Applying the Reaching Every District/Reaching Every Child (RED/REC) approach to strengthen routine immunization in five health districts in Burkina Faso

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Background

Burkina Faso is investing great effort in strengthening routine immunization (RI) services nationwide, with the goal of increasing vaccination coverage, improving equity in immunization service delivery, and reducing missed opportunities to vaccinate high proportion of children. Despite indications of high vaccination coverage rates nationally (e.g. 2016 World Health Organization/UNICEF estimates showing national DTP3 coverage above 80%), national figures mask regional- and district-level disparities and pockets of low coverage. For example, 2010 Demographic and Health Survey data indicated that in some regions the percent of children who were completely vaccinated was above 90% (e.g. Center-East, Center-North and Center-South) while in other regions the percent of completely vaccinated children was around 65% for the same period (e.g. Sahel and Cascades). Burkina Faso's efforts to strengthen its RI program and increase equity of vaccination coverage include implementation of the Reaching Every District/Reaching Every Child (RED/REC) approach which focuses on five operational components: 1) planning and management of resources; 2) reaching all eligible populations; 3) supportive supervision; 4) linking services with communities; 5) monitoring and use of data for action.

Mothers and children waiting for vaccination session at Health Facility. (Photo: MCSP/Dr Abdoul Aziz Gbaya)

In 2017, the USAID-funded Maternal and Child Survival Program (MCSP) with Global health Security Agenda (GHSA) funding, began supporting the Burkina Faso Ministry of Health's (MOH) RI strengthening efforts in five districts (Baskuy, Sig-Noghin, