



News from the LAST TEN KILOMETERS

An L10K publication

MARCH 2015 Volume 3, Issue 3

INSIDE THIS ISSUE:

COVER STORY

**ROUTINE IMMUNIZATION
IMPROVEMENT PLAN** 1

EDITORIAL

2

UPDATES

3

- Improved health outcomes appreciated
- L10K project evaluation

SUCCESS STORY

**Building skills for
quality immunization
services** 4

The Last Ten Kilometers (L10K)

*What it takes to improve
health outcomes in rural
Ethiopia*

L10K aims to strengthen the bridge between households and Primary Health Care Unit, Ethiopia's basic health service delivery structure. It works to improve quality and increase demand, access and utilization of high impact reproductive, maternal, newborn and child health interventions.

L10K is funded by the Bill & Melinda Gates Foundation, UNICEF, and USAID, and implemented by JSI Research & Training Institute Inc.

L10K works with 12 local partners, in the four most populated regions of Ethiopia: Amhara, Tigray, Oromia, and Southern Nations, Nationalities and Peoples' (SNNP) regions.



JSI Research & Training Institute, Inc.

ROUTINE IMMUNIZATION IMPROVEMENT PLAN

When countries can successfully provide vaccines to their children, they are already making an immense difference to the health of their citizens. Through immunization, small pox has been eradicated, polio is close to eradication and mortality and morbidity of other vaccine preventable diseases have significantly declined.

Though immunization coverage is globally improving, millions of children still do not have access to basic immunization services. As a result, every ten seconds someone dies from a vaccine-preventable disease.

Since Ethiopia launched an expanded program on immunization in 1980, it is successfully protecting a large proportion of its nearly 3 million annual birth cohort against vaccine-preventable diseases. The country has been able to maintain wild polio-free status in spite of its circulation in neighboring countries, and it has achieved maternal and neonatal tetanus elimination targets in ten out of the eleven regions.

With the introduction and expansion of the health extension program and the reaching every district (RED) approach in 2003-2004, Ethiopian has made steady and gradual improvement in routine immunization coverage: DPT1 coverage increased from 63% in 2003 to 81% in 2006. The number of districts with DPT3 coverage of more than 80% has also increased from 9 districts to 29 districts between 2002 and 2006.

Nonetheless, since 2010, for three years, the national administrative coverage of expanded program on immunization stagnated in many areas and decreased with

significant regional disparities (pastoral areas of Somali, Afar, and Gambella are persistently low as compared to Addis Ababa and Tigray).

Cognizant of this fact the Ethiopian Federal Ministry of Health (FMOH) with support from its partners prepared an immunization improvement plan in 2013. The improvement plan takes into consideration the results of the National Immunization Coverage Survey (2012); Post-Introduction Evaluation of Pneumococcal Vaccine (2013); survey on Socio-economic, Behavioral and Health Services Determinants of Immunization Service Utilization (2012); JSI/ARISE Evaluation of the Drivers of Routine Immunization System Performance in Ethiopia (2012); and Vaccine Management, Logistics and Cold Chain Report (2011). These studies reflect major problems experienced in the various immunization delivery systems.

USAID as one of the partners of the FMOH is supporting this improvement plan and L10K because of its strong community strategy has been identify as one partner who can support such initiative. Thus, L10K is working in collaboration with the FMOH, regional health bureaus, zonal health departments, woreda health offices, and other partners working in immunization.



UNICEF Sverige

Cont. on page 2

ROUTINE IMMUNIZATION...

(Cont. from page 1)

USAID/L10K's expanded program on immunization (EPI) aims to contribute to the reduction of incidences of vaccine preventable diseases in targeted woredas. It is implemented with the objective of increasing access, demand, and utilization of immunization service and providing potent vaccines to children in targeted zones. The specific activities of the intervention are categorized into the following objectives:

- support demand creation for immunization service at community level in low-performing woredas through integrated refresher training and use of media;
- support to reduce bottlenecks that prevent access to quality immunization services; and
- support the health system to enhance immunization services.

As of September 2014, L10K has supported implementation of routine immunization plan by deploying immunization officers to zonal health departments in Southern Zone of Afar, North West Tigray, Awi, East Wellega, Gedio, Bench-Maji, and Yem special woreda. Within these implementing zones, USAID/L10K works in 64 woredas. A baseline survey has been carried out and the results have been used to prioritize woredas and health facilities. The field team is supported by the central office of L10K by updating, developing, and elaborating tools and guidelines which complement those of the Ministry.

