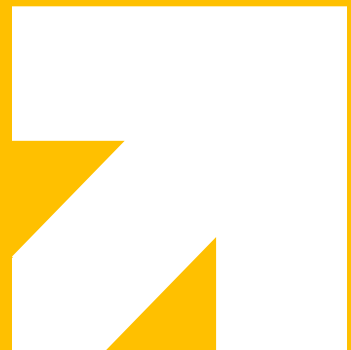


Fifth Child Project: closing the childhood immunization gap in Beninshangul-Gumuz Regional State, Ethiopia

Shiferaw Demissie, Ethiopia Health Coordinator

Naoko Kozuki, Technical Advisor, Health Research

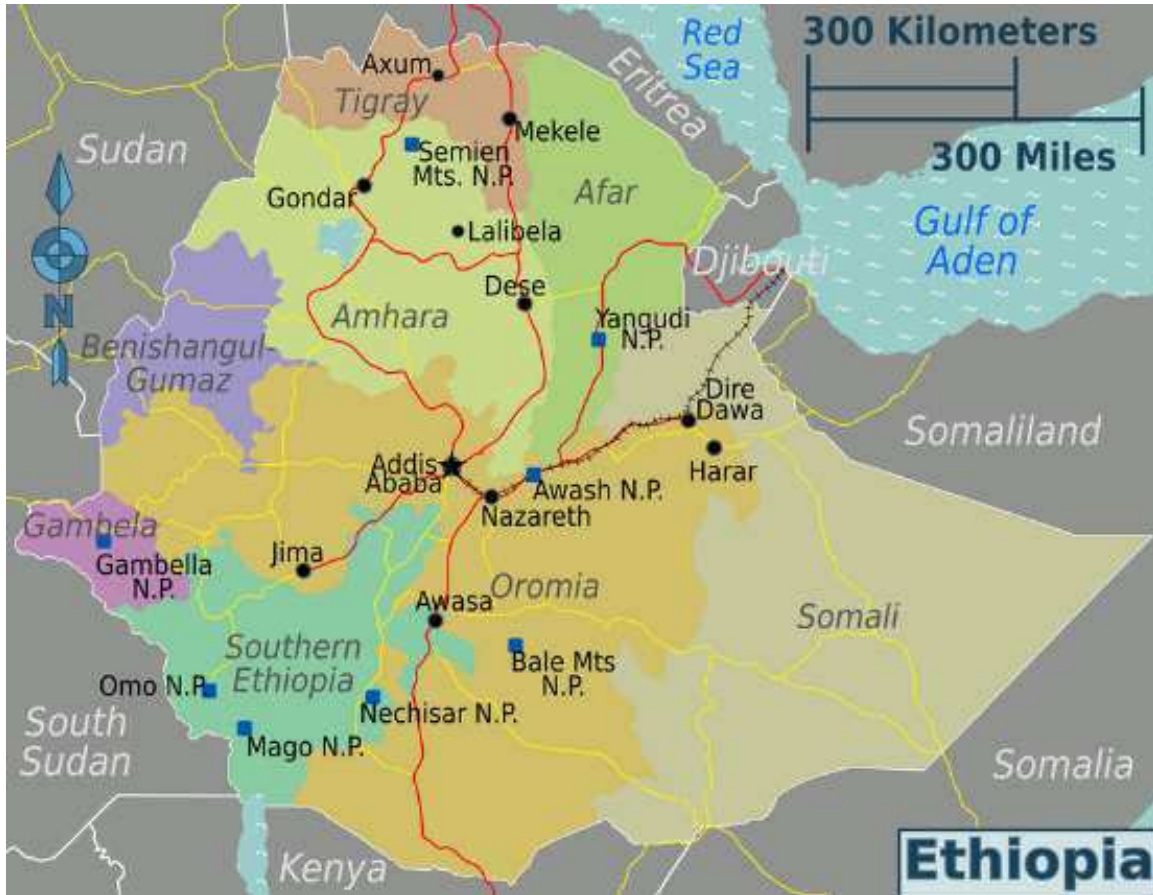
International Rescue Committee



Ethiopia

- Great success story of MDG era
 - Met Goals #4 and #5
- Equity gap: Developing Regional States
 - Afar, Benishangul-Gumuz, Gambella, and Somali
 - Lowest development indices
 - Affected by ethnic conflict, refugee influx
- Benishangul-Gumuz (2016 DHS)
 - U5MR of 98
 - In comparison: national – 67, Addis Ababa – 39

Fifth Child Project



Started in BGRS by the IRC in 2014 - supports delivery of the Ethiopian Health Extension Program's family health packages

Key objectives

- Increase demand for and access to perinatal services and increase vaccination coverage
- Foster community engagement and shared responsibility for maternal and child health

The need for the project



- DPT3 coverage in Nov 2014: 73%
- Total Fertility Rate in BGRS: 5.2
- Contraceptive Prevalence Rate: 28%
- Unmet need for FP among postpartum mothers nationally is 74%

**Immunization
defaulter tracing tool**

**Color coded
calendar**

***Integrated FP
& EPI***

**Community
engagement**

**Health system
support**



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Color-Coded Calendar

- HEWs and HDAs describe the color-coded images on the tool and place the same colored stickers on appointment days to help remind families
- Calendar acted as a catalyst for health-related discussions within families & enabled: i) mothers to maintain better control over children's health, ii) personalised interactions with HCWs

