The Federal Democratic Republic of Ethiopia
Ministry of Health

Improving Child Survival through Integrated Delivery of Interventions at the Community Level

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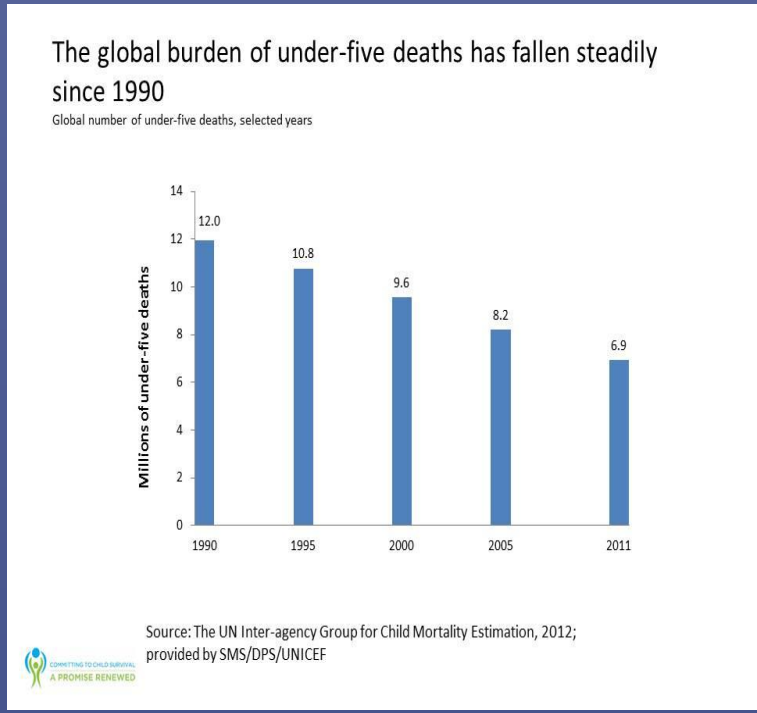
Context

- 1 in 8 children in SSA die before they reach their fifth birthday

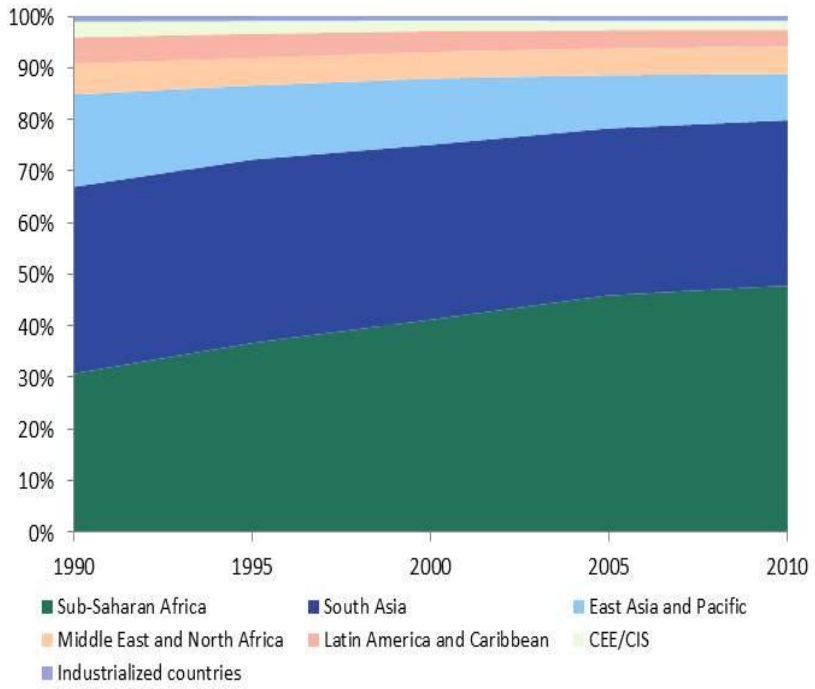
- We have the knowledge and the technology to reach most children with life-saving interventions.

- However, even with the availability of proven, high-impact interventions uptake is low and high rates of childhood illness and death persist.



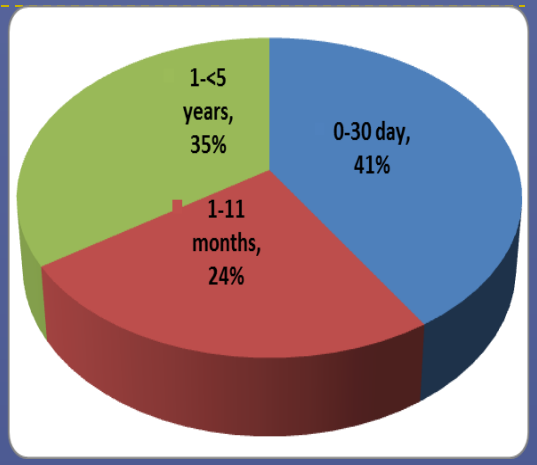
The global burden of under-five deaths is increasingly concentrated in Sub-Saharan Africa

Share of under-five deaths, by region, 1990-2010 (%)



