



## Rapid Assessment Briefer

**Background:** Recognizing the lack of adequate evidence of what it takes to reach and sustain high immunization coverage in **Ethiopia**, JSI Research & Training Institute, Inc. (JSI), in collaboration with the Ethiopian Federal Ministry of Health (FMOH), designed a two and a half year learning initiative entitled “Universal Immunization through Improving Family Health Services” (UI-FHS). Funded by the Bill & Melinda Gates Foundation (BMGF), the goal of the project is to develop evidence in three learning woredas of Arbegona, Assaieta, and Hintalo Wajerate (Southern Nations Nationalities and Peoples [SNNP], Afar, and Tigray regions, respectively), to inform an FMOH evidence-based decision on whether and how to pursue nationwide universal child immunization, integrated with family health approaches, and what it will take to do so effectively, affordably, and sustainably. In order to better understand the environment in which UI-FHS will be working, the project conducted a rapid assessment in each of its three learning woredas. The purpose of the rapid assessment was to identify key programmatic and community/cultural issues and existing assets/promising practices in each woreda, use this data to assist with the development of a strategic micro and monitoring plan, and advance thinking about how the project will develop agrarian and pastoralist universal immunization models.

**Key Findings:** The rapid assessment findings emphasize that each of the three woredas represent very different scenarios. In the agrarian woreda of Arbegona, the health system was highly-dependent on one or more individuals rather than an organized system. Strengthening the health system will require improved management and creative problem solving with PHCUs (primary health care units)

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from the woreda health office (WoHO), improved data collection, organization, and use, investment in the newly formed nationwide health development army (HDA), strengthening the cold chain system, and continued advocacy to and support from the woreda administration. Similar to the scenario in Arbegona, the routine immunization (RI) program in the sparsely populated pastoralist woreda of Assaieta was not well functioning; approaches taken were individually dependent and were not systematically shared with others. The health system in general is characterized by weak links between the WoHO and health facilities (HFs), limited support from the woreda administration, particularly for RI, a lack of intersectoral collaboration, and limited capacity among the health extension workers (HEWs) to provide health services. The health system in Assaieta requires intense and sustained effort to build a RI program with improvements from the community to the regional health bureau (RHB). The scenario in the agrarian woreda of Hintalo Wajerate is quite different; the woreda has a strong health system and is recognized nationally as a model woreda. Thus, in Hintalo Wajerate, the project will more deeply explore what has worked in individual HFs and investigate the spread of these practices. In addition, the health system would benefit from improved documentation and data quality as well as improvements in cold chain and logistics.

**Implications:** The assessment findings reveal three important points. First, each woreda represents a unique scenario; this offers an ideal setting to explore what it might take to strengthen and sustain varying health systems so that they can reach towards consistently delivering universal immunization. Second, the assessment revealed a number of existing assets and driving forces behind good performance. The project will need to continue to study what each woreda has done across sectors in the past that has been successful, the pathways and enabling factors leading to those successes, and how to use past or existing promising methods to tailor and test future endeavors. Lastly, the assessment findings suggest that all three woredas have quality gaps. The project will explore using common quality improvement methods, including Plan-Do-Study-Act (PDSA) cycles and how they can be introduced within the rubric of Ethiopia's existing routine immunization strategy (Reaching Every District, or RED).

As Ethiopia moves forward with its long-term vision, the project will continue to rely on strategic feedback from the FMOH and partners in order to determine if universal immunization is a goal the country would like to pursue within its wider family health services strategy.



The full rapid assessment report is available at [www.jsi.com/uifhs](http://www.jsi.com/uifhs).



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