

Strengthening Routine Immunization: Use of Reaching Every District -Quality Improvement (RED-QI) approach

Experience from Ethiopia

Presented by : Melkamu Ayalew, National EPI anager

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MINISTRY OF HEALTH-ETHIOPIA

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HEALTH FOR EVERYONE FOR PROSPEROUS NATION



Outlines

- Overview on Country information and immunization program
 - ❖ Population and Demography
 - ❖ Health infrastructures
 - ❖ Background of EPI
 - ❖ Key success of EPI
- RED and RED-QI in Ethiopia



Population and Demography



Population

107,119,962



Administration

11 Regions **115** Zones

2 City admins **1073** Weredas



Rural Community

83%



Area

1,100,000
square
kilometres



Health Infrastructures

Hospitals

408



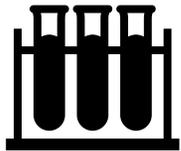
Health Centers

3,787



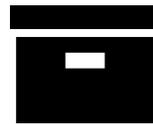
Health Posts

17,967



National and Regional Laboratories

14



National and Sub National EPSS Hubs

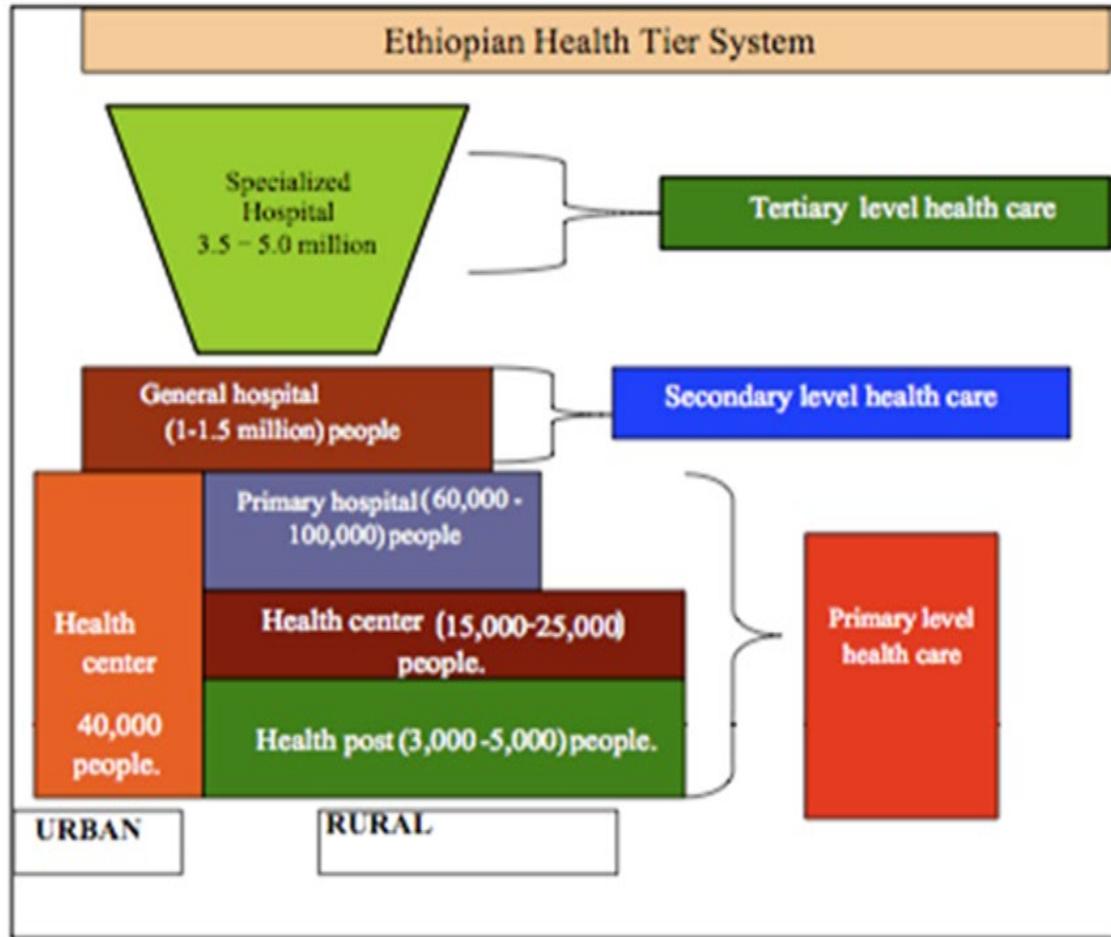
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HFs Providing Immunization Service