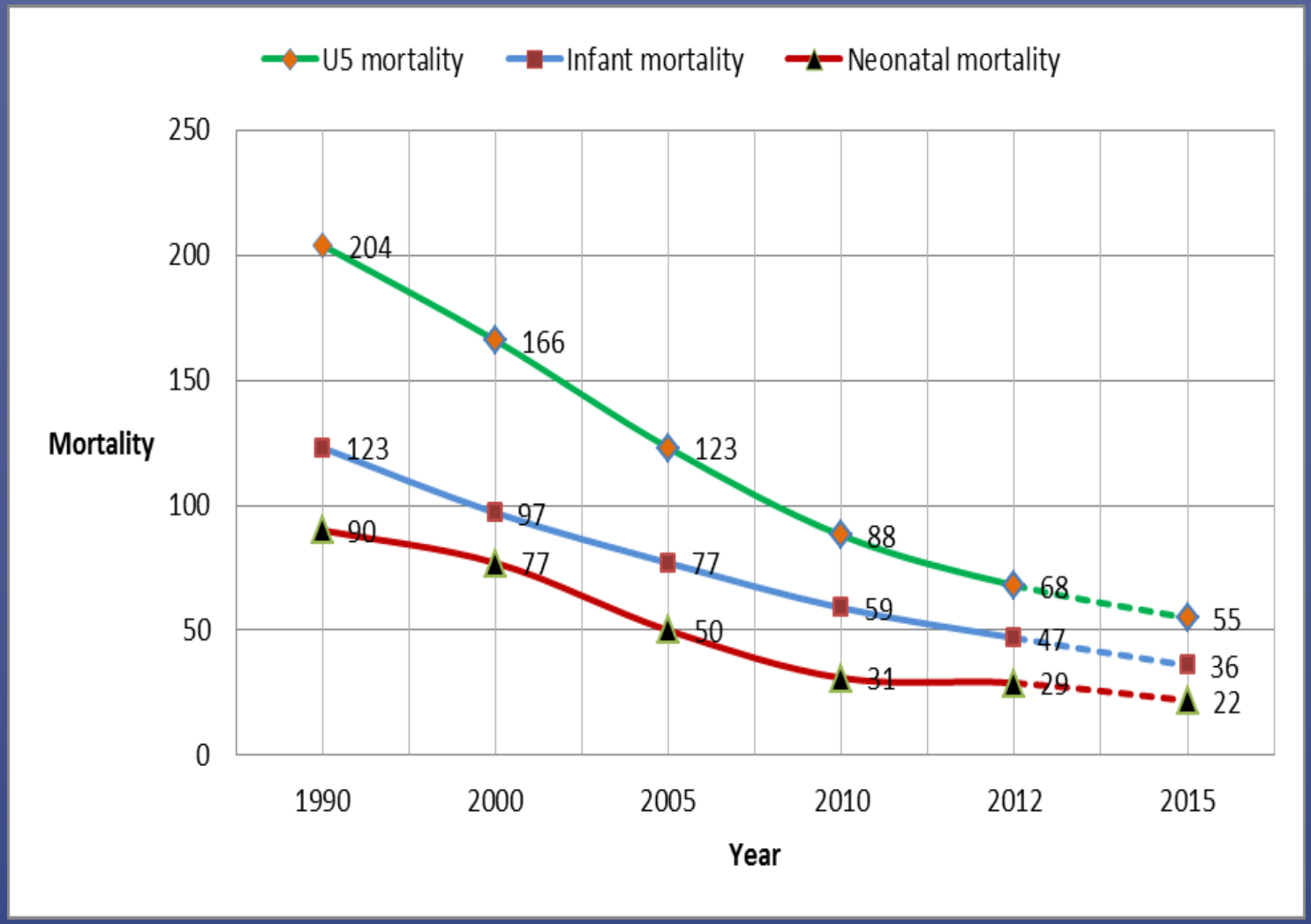
Source: IGME 2011

COMMITTING TO CHILD SURVIVAL
A PROMISE RENEWED

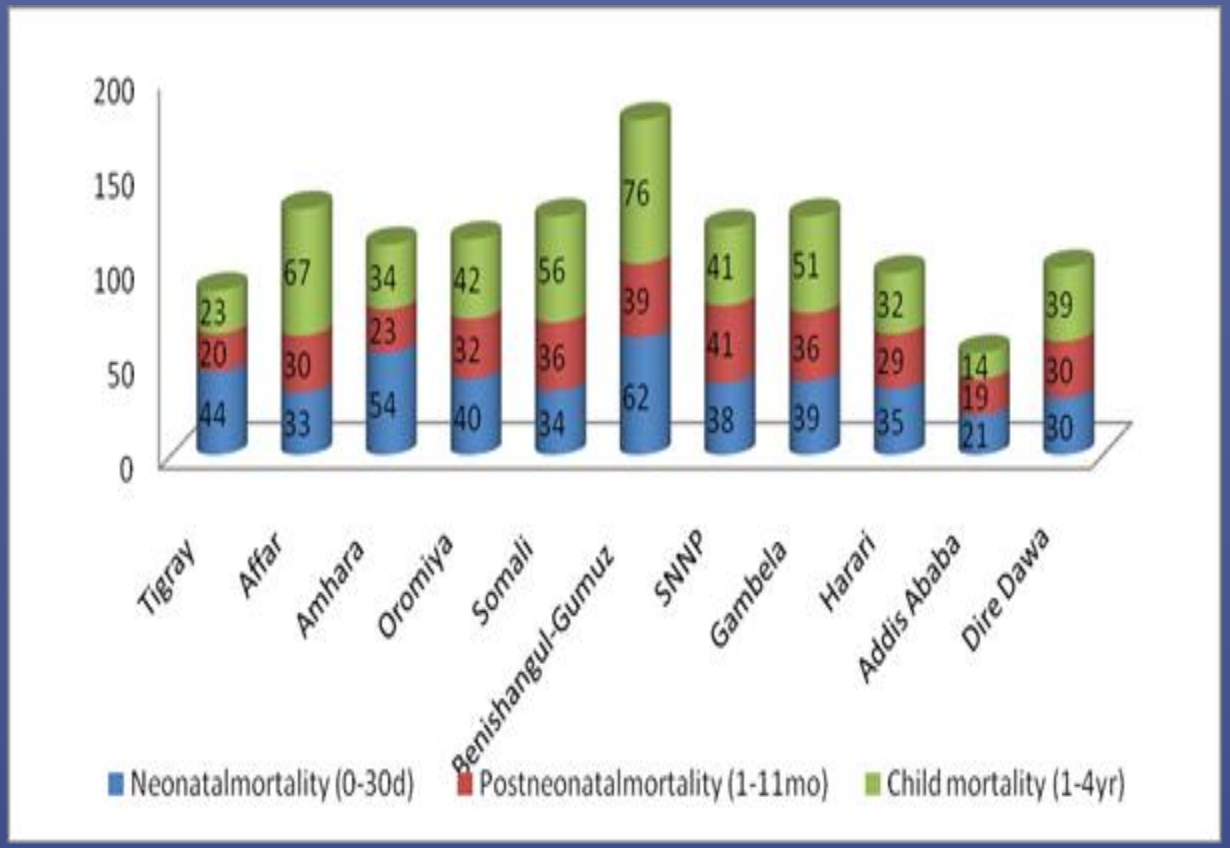


When are Children Dying? Ethiopia EDHS2011

