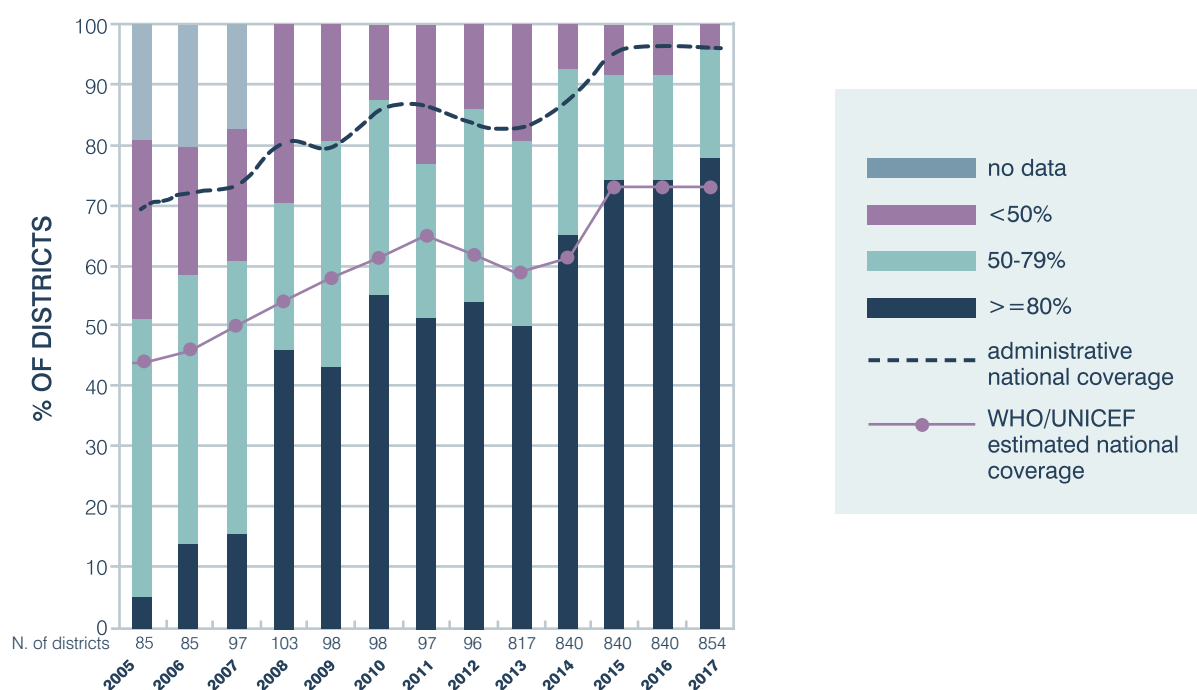
