RED strategy Improves Community Participation in Immunization of Children: Zambia’s Experience

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134th APHA Annual Meeting
Boston, Massachusetts
Nov 4 – 8, 2006
This presentation covers the following:

- Background on Zambia, Health Policy and Immunization Programme
- The REACHING EVERY DISTRICT (RED) strategy
- Process of implementing RED strategy in Zambia
- Outcome of the RED Strategy for improved immunization coverage
- Lessons Learned from the RED Strategy to immunization
- Conclusion
Zambia Socio-economic Status

- A 752,000 sq. km landlocked country in Central Africa
- Population: 11.3 Million
  - 38% rural & 61% urban
  - Pop. growth rate: 3% p.a.
- Has 9 provinces with 72 districts.
- The mainstay of the economy: copper mining; agriculture, tourism
- GDP: US$400.0
Zambia Health Statistics & Health Policy

- 2002, MMR 729/100,000 live births
- ZDHS 2002, HIV Prevalence 16%
- Zambia has one of the highest infant and under five mortality rates of about 95 and 168 per 1,000 live births respectively, and a neonatal mortality rate of 37 per 1000.
- Daily Staff – client contact ratio: 1:46
- Gender ratio: 51% women and 49% men.
Zambia Health Scenario

- Key principle in Zambia’s Health Policy is the provision of cost effective quality health care as close to the family as possible.

- Planning approach is the Participatory Bottom-up adopted in 1996.

- Formalized structures of primary health care service provision is the district, health centers, Neighborhood Health Committees and Community Based Volunteers.
Immunization Issues

• Effective implementation of an immunization towards achievement of the Millennium Development Goals by 2/3 from the 1990 levels

• Zambia has faced challenges in attaining 80/80 set goal of full immunization coverage rates.

• Although overall national immunization coverage is 80%+, reality on the ground shows immunization rates < 50% in certain districts, signifying existence of barriers to attaining full immunization coverage.
Immunization Trends

National Full Immunization Coverage

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• Zambia adopted Reaching Every child in every District (RED) strategy in 2003 for the purpose of improving the quality and performance of routine immunization service.

• RED is a community based strategy which aims at identifying un-immunized children in respective communities and defines community based approaches to improve service utilization.
Why Adopting RED Strategy?

- Decline in outreach Immunisation services in more In-service than 50% of districts

- Training/supervision poorly and or rarely conducted.

- Limited Community stakeholder participation in management of the service due to poor communication between health care staff and the community.
Why Adopting RED Strategy?

• Monitoring systems - inadequate for managerial decisions

• Inadequate management of financial, material and human resources
Selecting Sites for RED strategy Implementation

- Implementation of the RED strategy begun with piloting the strategy in ten high priority districts of the country.

- These districts included Nakonde, Kawambwa, Ndola, Kabwe, Chibombo, Lundazi, Petauke, Chipata, Kalabo and Mazabuka.

- Districts selected on the basis of having the highest number of un-immunized children
Process of Implementing RED Strategy in Zambia

National/Provincial level:

• Adapting the WHO generic guidelines on RED strategy
• Developed local operational guidelines and micro-planning tools
• Training of Trainers at National & nine Provinces
• Development of service delivery monitoring tools for RED strategy implementation
Process of Implementing RED Strategy in Zambia

District/ Facility Level process:

- Training of health facility supervisors
- Orientation of community members and Neighborhood Health Committees on key principles of RED strategy
- Orientation of Community leaders and defining of community roles in supporting child health at community level
Process of Implementing RED Strategy in Zambia

Community Level:

- Selection and orientation of Community Based Volunteers
- Joint micro-planning process between facility and community members.
- Micro-planning process resulted in development of the community level action plans.
Building Community capacities for Immunization services

- Community Surveys were conducted.
- Establishment and regular update of the community registers.
- Quarterly Feedback meetings with Community leaders.
- Conducting defaulter tracing visits for children needing immunization.
Building Community Capacities for Immunization Services.

- Community/facility consensus on supportive supervision
- Conducting community mapping for introducing extra outreach sites to increase access to immunization and other child health services.
- Roles of community volunteers defined
Activities Implemented in RED Strategy Sites.