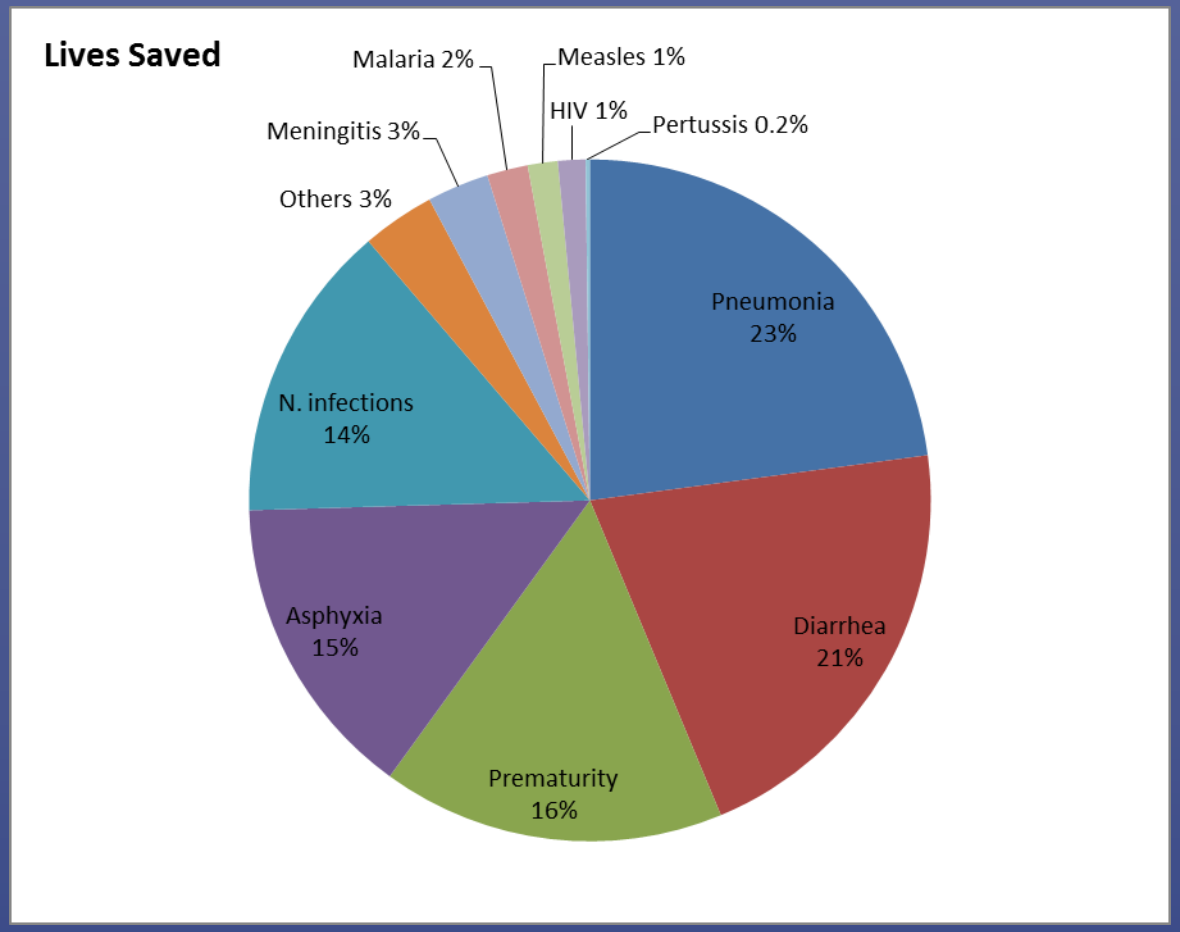
Trends in under-five, infant and neonatal mortality rates and targets for 2015
(Source: *EDHS 2000, 2005 and 2011& IGME 2013 Report)*