> 18,574

Health sector operating structures



Federal Ministry of health: **EPI team**



Regional Health Bureau: **EPI Team or Focal**
(11 Regions & 2 city admin)



Zonal Health Department: **EPI Focal**
(>100 Zones)



Woreda Health Office: **EPI Focal**
(>1000 districts)

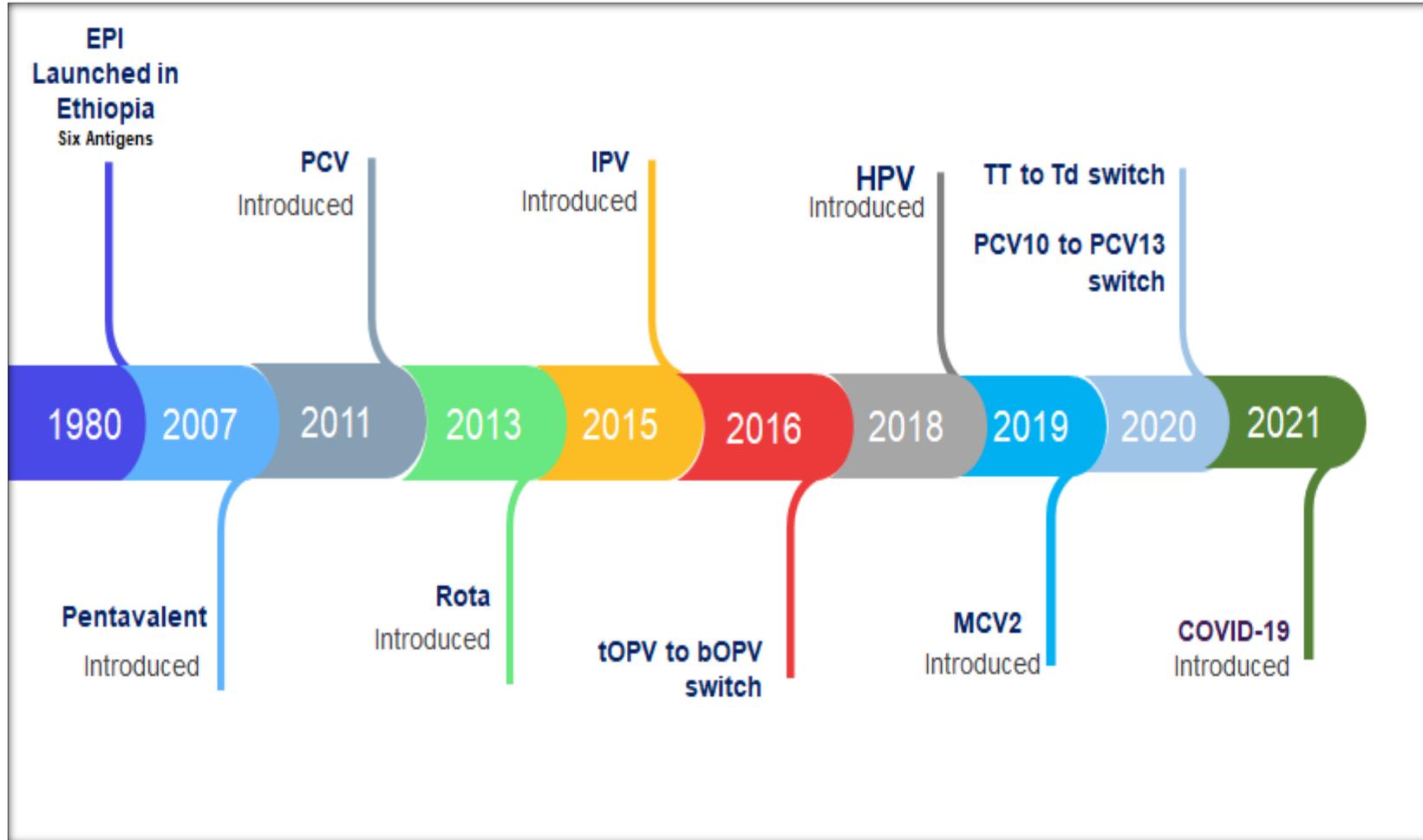


Kebele: **HEWs and HDA**
(>18,000 Health Posts)

Policy and guideline available