Some of the activities carried out so far include:

- data interpretation of the baseline survey,
- advocacy and awareness creation meeting,
- RED approach training and micro-planning, (immunization in practice training for 90% of the woredas and 225 health facility heads and focal persons will be organized), and
- participation in quarterly immunization review meetings.

L10K has also supported the FMoH's two rounds of polio and one round of meningitis vaccination campaign.

EDITORIAL

Immunization is a high impact child survival intervention that saves millions of lives each year. Its results has been the single greatest public health achievement of all times. The benefits of vaccination extend beyond reduction of mortality and morbidity and prevention of specific diseases in individuals; it averts cancer, extends life expectancy, and empowers women to opt for fewer children (as the need to have many children reduces with favorable child health care) which in turn reduces maternal mortality.

Since the initiation of expanded program of immunization (EPI) in Ethiopia in the 1980s, the coverage improved progressively, however its benefits were not fully utilized. The 2012 national immunization coverage survey showed a lower than reported coverage with wide regional variation and with problems of drop outs. Recently, the administrative vaccine coverage stagnated and this led the Federal Ministry of Health of Ethiopia to analyze the reasons in detail and to come up with an improvement plan - routine immunization improvement plan (RIIP) in November 2013 – requesting the support of partners. One such partner is USAID, which in turn selected JSI/L10K as its implementing partner.

L10K's aim of improving high impact maternal, neonatal, and child health care practices and its community based experiences are its competitive advantage that will help in increasing access, demand, and utilization of immunization service. Demand creation and linking health services with the community is one of the current areas that L10K is working in. Additionally, its community based data for decision making (CBDDM) is an excellent mapping tool utilized in its current operational areas. L10K has also taken lessons from JSI's UI-FHS project of implementing reach every district (RED) approach.

The already existing platform of L10K will help in identifying children to be vaccinated to make sure that they are protected from vaccine preventable diseases. L10K's EPI intervention which is implemented in 7 zones, 64 woredas, 229 health centers and 1036 health posts, will contribute to eradication, elimination, and accelerated control of targeted disease and ultimately achieving and sustaining MDG 4 and 5 (*Reduce child mortality and Improve maternal health* respectively).

In general, JSI has many years of experience in supporting immunization program and ensuring data quality, data generation and compilation, timely reporting and above all, use of data for action. In Ethiopia there are four different JSI projects working on immunization service (L10K, IFHP, UI-FHS, and DELIVER vaccine supply chain). These projects will create a forum to share their experiences in program management, community linkage, implementation of reach every community (REC) approach, and logistics management from which L10K will further its benefit.

UPDATES

Improved health outcomes appreciated

On February 19 and 20, 2015 staff from the Bill and Melinda Gates Foundation (BMGF) visited health projects in Tigray. Senior Program Officer, Rebecca Ferguson (who makes frequent visits) and Dr. France Donnay, Senior Program Officer for Maternal Health visited the health post of Kewanit Kebele, Wukro Maria health center Axum Hospital in Tahtay Maychew woreda (district) as well as non L10K sites: Betehannis health center and Adwa hospital .

Briefing was given on the Government’s health extension program and community strategies applied by L10K to compliment the government’s program.

The general functions of the hospitals and health centers was explained and more specifically the L10K supported referral system from health post to health center and hospital was highlighted. The visitors appreciated the positive change due to the improved referral work which has enhanced number of deliveries taking place at the facilities.

Moving into the community the visitors dropped by the health post and talked to health extension workers, health development army members, and women and husbands who had come in search of health services. The visiting team, discussed with a lactating mother who had delivered her baby just a week ago.



At Kewanit health post, the HEW explains the wall charts

L10K project evaluation

The L10K Project was initiated in October 2007 to support the health extension program of the Ethiopian government to improve reproductive, maternal, newborn and child health (RMNCH) care behavior and practices. Operating as a five-year project, L10K reached its project time line in 2012. However, receiving supplemental fund and based on its

learnings from this period, L10K extended for two more years – up to 2015.

With plans of initiating a new phase but before moving into this phase, L10K requested the Federal Ministry of Health to evaluate its Project and field trips were made to the four L10K operational regions where two zones were selected per region and the following health facilities and communities were visited.