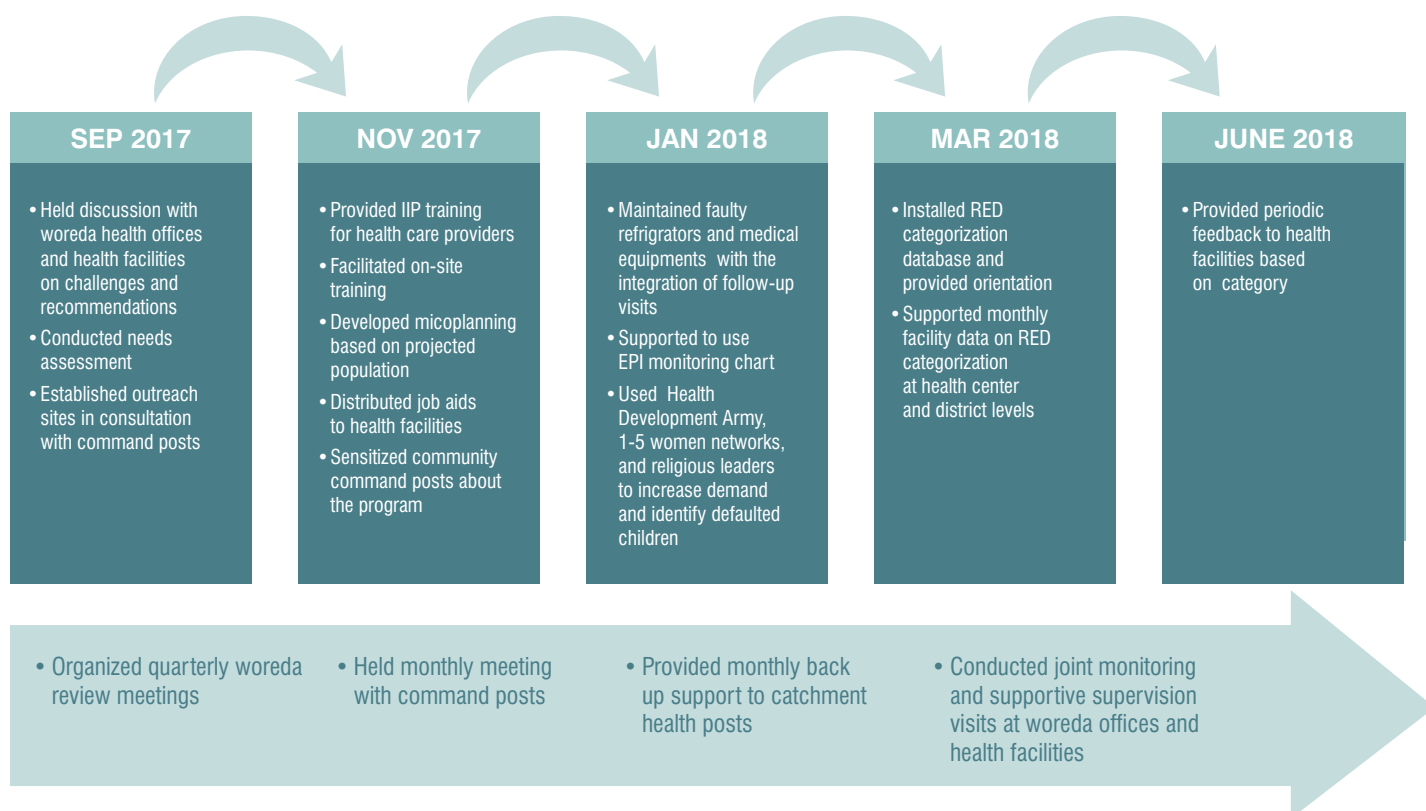