- Health Policy
- Health Sector Transformation Plan (HSTP 2021-2025)
- The comprehensive multi year plan (cMYP 2021-2025)
- National Immunization implementation guide(2021)
- Catch vaccination guideline(2022)
- Reaching every district (RED) guideline(2018)



Outbreak response and targeted vaccination

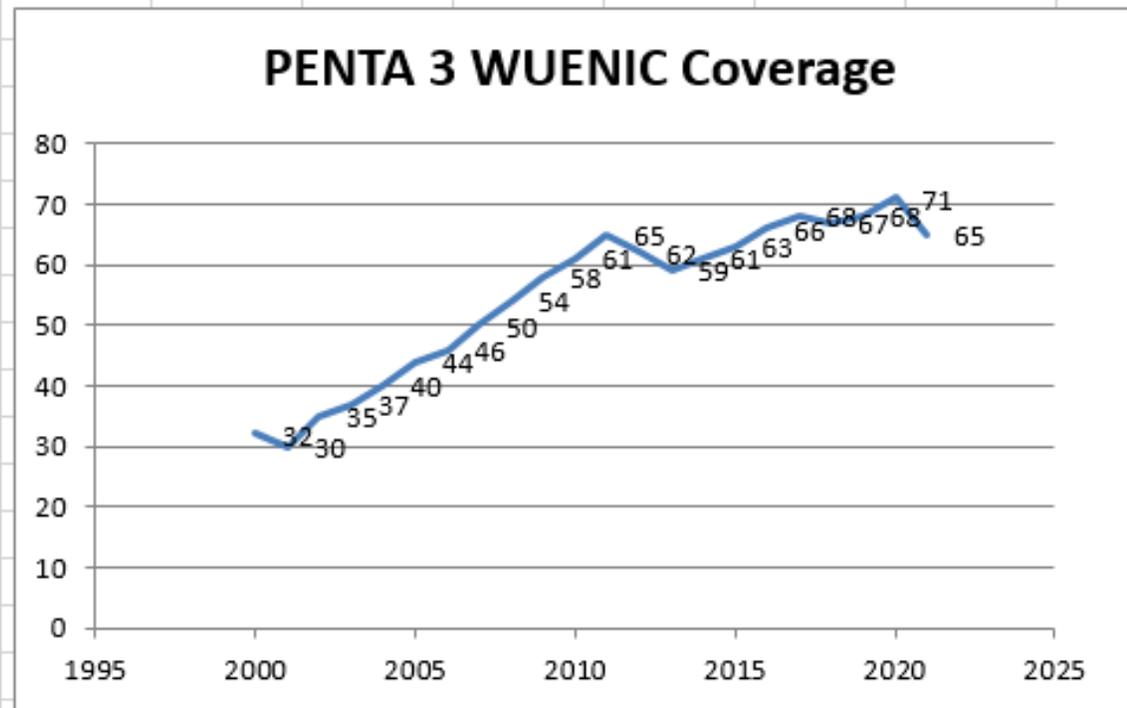
- Yellow Fever
- Men A
- OCV
- Hepatitis B



