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

Tewodros Bekele (MD, MPH-IH)
Director, MNCH
Federal Ministry of Health
Ethiopia
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 has fallen steadily since 1990.

Source: The UN Inter-agency Group for Child Mortality Estimation, 2012; provided by SMS/IPS/UNICEF.
The global burden of under-five deaths is increasingly concentrated in Sub-Saharan Africa

Share of under-five deaths, by region, 1990-2010 (%)
Trends in under-five, infant and neonatal mortality rates and targets for 2015
Child Mortality: Regional Variations in Ethiopia (EDH2011)
Lives Saved 2014-2015 Ethiopia

Lives Saved

- Pneumonia: 23%
- Diarrhea: 21%
- Prematurity: 16%
- Asphyxia: 15%
- Prematurity: 16%
- N. infections: 14%
- Meningitis: 3%
- Others: 3%
- Pertussis: 0.2%
- HIV: 1%
- Measles: 1%
- Malaria: 2%
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)

- **Woreda**
  - Primary hospital
- **Kebele**
  - Health centre
  - Health post
  - Health extension workers
- **Health Development Team**
  - Community Health Promoters (CHPS)
- **Health Development Army**

**HEP Platform**
- New initiative
- Focus on higher level treatment
- Emergency surgery
- Focus on treatment
- Basic EmONC
- Childhood disease management
- Moderate to severe malnutrition
- Focus on prevention, including bednets, sanitation and breastfeeding
- Safe and clean delivery
- Basic ANC and PNC
- Immunization of children and mothers
- Family planning information/services
- Malaria, diarrhea, and pneumonia case management
- Model healthy behaviors
- Promote healthy behaviors
- Promote care seeking
# Packages of HEP

## I. Hygiene & Environmental health
- 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

## II. Family Health service
- Maternal & Child health
- Family planning
- Immunization
- Adolescent Reproductive Health (ARH)
- Essential Nutrition Action (ENA)

## III. Disease Prevention & Control
- TB and HIV/AIDS and other STI prevention & control
- Malaria prevention & control
- First Aid and Emergency measures

## IV. Health Education & Communication/BCC
What is new with HEWs?

HEWs are generalists:

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

Innovators will be volunteers.

40-60 MF selection

HEWs recruit MF

Work with HEWs early adopters

Produce their own health

4 months training for 96 hrs

Graduation

Work with HEWs early adopters
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

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

**SINGLE SERVICE PROVISION + REFERRAL**

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

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
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
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
“Child survival is a powerful indicator of a country’s overall development...”