Region	Zone	Woreda	Health Center	Health Post
TIGRAY	North Western	La'ilay Adiyabo	Adidarro	Mai Anbesa
	South Eastern	Samre	Gujit	Hinsa
AMHARA	West Gojam	Denbecha	Denbecha	Gudber
	North Shoa	Debresina	Debresina	Sina
SNNP	Bench Maji	Sheko	Sheko	Gayzega
	Sheka	Yeki	Kubito	Ermich
OROMIA	Jimma	Shebe Sombo	Shebe	Yanga Dogoma
	West Wollega	Nedjo	Amuma Yabel	Kilto Mako

Areas visited by the Ministry of Health’s team

In each of these woredas the evaluating team discussed with zonal and woreda staff, health workers at the different levels, L10K grantees, 1 to 5 health development team leaders, and mothers in the community.

The team gave its feedback by stating that the L10K Project has overall contributed to improving the health system. L10K’s community strategies such as the Community Based Data for Decision Making (CBDDM) - a community mapping tool- was also commended.

Detail report of the visiting team shall be available shortly.



A Health Development Army Team Leader explains how she carries out her daily work

SUCCESS STORY

Building skills for quality immunization services

Dilnesaw Tadesse is the head of Sheko health centre in Sheko Woreda of Bench Maji zone, SNNP. The health center provides immunization service to children and mothers. However, this service has been deteriorating from time to time due to various interrelated factors.

Despite the fact that all vaccines are heat-sensitive and most are freeze-sensitive, vaccines in the health center were not stored in proper compartments of the refrigerator. Fridge tags have recorded six alarms in a month, indicating that vaccines have been dangerously exposed to temperature variation that resulted in the vaccines losing their potency (strength). Shake tests that help to check whether freeze-sensitive vaccines have been subjected to freezing temperatures, was not carried out properly. Poor transportation system further contributed to vaccines losing their potency since transporting the vaccines from the health center store to immunization providing sites, were not carried out in appropriate cold chain equipment. Immunization sessions and vaccine forecast plans were never developed by the health center and as a result, there was poor stock management where there would be over or understocked number of vaccines.

Dilnesaw as the head of the facility understood that he had serious problems on his hand. The health workers at the facility had skill gaps in cold chain management and vaccine handling. The number of unvaccinated children in the catchment area of the facility was high and the small number of vaccinated children and mothers had a weak chance of developing immunity since the vaccines were usually impotent. The poor quality of immunization service resulted in frequent outbreaks of measles in

the area.

In January 2015, an immunization training program was organized by the Bench Maji Zonal Health Department together with L10K. Dilnesaw was one of the trainees among other staff of the facility who participated. The training equipped health workers with much needed knowledge and skills in delivering quality immunization service. By the end of the training, Sheko health center was able to have one trained focal person for immunization service.

A month after the training and during a supervision visit to Sheko health center, Dilnesaw guided the visitors through the procedure of how their facility now manages and monitors the cold chain system. The visitors observed fridge temperature was monitored twice a day; vaccines were loaded in proper compartments, and fridge tags showed no alarm, nor were there any expired vaccines. With a forecast plan put in place there were no problems of shortage and over storage of vaccines.

In a short period of time Sheko health centre's Penta 1 coverage of 6 month performance (before the training) which was (385) 71% improved to (561) 78% in its 8 month performance (after the training). In addition, Penta dropout rates which was -6% improved to +4% putting the health centre into a one-step higher category of *poor access and good utilization* (category 3) from a category of *poor access and poor utilization* (category 4).

With continued support Dilnesaw is confident that Sheko health centre will be able to further improve demand for and utilization of the service thereby ensuring quality immunization coverage.

L10K's expanded program on immunization (EPI) is a USAID funded intervention which is carried out in partnership with the Federal Ministry of Health. The intervention aims to contribute to the reduction of incidences of vaccine preventable diseases. It works to increase access, demand, and utilization of immunization service and provide potent vaccines to children.



Inappropriate vaccines handling before training (left) and proper storage in refrigerator after training (right)



*News from the
LAST TEN KILOMETERS*

**This quarterly
newsletter is
produced by the Last
Ten Kilometers
Project, funded by
the Bill & Melinda
Gates Foundation,
UNICEF and USAID.**

**MARCH 2015
Volume 3, Issue 4**

**The Last Ten
Kilometers Project
P.O.Box 13898
Addis Ababa,
Ethiopia**

<http://l10k.jsi.com>

**Tel +251 11 662 0066
Fax +251 11 663**

Disclaimer: Information, views or opinions expressed in this newsletter do not necessarily represent or reflect those of Bill & Melinda Gates Foundation, UNICEF and USAID.

