

Strengthening Expanded Program for Immunization (EPI) through facility-based supportive supervision in pastoralist and hard-to-reach part of Ethiopia: the experience of CORE Group Ethiopia.

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Introduction:

Immunization is the most cost-effective public health intervention providing protection to children from vaccine preventable diseases. In Ethiopia though Expanded Program for Immunization (EPI) launched in 1980, the coverage in two decades was very low due to lack of awareness on vaccines, shortage of trained workers, inaccuracy in registration of vaccinations, and poor cold chain management. Morbidity, disability, and mortality among young infants under five children due to vaccine preventable diseases are a major public health problem in the country. Immunization against vaccine preventable diseases is a potent public health tool in reducing child morbidity, disability and mortality.

CORE Group Ethiopia, established in 2001, focuses on pastoralist communities and hard-to-reach areas to increase the immunization coverage necessary to achieve interruption of polio transmission to enhance the polio eradication program through community-based activities.

Supportive supervision ensures and improves the quality, effectiveness, and efficiency of services provided at the facility level; it also enhances competencies and job satisfaction for staff engaged in activities at all levels of care delivery.

OBJECTIVE:

To evaluate the changes on EPI performance of the health facilities due to the support through supervision in 80 pastoralist and hard-to-reach CORE Group Ethiopia implementation districts.

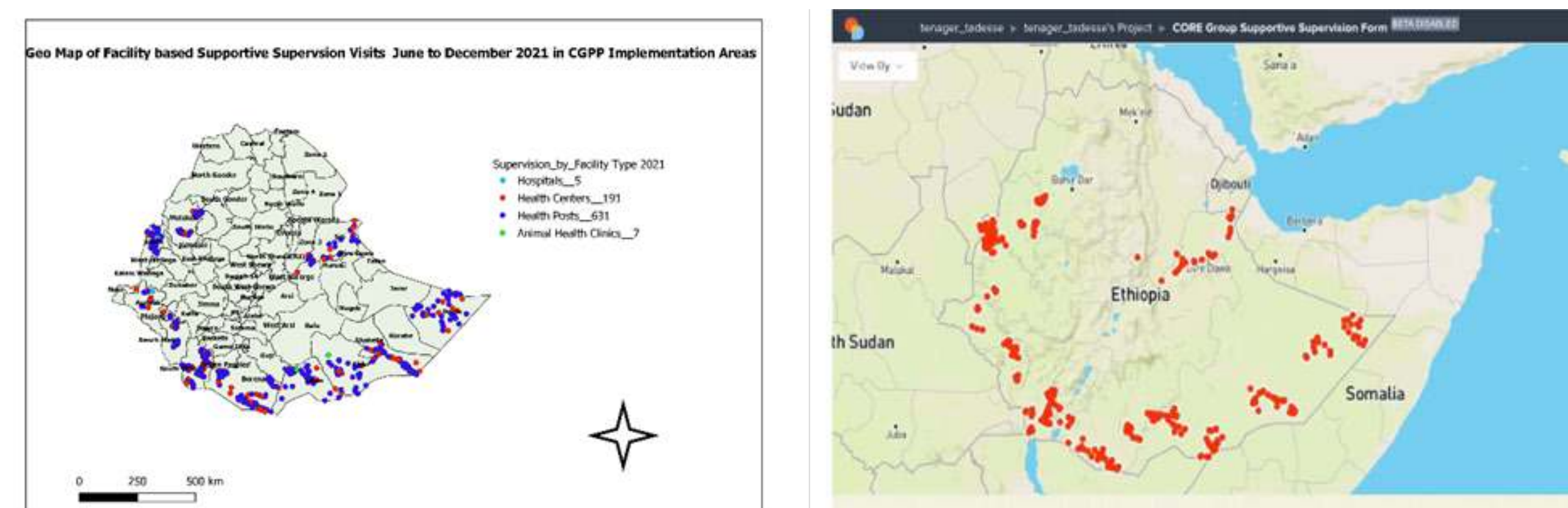
METHODS:

Facility-level supportive supervision data was collected by CORE Group Polio Project staff via ODK platform from June to December 2021 to evaluate round-wise changes on EPI performance of the health facilities. The supervisory visits were conducted jointly by district project and government staff using WHO supervision checklist loaded on a smart phone. During each visit, on-the-job training was provided, and before concluding each visit there was discussion with the facility staff on observed gaps to develop an action plan. Filled checklist were sent to the project server. Round-wise analysis was done using SPSS software.

RESULTS:

During the seven-month period, 834 health facilities supportively supervised on EPI, of which 75.7% were health posts, 22.9% health centers, 1.4% hospitals. 372, 285 and 177 number of facilities visited on the first, second and third round respectively.

Picture 1: Geo Map of supportive supervision visits conducted in CGPP implementation areas, Dec. 2021



Proportion of facilities without immunization session plan and reach every child (REC) micro plan on the first visit decreased from 58.1% to 14.4%, and 52.0% to 18.9% on the 3rd visits respectively. Similarly, irregularity of the cold chain status decreased from 8.2% to 1.2%.

Table 1: Availability of updated RED/REC micro plan in the last 6 months in the supervised health facilities, Dec. 2021

Is there updated (last 6 months) Reach Every District (RED/REC) micro plan		The number of round of this visit during the current fiscal year			Total
		First round	Second round	Third round	
yes	Count	238	216	131	585
	%	40.7%	36.9%	22.4%	100.0%
No	Count	91	51	33	175
	%	52.0%	29.1%	18.9%	100.0%
Total	Count	329	267	166	762
	%	43.2%	35.0%	21.8%	100.0%

Availability of updated immunization monitoring chart improved from 48.9% to 57.8%, immunization defaulters tracking mechanism from 75.4% to 89.2% and proper utilization of immunization register from 82.4% to 90.4% on the third round of visit.

The supervised health facilities refrigerator temperature regularity improved from 65.7% to 78.9% between the first and the third visits.

More than half (53.7%) of the facility management committee was not functional on the first round visit and which reduced to 4.9% on the third visit.

Table 2: Cold chain status of the supervised health facilities, Dec. 2021

Status of cold chain monitoring in the last month?		The number of round of this visit during the current fiscal year			Total
		1 st round	2 nd round	3 rd round	
Regular	Count	216	195	131	542
	Percentage	65.70%	73.00%	78.90%	71.10%
Irregular	Count	27	14	2	43
	Percentage	8.20%	5.20%	1.20%	5.60%
Not working	Count	56	44	22	122
	Percentage	17.00%	16.50%	13.30%	16.00%
Other	Count	30	14	11	55
	Percentage	9.10%	5.20%	6.60%	7.20%
Total	Count	329	267	166	762
	Percentage	100.00%	100.00%	100.00%	100.00%

CONCLUSION AND RECOMMENDATION:

The result showed that the proportion of facilities with updated immunization monitoring chart, micro plan, cold chain status and immunization defaulters tracking mechanisms significantly improved from the first visit to the third visit.

This suggests a positive correlation between regular and sustained supportive supervision visits and improvement in immunization program management. Building the capacity of the district health staff for continuous supervisory support to the facilities and strengthening the facility management committee is mandatory for sustainability of immunization program.