Child Mortality: Regional Variations in Ethiopia (EDH2011)



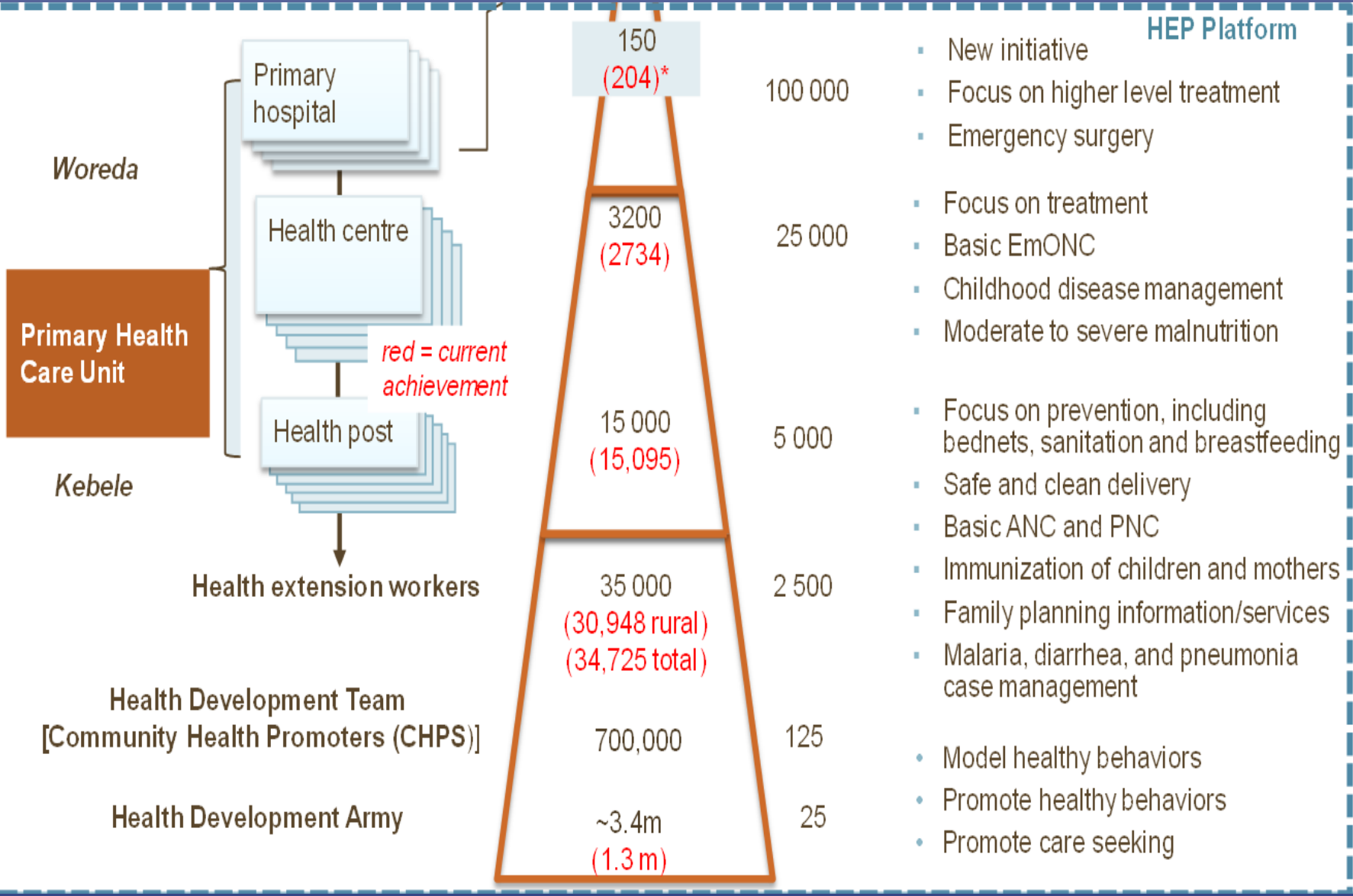
Lives Saved 2014-2015 Ethiopia



Health Extension Program as integrated service delivery platform

- The philosophy of HEP is that if the right knowledge and skill is transferred to households, they can take responsibility for producing and maintaining their own health;
- The main vehicle for bringing key maternal, neonatal and child health interventions to the community;
- It includes Health Extension Workers and their supervisors, Voluntary Community Health Promoters and Model Family;
- Package of basic and essential promotive, preventive and selected high impact curative health services targeting households;
- Focuses on households at the community level, involves fewer facility-based services.