Key success of EPI program

EPI program key achievement

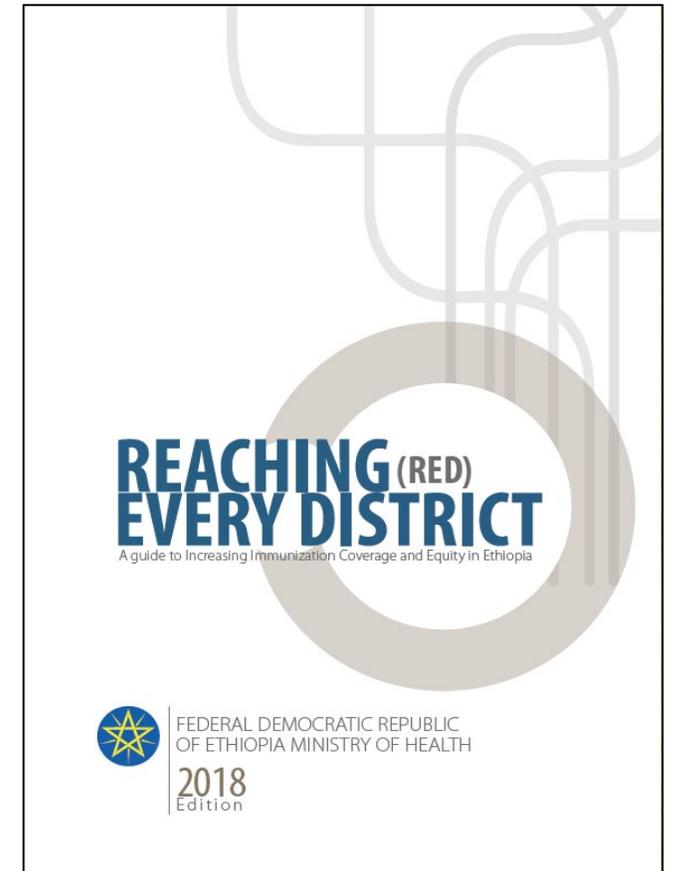
- Eradicated Wild polio virus
- Eliminated MNT
- Introduced several vaccines that prevent VPD



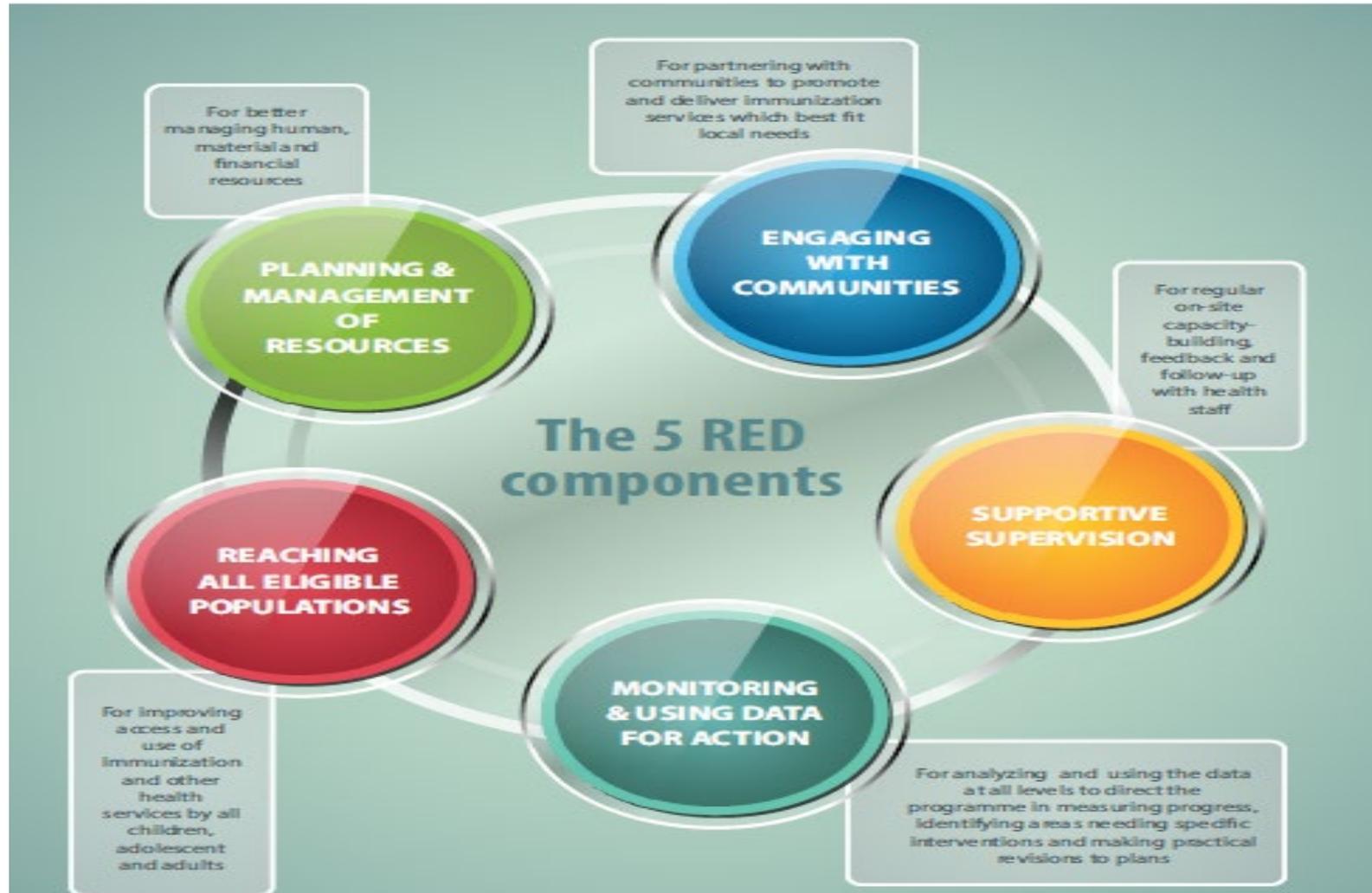
- Immunization coverage is increasing from time to time since 2000

