KEY STRATEGIES FOR BRIDGING THE EQUITY GAP FOR IMMUNIZATION IN ETHIOPIA

Improving the Capacity for Immunization Management and Service Delivery



Ethiopia began implementation of the Reaching Every District (RED) strategy to improve immunization in 2003, but has yet to achieve equity in access to this critical service. The Health Extension Program (HEP) is an opportunity to improve health worker capacity and strengthen implementation of RED. However, the HEP is not operational across the country. Capacity to manage and implement routine immunization services is weak, particularly in the Developing Regional States (DRS). Uneven geographic distribution of facilities (especially in areas where a substantial portion of the population is pastoralist and has limited access to services), limited skills among health care workers (HCWs), and high HCW attrition erode equity in immunization and overall health care service quality.

JSI's UI-FHS project strengthens capacity of health workers at the facility, woreda, and regional levels in

AT A GLANCE

Strengthening Capacity Building for Health Personnel

In areas where HCW capacity is weak, it is critical to invest in a capacity building strategy with regular opportunities for supervision and feedback to continuously build capacity and mitigate the effects of attrition.

Facilitate information exchange across health system levels and facilities.

Use Quality Improvement (QI) to improve program performance.

terms of management and performance to increase access to quality immunization services. RED-QI enables staff from each facility to conduct self-assessments, identify challenges to services, and develop context-specific solutions. This brief[1] describes the project's capacity-building strategy, results in terms of knowledge and practices, and implications for future capacity building.

JSI'S APPROACH

Ethiopia's health system is overstretched. Challenges to skills building for HCWs include a national capacity building strategy focused almost exclusively on training, combined with high rates of HCW attrition. These and other factors create a perpetual need to train and build the skills of new HCWs. JSI responded to these challenges by designing a capacity building approach with interlinked interventions to improve capacity from the ground up.

Supportive supervision to improve providers' practices: JSI's approach was to use supportive supervision to help providers improve their performance while also offering on-the-job skill updates, as needed, to strengthen immunization practices. Supportive supervision reinforces directly learned skills and gives HCWs a chance to refine their understanding. The FMOH calls for regular supportive supervision at all health system levels, but does not provide a supervisors' checklist specifically for immunization-related services. In JSI's work, supervisors used both the national checklist and an immunization-specific checklist for woreda- and facility-level health officers. To help institutionalize the practice of supportive supervision and mentoring—and continuous skills building—JSI initially partnered with each officer during supervisory visits, incrementally reducing project input as each supervisor's skills increased. Institutionalizing supportive supervision may provide a kind of in-service capacity-building mechanism to increase the resilience of the health care system and mitigate the effects of staff turnover.

Building capacity at every facility: In the six regions where it has operated,[2] JSI initially provided capacity building through three trainings. **RED-QI** includes an overview of the components of RED and introduces QI tools and techniques (root cause analysis, run charts, community mapping, fishbone diagramming) to strengthen implementation of RED and builds appreciation for using local data. **Microplanning** entails site-specific comprehensive planning for immunization services, including budgeting, scheduling, and supplies. **Supportive supervision** combines immunization-specific content and skills building in mentoring and on-the-job training. JSI **reinforced training through routine supportive supervision** to help cement and institutionalize initial concepts and provide

> "When training is given, women health workers usually do not ask questions in training halls, even though they have misunderstandings. However, when they meet us during supportive supervision, they ask questions and we identify many gaps they have during supervision, and then we show them on the spot. Therefore, the on-job training brings magnificent change in improving the knowledge and skill gaps of the health workers."
>
> – District health officer

RECOMMENDATIONS

UI-FHS combined multiple strategies to build capacity in both immunization management at the woreda level and service delivery at the facility level. The experience revealed continuing challenges and enabling factors that the FMOH should consider.



Provide **multiple avenues for capacity building**: Sustainable learning requires multi-faceted, iterative processes to establish new skills and practices. Classroom training, supportive supervision, job aids, eLearning, and online forums, where possible, all support skills building and empower HCWs to help and teach each other. This is particularly important in woredas and health facilities where local capacity is low and there are high rates of HCW attrition.



Ensure continuity of **various types of exchange** among HCWs and managers at all levels. Exchange visits and review meetings enable information-sharing among peers and between lower and higher levels. Prioritizing peer learning can help to mitigate effects of high HCW turn-over.