Primary Level Care (PHCU)



Packages of HEP

I. Hygiene & Environmental health	**II. Family Health service**
Proper & safe excreta disposal Proper & safe solid & liquid waste disposal Water supply safety measures Food hygiene & safety measures Healthy home environment Arthropods & rodent control Personal hygiene	Maternal & Child health Family planning Immunization Adolescent Reproductive Health (ARH) Essential Nutrition Action (ENA)
III. Disease Prevention & Control	**IV. Health Education & Communication/BCC**
TB and HIV/AIDS and other STI prevention & control Malaria prevention & control First Aid and Emergency measures	

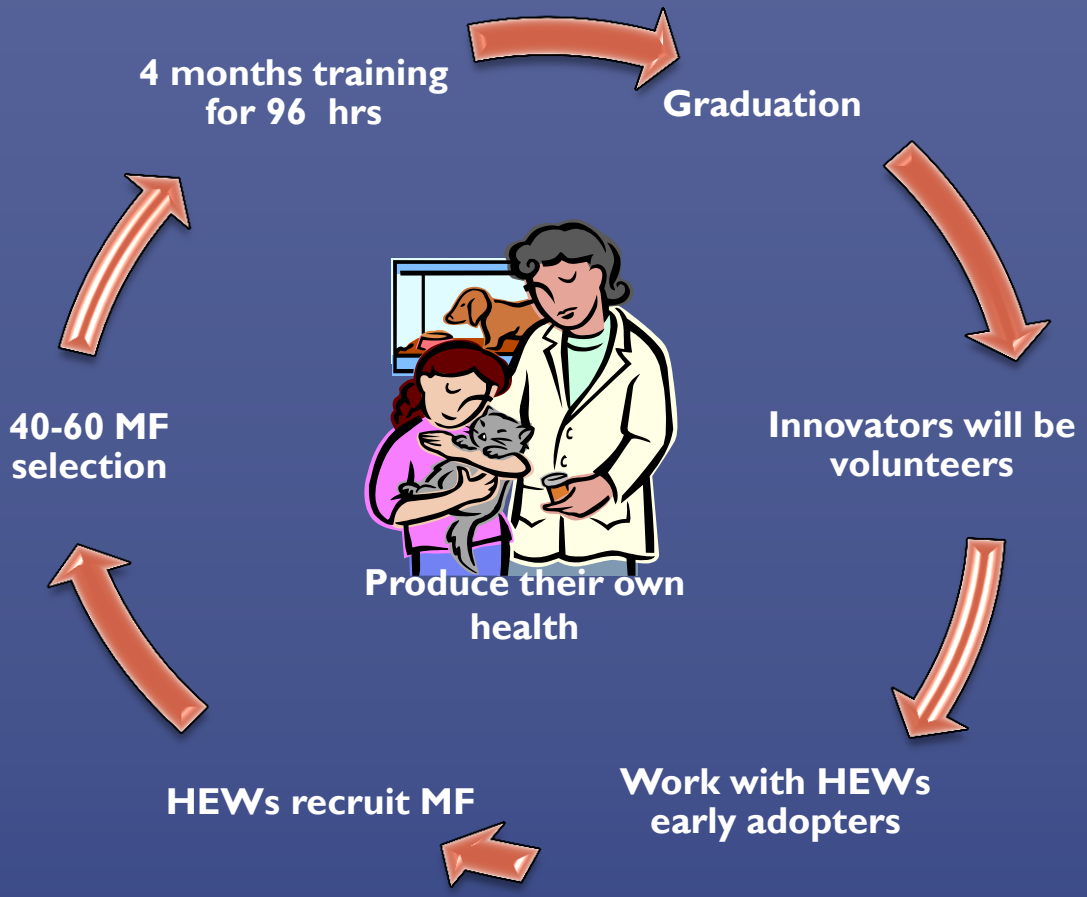
What is new with HEWs?

HEWs are generalists:

- Community health documenters
- Hygiene and environmental sanitation promoters
- Family health providers
- Disease prevention and control facilitators

Photo: One.org

Innovation in implementation



What questions do we want to answer with Integration?

- Level of priority?
- Place of Immunization within the Comprehensive Plan?
- Budget share, allocation and financing sources?
- Procurement Plan? How many old refrigerators need to be replaced? Equipment management/planning ?
- Opportunity to increase data use and access?
- Increases the efficiency and effectiveness of the vaccine supply chain?

Integration as a continuum of care (1)

- **Leadership with a vision**
- **Commitment and policy**
- **Integrated packages, guidelines and tools**
- **Service Delivery**
- **Community mobilization for services uptake**
- **Integrated medicines and supply chain management**

Integration as a continuum of care (2)

- **Capacity development for health care providers**
  - Support growth along defined career paths
  - Integrated Human Resources Information System (HRIS)
  - Institutional capacity building in MOH, Regional Health Bureaus
  - Mechanisms for human resource retention and motivation
- **Monitoring, supervision and evaluation**
  - Integrated family folder
- **Advocacy and Resource mobilization**

Integrated Service Delivery Model

COMBINED SERVICE PROVISION

Deliberately integrated immunization and MNCH services offered on the same-day, at the same location

SINGLE SERVICE PROVISION + REFERRAL

Either immunization or other MNCH service provided requiring follow-up through varying mechanism

Services may be provided by Community Health Workers or Facility Based Service Providers

