



AFRICA ROUTINE IMMUNIZATION SYSTEM ESSENTIALS

ETHIOPIA

ABOUT ARISE

Africa Routine Immunization System Essentials (ARISE), implemented by JSI Research & Training Institute and funded by the Bill and Melinda Gates foundation, was designed to draw lessons from successful routine immunization (RI) systems in sub-Saharan Africa. In general, public health policy makers and practitioners lack clear understanding of the reasons why some RI systems improve and others do not. ARISE documented and consolidated country experiences on RI performance improvement into a body of evidence that can inform future programming and investment.

ARISE conducted in-depth studies of RI in selected districts in Cameroon, Ghana, and Ethiopia to understand how and why specific performance drivers improve coverage in different settings.

KEY FINDINGS

- ◆ In Ethiopia, the ARISE case study identified 6 drivers that influenced improvements in vaccination coverage for diphtheria-tetanus-pertussis (DTP3) at the woreda (district) level from 2007 to 2009. Drivers include: Adaptation of the Health Extension Program to local conditions; Health Extension Workers; Community Awareness and Participation; Monitoring for Action and Supervision; Strong Ties between Health and Local Government; and Development Partners. The table below illustrates key characteristics of these drivers.
- ◆ No single driver could account for improved coverage. Rather drivers tended to work in concert to influence RI system performance.
- ◆ Essential EPI infrastructure and capacity provides a strong foundation for driving performance improvement. As programs mature, however, continued growth in coverage depends on drivers related to improving community level access to services, involving communities, and ensuring accountability.
- ◆ The Health Extension Program and Health Extension Workers (HEWs) were key to improving RI performance by rapidly extending services to community level and thereby increasing the frequency of vaccination through outreach and community awareness raising.
- ◆ RI performance improved when woredas had consistent and clear goals, strong support for HEWs, and a focus on performance, all of which were highly motivating for health workers and community volunteers.

Ethiopia is a low-income country in East Africa where 82% of the country's 83 million inhabitants live in rural areas. Immunization coverage has increased steadily since 1980. Current national DTP3 coverage is estimated at 86%. * The health system is decentralized and health services are under the jurisdiction of regional, zonal, and woreda health units. National commitment to immunization is strong as illustrated in the national Health Extension program (HEP), introduced fully in 2006, which supports a cadre of Health Extension Workers (HEWs). HEWs provide the majority of health services in rural communities. Performance monitoring for immunization extends from national to subnational level.