- Weighing of children under five years and plotting weights on children’s cards
- Entering children’s data in the community register pertaining to immunization status, weights and presence of ITN in the family
- Counseling mothers on feeding practices
- Counseling and referring mothers whose children are due for immunization
- Identification of children requiring defaulter tracing for growth monitoring and immunizations
Activities Implemented in RED Strategy Sites.

- Hosting of monthly feedback meetings with community members and traditional leaders.

- Documentation of safe water wells or bore holes for clean water supply per neighborhood.

- Documentation of pit latrines per family or neighborhood.
Activities Implemented in RED Strategy Sites.

• Vit A supplementation to children 6 to 59 months and post natal mothers up to 4 weeks.

• Group and individualized health education on related health topics.
Source of support for RED Strategy Activities.

- WHO/GAVI provides initial start up supplemental funding.
- USAID/HSSP and UNICEF provide the technical assistance to operationalize the RED strategy at all levels
- Sustainability of activities through the district level grant allocation of resources
- Current motivation mechanisms of community volunteers include payment in kind, free medical services for families of volunteers, and paid lunch allowance linked to outreach activities.
Results of Strengthened Community Participation

FULL IMMUNIZATION COVERAGE 2000 - 2005

% Coverage

Districts

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Results of Strengthened Community Participation

- Improved the practice of Integration of child health interventions in planning, implementation and monitoring.

- Improved linkages between staff and communities through regular community feedback meetings.

- Reduced immunization Drop out rates due to improved defaulter tracing practices by community members

- Cost Effective.
Results of Strengthened Community Participation

• Number of un-immunized children reduced from 24,000 in 2003 to 12,000 by June 2006.

• GAVI Awarded Zambia for immunizing more children above the set target.

• In 2004 - $2.165 million

• In 2005 - $700,000
Results of Strengthened Community Participation

- In 2006 - $331,000.

- The award funds assisted in strengthening the RED strategy implementing districts and also to support the expansion of RED strategy to additional districts.
Good documentation and utilization of immunization monitoring charts/child registers
Immunization Monitoring Charts: “Display and Utilization”
Lessons Learned in Implementing the RED Strategy
Improved Community Participation in Interventions Improves Health Outcomes

- Community/CBA Orientation to RED strategy
- Micro-planning process with community members/leaders, and volunteers
- Community mobilization for services
- Integrated Community Feedback meetings
- Tracing of defaulters for immunizations
Good DHMT Support Systems to Health Facilities and Communities
DHMT support/commitment key to the success of the programme

- Constant Technical Support Supervision
- Re-enforcement of key practices in immunization
- Transport support for outreach services
- Constant grant allocation
- Provision of timely feed back on performance
- Team work and consistence in information sharing and flow
- Staff motivation e.g. operating in good clean health centre
Leadership/ Management Style

• Easier to manage when health centers are divided into zones under designated supervisors especially in peri-urban settings
• Technical know how of the zonal supervisors
• Consistency in leadership/Responsibility at health facility
• Regular supportive supervision motivates field staff.
Support to Community leadership is critical

- Defining roles of community leadership and fulfilling community expectations
- Integration of EPI with other services attracts many clients - number of visits is reduced
- Urban communities- too busy to go to vaccination Posts.
- Refresher training to community volunteers
Next Steps in RED Strategy Implementation

- Process for scale up of RED Strategy in Zambia from ten to 36 additional districts has now begun with goal of reaching 72 districts by end of 2007
Challenges

• Practice to calculate localized vaccine wastage, Drop out rates and population discrepancies

• Program sustainability in view of staff shortages, transport and financial constraints for small rural districts.

• Motivation mechanisms to retain community volunteers for child tracing and community register updates activities
Challenges

- Maintaining quality of the RED strategy initiative in light of the scale up.

- Achieving Integration of child health activities without losing on quality and focus on immunization of children.

- Utilization of stock control cards to monitor vaccine usage and wastage.
CONCLUSION

With the principle of active community participation and bottom up planning as demonstrated in the implementation of the RED strategy activities in the ten pilot districts, RED strategy has been found to be a very useful strategy that will assist Zambia to attain the 90/80 goal by the 2010 and contribute to achieving MDGs.
Partners

Ministry of Health
World Health Organization
UNICEF
ABT Associates

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