Cross-cutting Components

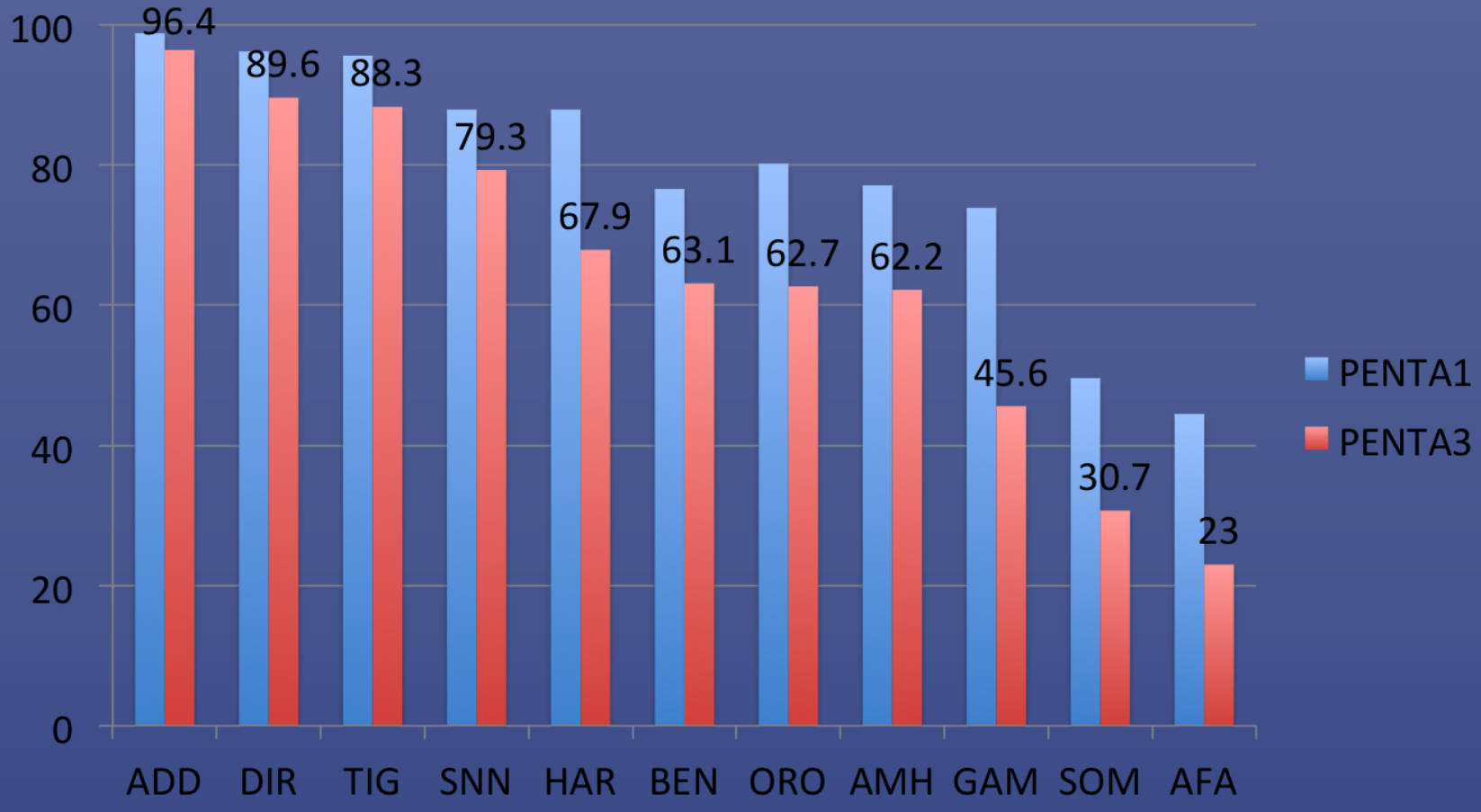
- Sufficient commodities available for both services
- Provider capacity building
- Conducive service delivery infrastructure
- Monitoring and supportive supervision
- Health promotion/demand generation for MNCH services