RED and RED-QI in Ethiopia

- RED was introduced in 2004 in Ethiopia and scaled up in a phased based approach
- In 2011, MoH in partnership with JSI operationalized the RED approach by adding quality improvement tools and approaches (RED-QI)
- In 2018, based on experience and new updates, MoH updated the RED guide and RED continues as one of the best approaches to strengthen the RI



What are RED and RED-QI?



Reaching Every District (RED) is a widely-used approach to strengthen management of immunization services at district level or below

Adding QI to RED = RED-QI

RED-QI is the application of concepts and tools from QI to strengthen the *quality of management*

- Designed to help health managers and workers at district, sub-district, and facility level to put RED into practice

RED focuses on “**WHAT**” – to improve performance

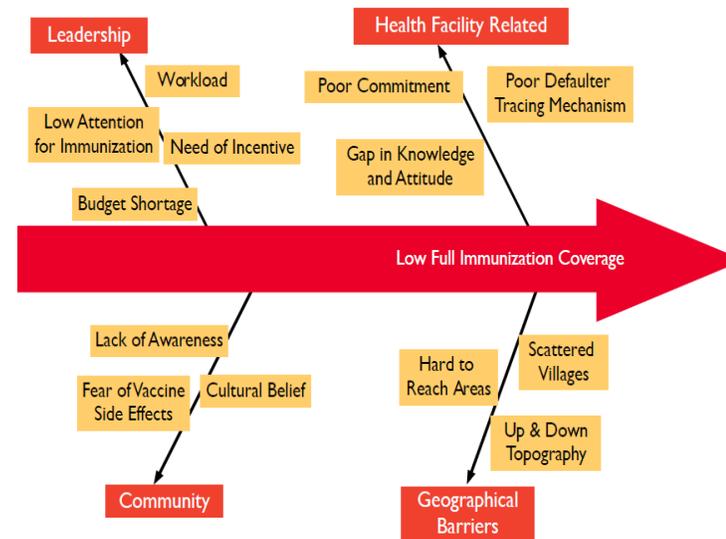
QI focuses on “**HOW**” – the process of problem analysis, prioritization and seeking local solutions

- Break large problems to smaller, more “do-able” pieces
 - Identify small scale changes, promising practices, and data to share with peers on a regular basis
 - Process improvements: find positive deviance examples, local solutions, contextualize, and test others’ successes
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Using Quality Improvement tools, RED-QI equips health workers and managers with the data and skills they need to foster local solutions.