Conduct implementation research on applying management tools from immunization and other health care sectors to improve primary health services for families who have limited or no links to the health system.

1 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 community partnership and data use.

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



applied, on-job refreshers and coaching to improve immunization services at each facility. JSI also revitalized and promoted practices such as regular **review meetings** and cross-facility exchanges.

Using existing resources: All capacity building activities emphasized the importance of containing costs and increasing efficiency by leveraging **existing assets and community skills**. For example, at the facility level, community leaders, with their extensive knowledge of local needs and pastoralist movement routes, helped map catchment areas and mobilized communities to attend services. Similarly, officers from the woreda and district offices were encouraged to engage with district administrators to promote immunization and advocate for local funding to support services.

RESULTS

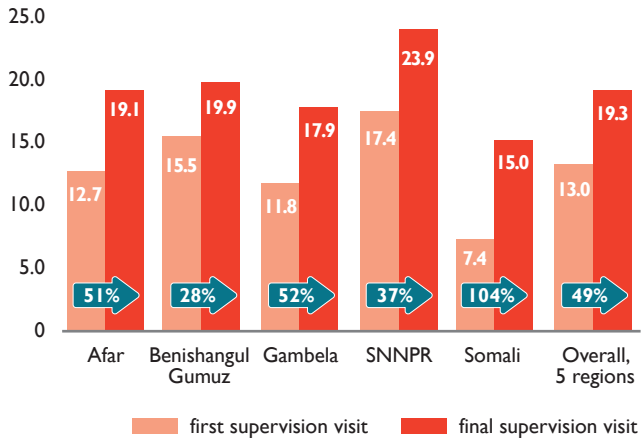
Together, these approaches enabled staff at facilities and woreda offices to identify, analyze, and prioritize challenges and gaps, develop solutions that fit facility and community needs, and monitor the results. Ultimately, the UI-FHS project built the capacity of 13,472 staff members at more than 2,700 health centers and health posts and 103 woreda district offices—about two-thirds of which were in the Developing Regional States.

JSI's experience building capacity to provide high-quality immunization services in this challenging context yielded several lessons:

- *Combine several approaches:* UI-FHS found that skills retention improved when staff received direct training and follow-up. Training followed by several additional contacts, such as through on-job training provided during supportive supervision, was most effective.

- *Supportive supervision and performance:* Overall, woreda-level performance scores from supportive supervision improved by 49 percent for facilities that had three or more supervisory visits. This suggests that on-the-job coaching improves the quality of immunization services by improving HCWs' ability to plan and manage their facility's immunization activities (see Figure[3]).

Average District Level Scores and Percent Change over Time on EPI-specific Supervision Checklist, for Facilities with ≥3 Supervision Visits



Source: UI-FHS supportive supervision data

- *QI for program management:* Facilities were able to use QI tools to improve the management of immunization services, including improving the planning and implementation of immunization services. For example, following introduction of tools like the fishbone diagram, catchment mapping, and root cause analysis, most health posts planned and conducted both fixed immunization and mobile/outreach immunization sessions.

- *QI tool preference:* Program participants said that they found certain QI tools easier to understand and use—for example, the fishbone diagram—and preferred to use those tools to identify root causes and then look for solutions to problems. Use of these simpler tools enabled health workers to improve their performance.

- *Budgeting:* Local availability of funding affected every aspect of the UI-FHS project. A resulting weakness in capacity-building outcomes was that woreda offices could not conduct cascade training, or implement supportive supervision as frequently as planned, because of budget shortfalls.

- *QI training may serve as a springboard for improving other health services:* The RED-QI tools can be adapted or used in services beyond immunization. For example, woreda health staff in Sodo Zuria used the tools they received during UI-FHS training to review 31 key indicators in a range of health services.

- *Success encourages expansion and adoption:* Use of microplanning, root cause analysis, and the fishbone diagram was **incorporated into the FMOH's 2018 national guidance on RED**.

3 Data were collected from all visits that occurred between July 2016 and November 2018 using a standard checklist. Note that due to the large number of health facilities within a woreda and the varying level of inputs at any given facility, only facilities with 3 or more supervision visits were included in analyses.

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.