Health Facility

Community-based or Outreach

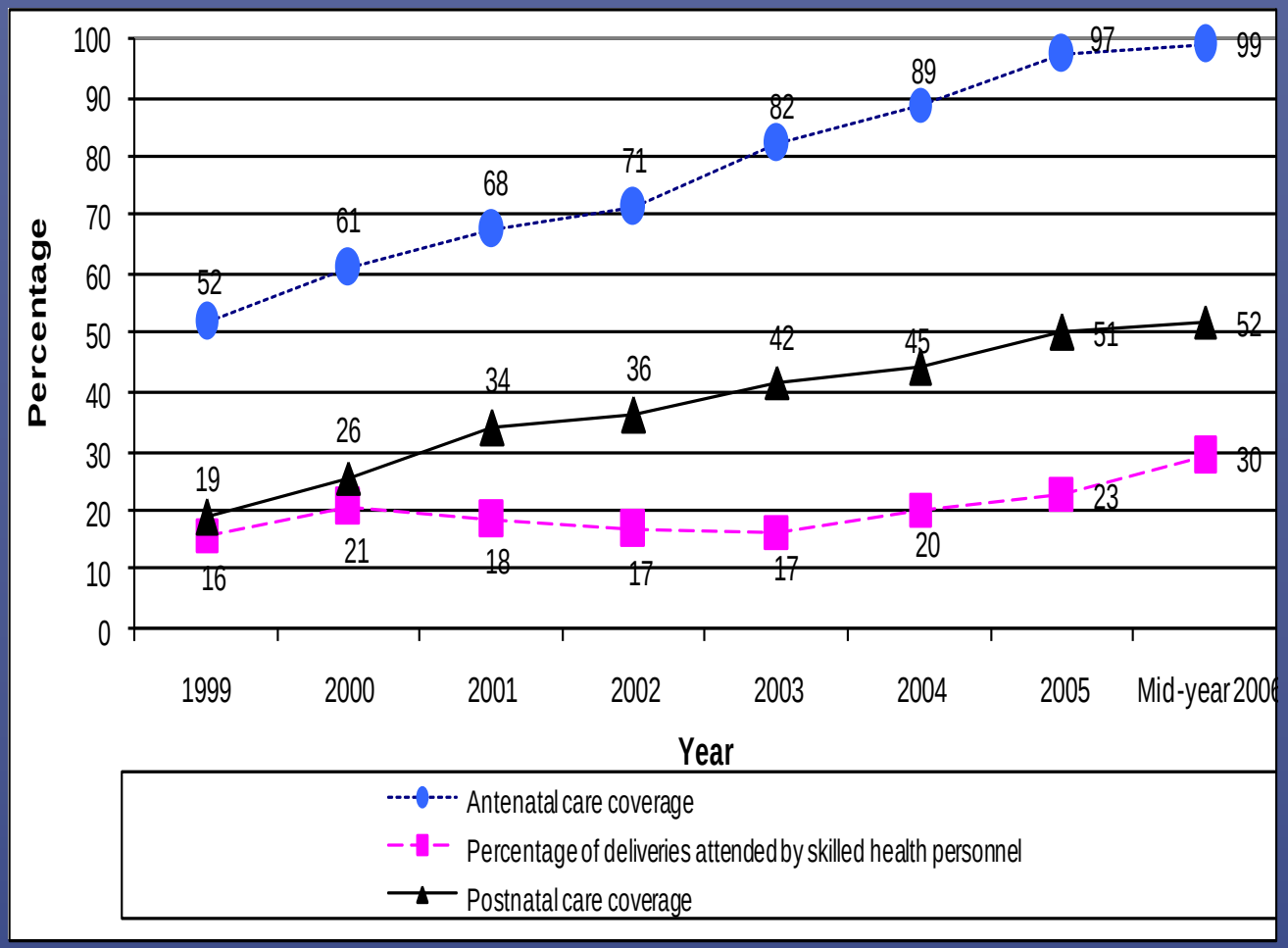
Home-based

EPI Coverage by Region, Cluster Survey 2012



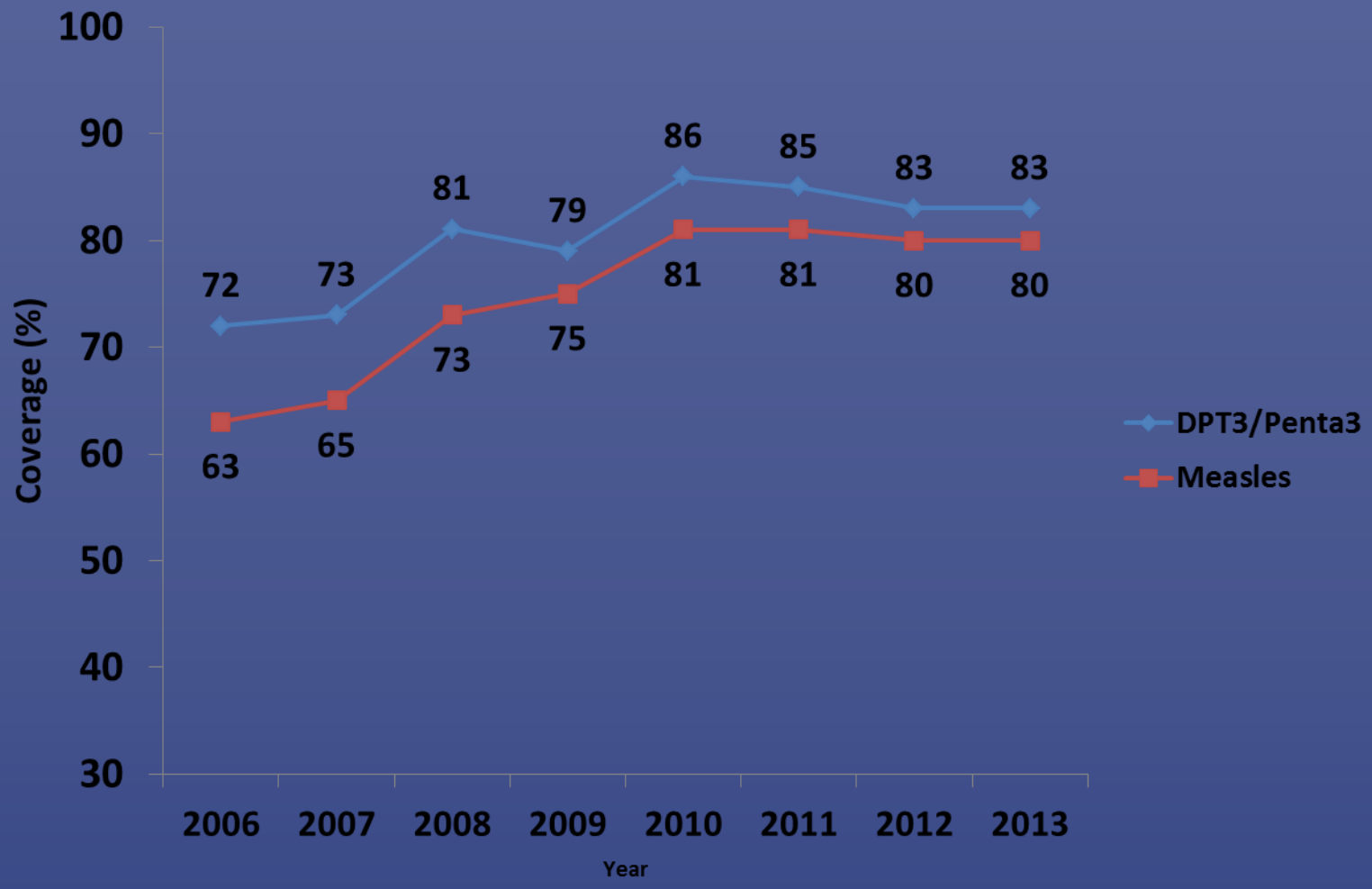
National average: Penta 1: 80%; Penta 3: 65.7%; Measles: 68.2%