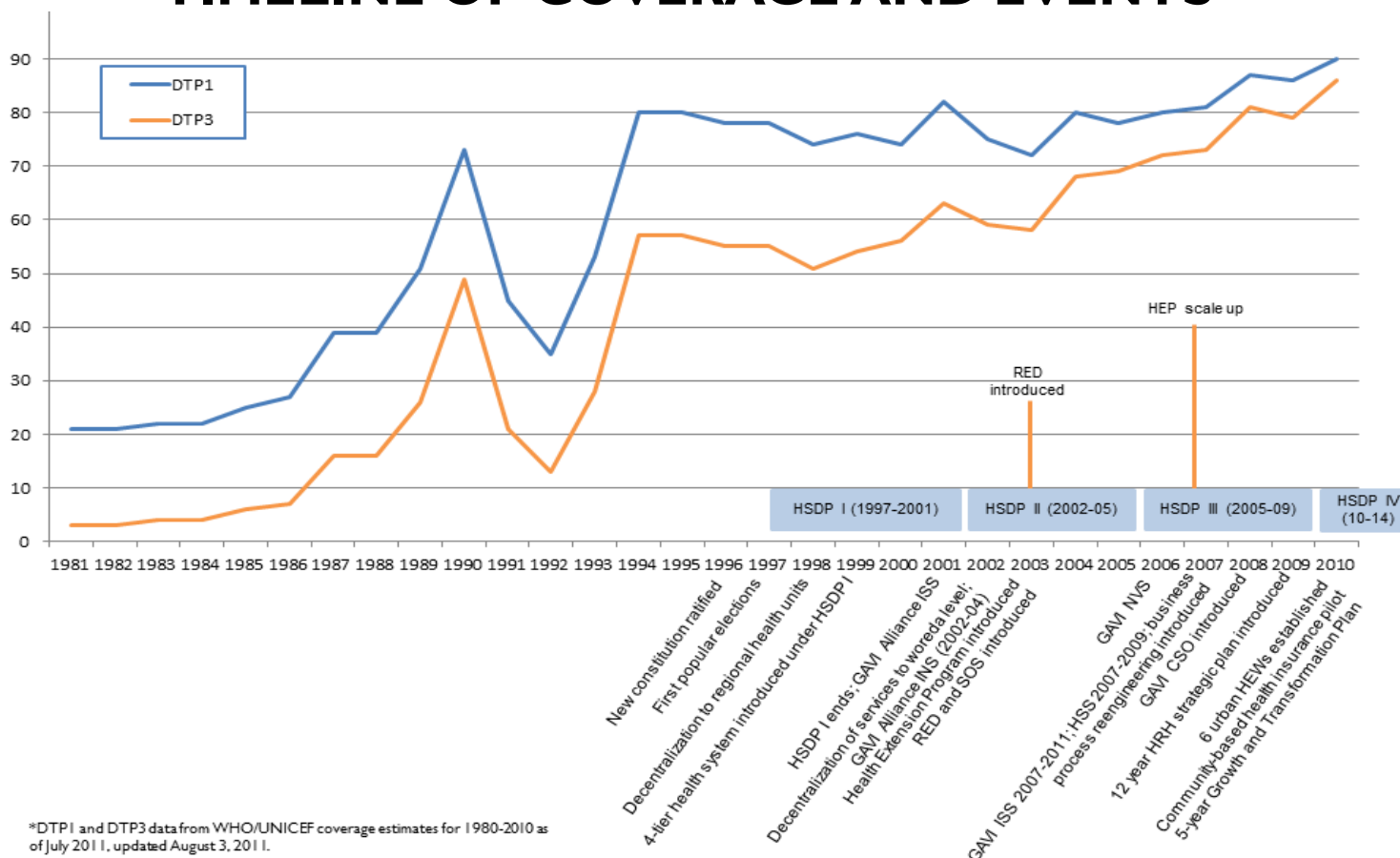
FINDINGS: DRIVERS OF IMMUNIZATION SYSTEM PERFORMANCE

Drivers	Pathway to performance
Adaptation of Health Extension Program (HEP)	<ul style="list-style-type: none"> • Consistent efforts to increase access to a basic package of health services at community level • Community-level health worker provides immunization and raises awareness • Emphasis on performance and use of data to guide action and motivate health staff and communities • Community and volunteer networks for health
Health extension Workers (HEW)	<ul style="list-style-type: none"> • Women who were locally recruited and knowledgeable about their community • Improved access to vaccination services through regular outreach and home visits • Performance-focused systems such as defaulter tracking and program review meetings • HEW plays central role in linking health system to community structures and working with volunteer networks to improve coverage and raise awareness
Community awareness and participation	<ul style="list-style-type: none"> • HEW and community involvement increased awareness of immunization and demand for services • Volunteer networks contribute to service delivery, community organization, and messaging
Monitoring for action and supervision	<ul style="list-style-type: none"> • Supervision and regular meetings to review RI performance, conduct peer-to-peer learning, and use data to plan, monitor, rank, and motivate health workers and community • Health teams and workers, communities, and families held accountable for improving performance and; the use of incentives, such as recognition, to motivate all stakeholders
Strong ties between health and local government	<ul style="list-style-type: none"> • Health office and woreda/kebele administrators plan and implement immunization activities together • Local resources provided to support immunization • Local kebele administration raises awareness, promote immunization, and supports HEW
Development partners	<ul style="list-style-type: none"> • Enable technical and organizational capacity building and strengthen health extension program • Provide resources at national and woreda levels

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METHODOLOGY: ARISE used a case study methodology to identify and explore RI performance drivers. The study focused on three woredas or districts (Alage in Tigray Region, Sekota Zuria in Oromia Region, Wag Himra in Amhara Region) whose rates of immunization coverage improved from 2007 to 2009 and -- for purposes of comparison -- one woreda (Tikur Incini, Oromia Region) whose immunization rate was “steady” (i.e., it did not increase markedly) over the same period. The case study was primarily qualitative, but also involved collection and analysis of quantitative data through a routine immunization situation analysis. Researchers employed structured and unstructured interviews, record review, focus groups discussions, and site observation. Based on the 104 interviews and observations conducted at national and subnational level, and the assessment of essential EPI capacity, the research team identified and built theme-based hypotheses of performance drivers. Using iterative analysis and triangulation of data, the focus of inquiry expanded, narrowed and shifted as information saturation and convergence was reached. The team identified the common drivers of performance by comparing the characteristics of the RI systems in the woreda where DPT3 improved with the characteristics of the RI system in the woreda where coverage had been steady. A driver’s presence in all three improving woredas and its absence or weaker status in the steady woreda indicated the driver’s importance as a source of improved performance.

TIMELINE OF COVERAGE AND EVENTS



CONCLUSIONS

The ARISE in-depth studies explored the pathways to routine immunization system performance to understand how and why performance improves in different settings. In the ARISE study woredas in Ethiopia, performance depends on the presence of an immunization system with adequate technical capacity and resources to ensure that essential services are provided on a sustainable basis. However, to drive coverage improvement, the study districts used specific interventions, practices, and partnerships that they adapted to meet the needs of particular woredas and communities. Increasing access to vaccination at community level through HEWs supported the increased immunization coverage in Ethiopia as long as HEWs worked closely with active kebeles and communities (volunteers), were guided and supported with regular supervision and program reviews, and, along with other stakeholders, were motivated toward the shared goal of improving coverage. Looking forward, policy makers must consider multi-dimensional strategies for district level that blend technical, managerial, and behavioral interventions to help RI system mature and gain the capacity to improve and sustain performance over time.