CASE STUDY

USAID TRANSFORM:
PRIMARY HEALTH CARE

Integrated Periodic Outreach Services (IPOS) address inequity in RMNCH-N services



Background

Ethiopia has successfully reduced its under-5 mortality rate to levels required by the 4th Millennium Development Goal (MDG) and has achieved moderate reductions in maternal and neonatal mortality in the past 25 years due the scale-up of high-impact interventions. Improvements in nutritional status accounted for about half of deaths averted in children under 5 years, with stunting reduced to 44% and reductions in severe wasting accounting for 6% of deaths averted. Scale-up of key child health interventions also provided substantial returns. Vaccination programs accounted for 23% of deaths averted, treatment of childhood diarrhea for 9%, pneumonia for 5%, improved water and sanitation for 6%, and insecticide-treated bed nets for malaria prevention for 3%.

Gaps identified

Though the national coverage of these high impact cost effective interventions has been improved, gaps still remain within regions and even woredas and communities due to geographical inaccessibility and other social determinants. For example in 2011, the average DPT3 coverage in low-income countries was 15 percent which is lower than that of high-income countries. Studies show that in Ethiopia, the mean level of full immunization coverage in urban areas was 28 percentage points higher than that of rural areas. Based on project field experience during follow up visits both at facility and community levels the following major gaps were identified:

- Poor community knowledge and utilization of available services
- Cultural and traditional beliefs hindering the utilization of services
- Fragile health system with limited capacity and security threats
- Shortage of basic infrastructures like all-weather roads due to bad terrain and climatic conditions
- Interruption or irregularity of service provision
- Lack of motivational schemes for service providers
- Poor supply chain system
- Limited access and low coverage of RMNCH-N services
- Suboptimal quality of RMNCH-N services

To improve universal coverage and quality of these services in the public health sector, USAID Transform: Primary Health Care project identified 27 woredas with hard to reach communities through a consultation with regional health bureaus, zonal health departments, woreda health offices and local administrative structures. The project also organized Integrated Periodic Outreach Services (IPOS) to reach the unreached within its intervention communities.

Interventions

The following activities were implemented during the preparation and implementation of the strategy:

- Implementation guide developed
- Pre-departure orientation guide and data collection tools prepared
- Discussion with regional health bureaus, zonal health departments and woreda health offices
- Engagement of local administrative structures of the public sector
- Identification of hard to reach areas with high numbers of unimmunized children
- Integrated micro-planning developed, based on lowest administrative unit including required resources
- Availing of necessary materials, vaccines and drugs based on micro-planning
- Orientation for health providers and community leaders conducted
- Social mobilization and advocacy activities carried out with local administrative and key community influential groups
- Actual service provision based on action plan carried out

Promising Results

In the reporting period (January 1st to September 30th, 2018), integrated periodic outreach service was implemented in six woredas of SNNP, Oromia and Amhara regions and the following maternal, child and nutrition services were provided.

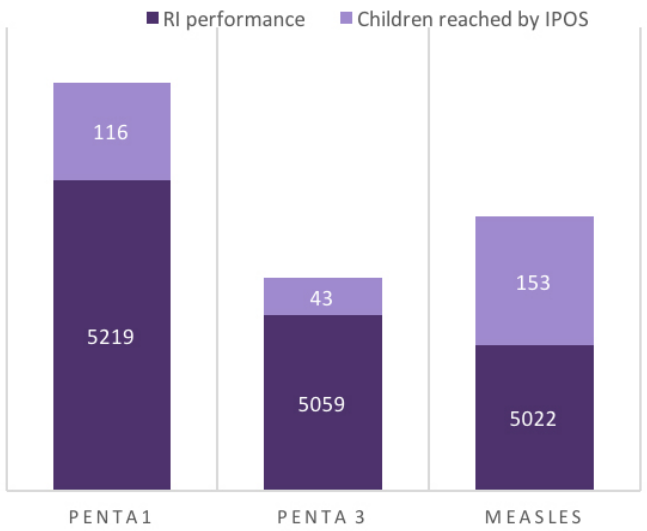


Figure 1: Number of children that received immunization interventions through RI and one round of IPOS, at South Achefer woreda, Amhara region

Child Health and Development (CHD)

A total of 1,201 children received various vaccines. In addition, 258 and 95 children were assessed, classified and treated for diarrhea and pneumonia respectively. Furthermore, 542 febrile patients were tested with RDT for malaria of which around 40 percent were found to be positive and provided with anti-malaria drugs.