Trend in ANC, Percentage of Assisted Deliveries, and PNC Coverage



- PERFORMANCE AT MID-YEAR 2013 IS HIGHER LAST YEAR'S MID YEAR PERFORMANCE

Routine EPI Coverage, 2006-2013, Ethiopia



Source: HMIS

ETHIOPIA MNCH SCORECARD

NATIONAL INDICATORS

National Priorities

Skilled birth attendance	20%	Early postnatal care	44%	Contraceptive Prevalence Rate	29%
Measles immunization	80%	Low birth weight	11%	ARV prophylaxis	25%

Impact Indicators

Maternal mortality rate	676	Neonatal mortality rate	
Under 5 mortality rate	88	Stunting	

REGIONS	POLICY		HEALTH SYSTEMS					FINANCING	MATERNAL HEALTH					NEWBORN AND CHILD HEALTH						
	Free MNCH in all health facilities	Maternal death notification	Graduated house-holds	HDA Networks Created/HDA Networks Functional	Midwife to Reproductive age group(15-49 years)	No Drug stockout rate	Data timeliness & quality	Health budget	Contraceptive acceptance rate	ANC Coverage	PMTCT / HIV positive on ARV	BEmONC/ CEmONC	Skilled birth attend-ants	Postnatal care	Exclusive breast-feeding	Measles vaccine	iCCM service	Vitamin A	Dewormin
Tigray			73%	77%	1:5,465	73%	100% / 100%	8%	57%	100%	57% / 50%	67% / 100%	26%	50%	76%	78%	100%	87%	5
Afar			4%		1:21,499	40%	24% / 15%	11%	20%	31%	13% / 4%	17% / 0%	12%	3%	69%	38%		100%	
Amhara			79%	43%	1:15,144	79%	16% / 100%	11%	85%	86%	47% / 30%	49% / 47%	12%	45%	79%	70%	100%	88%	3
Oromiya			84%	56%	1:18,154	76%	14% / 81%	13%	61%	85%	23% / 16%	17% / 18%	24%	42%	57%	84%	62%	85%	1
SNNPR			70%	69%	1:8,793	83%	50% / 76%	12%	74%	97%	46% / 19%	42% / 30%	13%	54%	52%	94%	100%	100%	
Benishangul-Gumuz			21%		1:8,452	78%	40% / 80%	13%	28%	52%	16% / 21%	0% / 0%	8%	17%	68%	51%	100%	100%	
Gambela			2%		1:20,149	48%	14% / 0%	10%	8%	40%	33% / 24%	17% / 0%	14%	5%	57%	18%		12%	
Somali			13%		1:4,793	88%	17% / 35%	13%	7%	42%	5% / 1%	0% / 0%	13%	12%	50%	53%		100%	8
Harari			11%		1:1,612	67%	100% / 74%	7%	36%	100%	63% / 35%	50% / 100%	67%	43%	62%	57%		73%	
Dire Dawa			11%		1:2,136	86%	89% / 44%	14%	33%	88%	60% / 47%	0% / 0%	41%	60%	72%	54%		82%	10
Addis Ababa			19%		1:6,576	83%	27% / 13%	5%	25%	100%	93% / 89%	37% / 40%	66%	42%	67%	82%		11%	
National performance against targets			79%	49%	1:8,208	73%	31% / 88%	10%	60%	89%	37% / 25%	12% / 52%	20%	44%	62%	80%	76%	92%	2
Comparison to international targets			79%	49%	1:8,208	73%	33% / 88%	10%	60%	89%	37% / 25%	12% / 52%	20%	44%	62%	80%	76%	92%	2
Data Sources	FMOH	FMOH	HMIS	HMIS	Health & health-related indicators	HMIS	HMIS	Health & health-related indicators	HMIS	HMIS	HMIS	HMIS	HMIS	HMIS	EDHS	HMIS	Administrative Report	HMIS	HMI

Legend

- Target achieved or on track
- Progress but more effort required
- Not on track
- Data not available/Not Applicable

Challenges to integration

- **Capacity to fully implement policy**
- **Attractive vertical initiatives with funding**
- **Separate monitoring/reporting requirements from partners**
- **Weak mechanism/structure for coordination and resource management especially at sub national level.**
- **Structural barriers: economic, political, socio-cultural**
- **Too few lessons or experiences on integration**

The way forward….

- **Sustain leadership commitment**
- **Strengthen health system to meet needs for integrated delivery**
- **Integration not only at the community level but also across the health system from community to first level to referral**
- **Investments in line with our vision to ensure that every child that needs care has access to quality care**

Photo: Indrias Getachew

"Child survival is a powerful indicator of a country's overall development..."