Quality Improvement Teams (QITs) meet regularly to identify and analyze areas in need of improvement, propose solutions, and test ideas

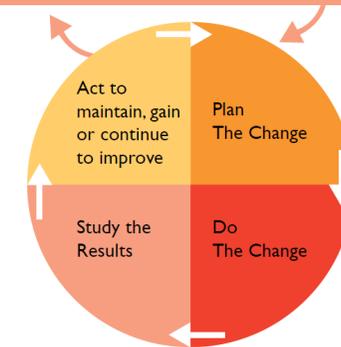


QI tools to analyze problems and their causes

Model for Improvement

(Three Fundamental Questions: PDSA Cycles)

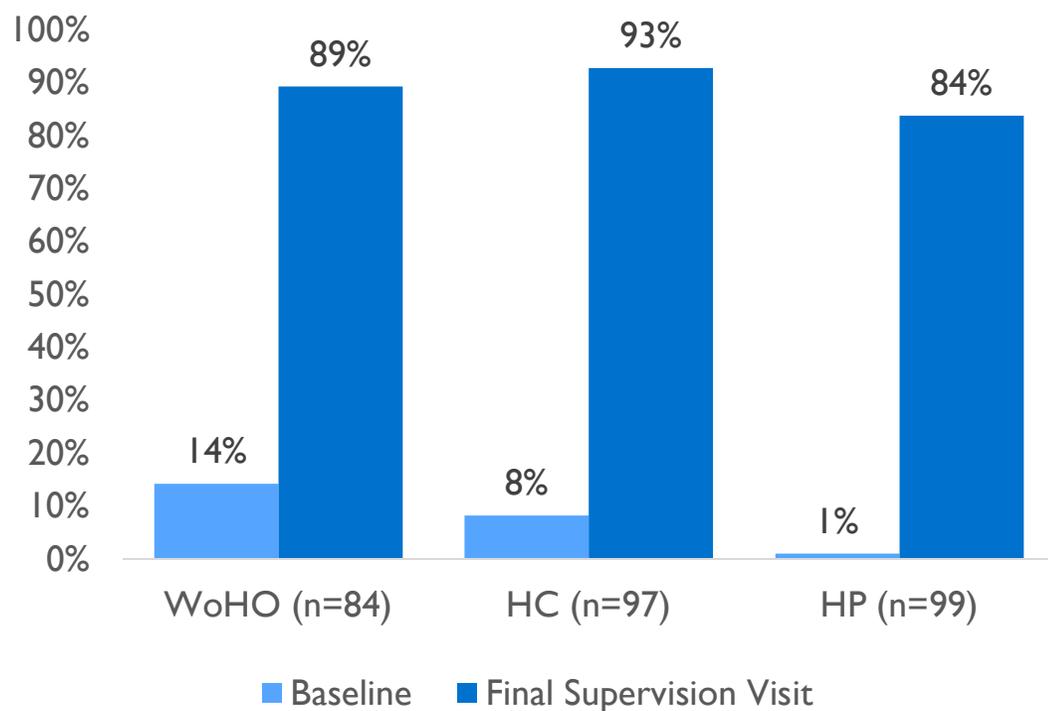
Aim - What are we trying to accomplish?
Changes- What changes can we make that will result in an improvement?
Measures- How will we know that a change has led to an improvement?