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Key findings from formative evaluation



***“New way of working”*: well adapted to the Health Extension Program**

“This project has introduced a new way of working. Previously there was no mechanism to remind mothers about delivery and their vaccination schedule. Having the *Enat Mastawesha* (calendar) and the follow-up form is useful for reminding the women of their check-up dates and vaccination dates. This all-in-one format has proved to be very useful.” - Woreda health officer



Shared responsibility for immunisation

- Pre-existing community accountability structures facilitated shared responsibility

However:

- Varying levels of engagement within kebeles
- Some lack of clarity about kebele leaders active involvement in defaulter tracing
- Community-agreed sanctions for non-compliance

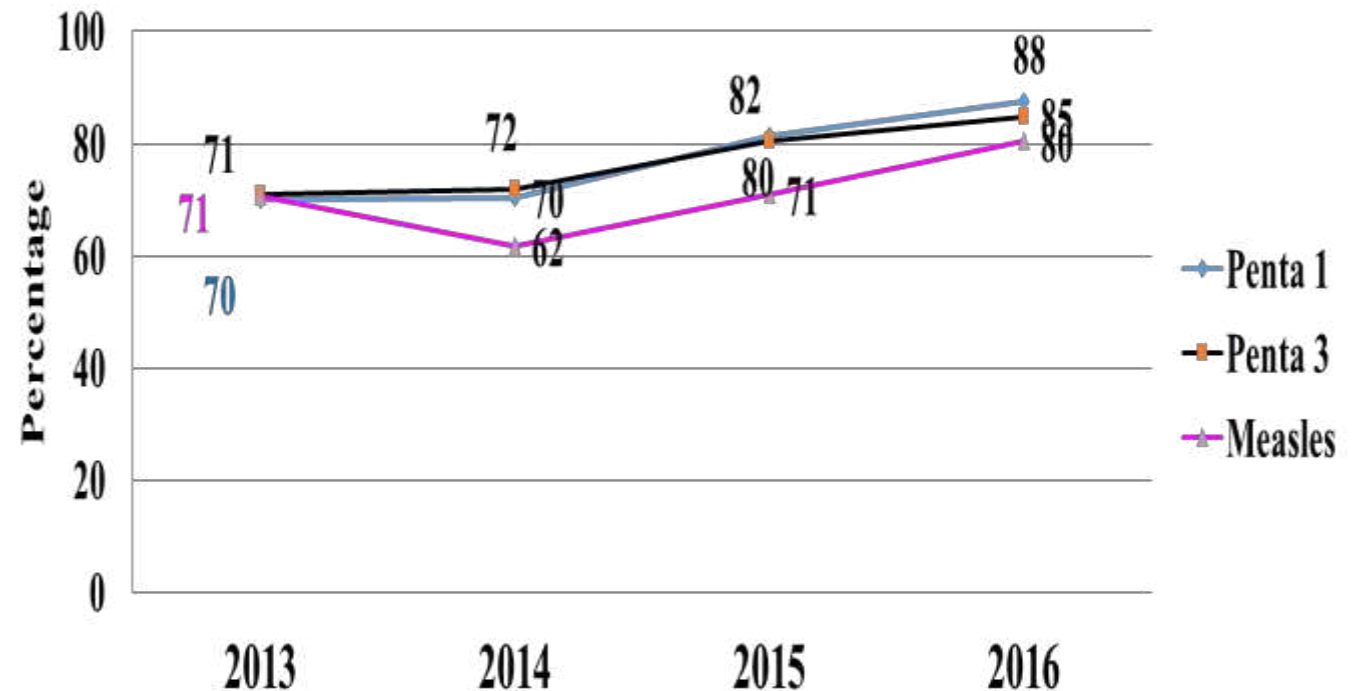


Immunization – Routine monitoring data

Jan 2013 – Dec 2016:

- ✓ Penta-3 coverage: 63% to 84% in Assosa, 78% to 93% in Bambasi
- ✓ Measles coverage: 77% to 81% in Assosa, 59% to 86% in Bambasi
- ✓ 54% of infants defaulted at least once → 84% identified and caught up on missed vaccinations
- ✓ Percent of mothers who arrive for child immunization who accept FP: 12% to 74% in Assosa, 18% to 43% in Bambasi

EPI Coverage in Assosa and Bambasi Woredas in BGRS



	Penta1		Penta3		Measles	
	Beta	p	Beta	p	Beta	p
Before full implementation	Ref					
After full implementation	10.9 (5.6, 16.2)	<0.001	14.2 (6.9, 21.4)	<0.001	13.8 (6.6, 20.9)	<0.001

What's Next?

Potential Applications for the Humanitarian Context



Contact: Shiferaw.Demissie@rescue.org

Chantler et al. 'We All Work Together to Vaccinate the Child': A Formative Evaluation of a Community-Engagement Strategy Aimed at Closing the Immunization Gap in North-West Ethiopia. [Int J Environ Res Public Health](#). 2018 Apr; 15(4): 667.

Acknowledgements



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MEDICINE



International
Initiative for
Impact Evaluation



The Pfizer Foundation

A charitable foundation established by Pfizer Inc



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