Nutrition

Malnutrition in all its forms is closely linked, either directly or indirectly, to major causes of death and disability in children and pregnant and lactating women. To improve the quality of nutrition services and to promote positive changes in family-based feeding and caring behaviors, the project carries out malnutrition assessments and provides essential nutrition interventions. As a result, more than 10,086 children and 1,038 pregnant and lactating women were screened for malnutrition. Approximately 11,203 children received vitamin A supplementation and 8,628 of them were dewormed.

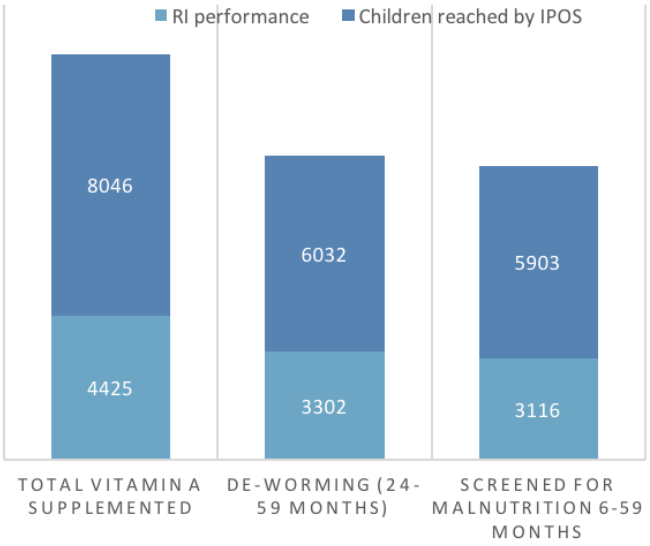


Figure 2: Number of children that were reached with nutrition interventions during IPOS at Surma woreda, SNNPR

Maternal and Newborn Health (MNH)

An appropriate mix of strategies are recommended for hard to reach communities to significantly reduce the burden of maternal mortality and morbidity. IPOS is one of the methods that the project uses to improve maternal and newborn health services. In the reporting period, 422 mothers received ANC1 and supplemented iron foliate. Among these, 264 received TT 2+ immunization. In addition, health education on RMNCH-N, malaria, as well as hygiene and sanitation were also provided.

Sustainability of the initiative

To ensure sustainability of its efforts, the project used the following strategies:

- Enhancing the capacity of managers and health workers on planning and management of resources such as micro-planning and provision of integrated RMNCH-N services
- Ensuring the availability of vaccines and RMNCH-N supplies
- Strengthening the linkage between health centers and HPs through mentoring and coaching
- Enhancing the use of data for decision making at the lowest administrative level
- Ensuring the inclusion of IPOS in woreda based planning and annual work plan
- Ensuring the inclusion of IPOS interventions in the quarter based public sector ISS checklist and PRM
- Strengthening linkages of facilities within communities to engage in planning, implementing and monitoring of RMNCH-N interventions
- Enhancing social mobilization activities to increase demand of RMNCH-N services
- Documentation and sharing of successes and lessons using the opportunities of national, regional and zonal level PRMs

Conclusion

The intervention created an opportunity to provide integrated and evidence based maternal and child survival interventions such as immunization, screening for malnutrition, vitamin A supplementation, deworming as well as treatment of childhood illness such as malaria, diarrhea and pneumonia assessment, classification, treatment and follow up. Antenatal and postnatal care, family planning, fistula and organ prolapse identification and referral services are also provided through the intervention. In addition, social mobilization activities are enhanced to utilize health services and strengthen community-based surveillance to identify, report and respond to public health concerns and events. In light of the stated advantages of the intervention, strengthening and scale-up to other hard to reach woredas to ensure equity and universal health coverage are recommended.

[1]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, Giovanny A Franca, Peter Berman
[2]Brearley L, Eggers R, Steinglass R, Vandelaer J. Applying an equity lens in the decade of vaccines. Vaccine. 2013 Apr 18;31 Suppl 2:B103–7. doi: http:// dx.doi.org/10.1016/j.vaccine.2012.11.088 PMID: 23598470
[3]Inequalities in full immunization coverage: trends in low- and middle-income countries María Clara Restrepo-Méndez a, Aluísio JD Barros b, Kerry LM Wong a, Hope L Johnson c, George Pariyo d, Giovanny VA França a, Fernando C Wehrmeister b & Cesar G Victora b

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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