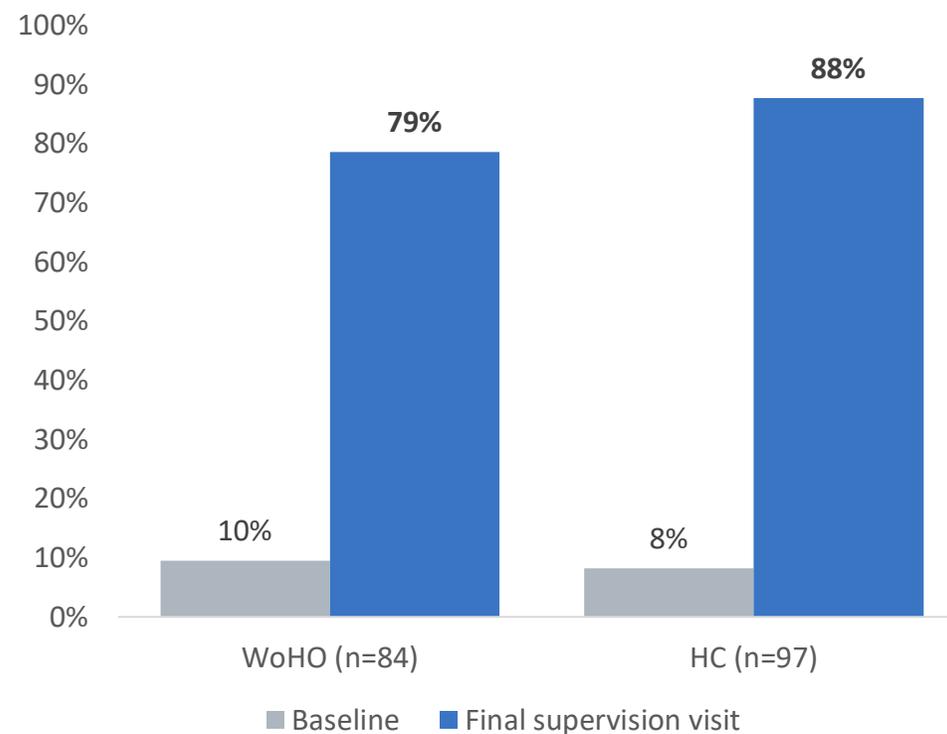
QI tools to test solutions

Micro plan development and use to track immunization service delivery improved

Facilities with complete microplan (out of facilities visited ≥ 3 times)

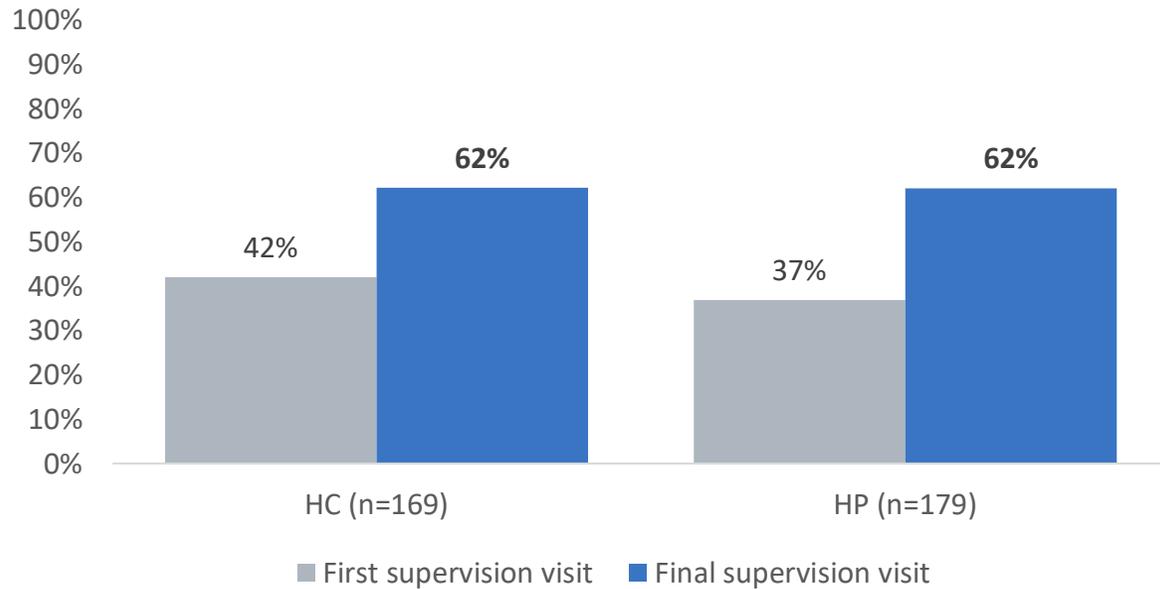


Percent of facilities that use their microplan to track immunization sessions (of facilities that received ≥ 3 supervision visits)