Figure 3. Major Interventions



Intervention

Transform: PHC is focusing on integrating activities to give children a continuum of preventive and curative services according to their needs and across health system levels. To do this, Transform: PHC-supported health facilities established an intra-facility referral service to minimize

missed immunization opportunities. As a result, newborns now receive OPV 0 and BCG during their postnatal visit. In addition, children receive other survival interventions such as vitamin A supplementation and nutrition screening during outreach services.

Figure 4. Access and use of Immunization Services in Domboya woreda

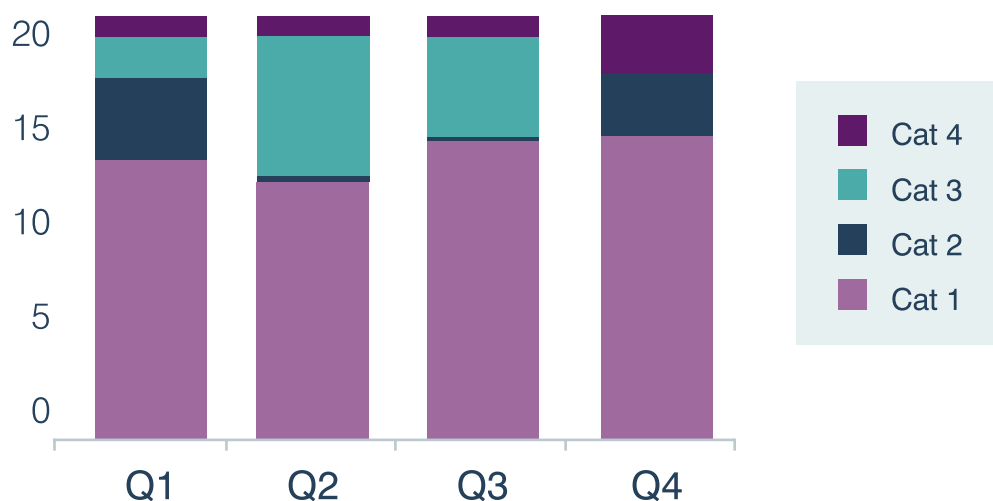
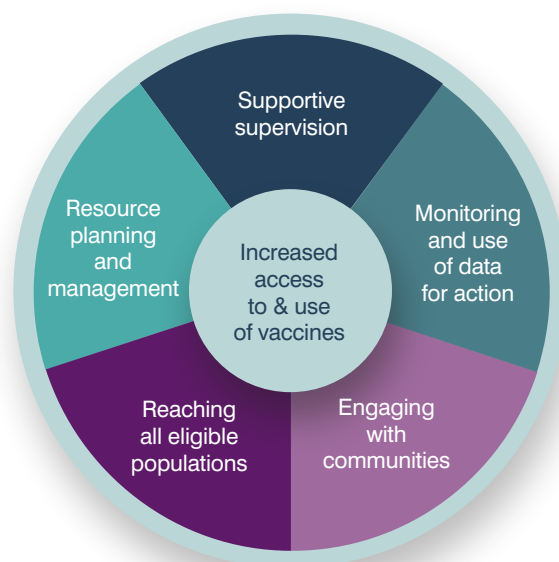


Figure 5.
RED/C Approach
to Increase
Coverage and
Use of Immunization
Services



Results

By the end of June 2018, the RED/C approach had been implemented in all health facilities in the woreda, and all had achieved more than 90 percent penta 3 coverage. Of the 20 health facilities in the district, 70 percent fell under Category 1 (good access* and use** of vaccines with limited defaulted children); three were under Category 2, (good accessibility but high numbers of defaulted children); and the rest were in Category 3 (low accessibility*** and good use). There were no facilities in Category 4. The district health office provided periodic feedback to the facilities based on performance categorization. In addition, Transform drivers maintained refrigerators and improved the availability and quality of vaccines in the PHCUs.

Conclusion

Implementation of RED/C in resource-limited countries improves the quality and accessibility of immunization services significantly. Coverage of penta 3 has reached 90 percent. The RED categorization database, microplanning using local data, and improved community engagement, supply, and logistics together have the potential to improve how immunization services are delivered to families.

* Penta 3 coverage greater than 90%.

** Penta 1–3 defaulter less than 5%.

*** Penta 1–3 defaulter greater than 5%.

ⁱ WHO/UNICEF joint estimates of national immunization coverage, July 2018.

ⁱⁱ Philippe D, Jean-Marie O-B, Marta G-D, Thomas C. Global immunization: status, progress, challenges and future. *BMC International Health and Human Rights* 2009; 9: S2.

ⁱⁱⁱ How Ethiopia achieved Millennium Development Goal 4 through multisectoral interventions: a Countdown to 2015 case study. Jenny Ruducha, Carlyn Mann, Neha S Singh, Tsegaye D Gemebo, Negussie S Tessema, Angela Baschieri, Ingrid Friberg, Taddese A Zerfu, Mohammed Yassin, Giovanni A Franca, Peter Berma.

^{iv} Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

USAID Transform: Primary Health Care partners with the government of Ethiopia to end preventable child and maternal deaths by strengthening the country's health system. USAID Transform works in Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples' Region (SNNPR). Funded by USAID, the project is implemented by Pathfinder International, JSI Research & Training Institute, Inc., Abt Associates, EnCompass, the Malaria Consortium, and the Ethiopian Midwives Association.

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