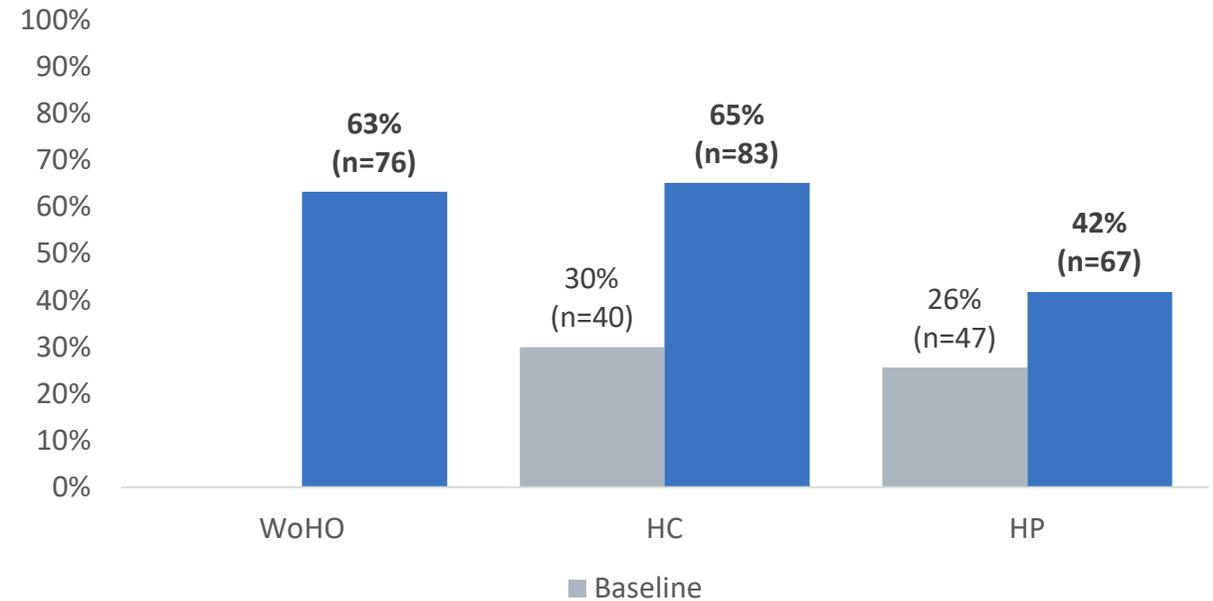
Data quality and data use improved

Percent of facilities with data consistency across reporting tools* (of facilities that received ≥ 3 supervision visits)



*reported consistency across four main immunization data tools: tally sheet, immunization register, monitoring chart, and monthly report

Percent of facilities in which QITs use data to improve RI (of facilities with established QITs that received ≥ 3 supervision visits)



* Baseline not available

Lesson learned to improving Immunization Service Delivery in the Hardest-to-Reach Children



Invest in building the capacity of health workers improves quality of immunization services.



Use of community resources and knowledge in planning helps to reach remote and pastoralist populations.

- Community members' knowledge and endorsement can enhance acceptance, improve utilization of services and track defaulter children



Using data from all available sources: headcounts, community maps, checklists—can strengthen program targeting and tracking.



Lesson learned ...



Use quality improvement tools. By forming Quality Improvement Teams (QITs) using QI tools, facilities and communities can work together, to strengthen planning for service and outreach, identify service gaps, monitor progress, and address challenges.



Invest in supportive supervision to strengthen the quality of service delivery and of the generation of accurate data at the district and HF levels.



- Ensuring **managerial staff have the skills, tools, resources, and institutional support** they need enables bring improvements.

Thank you

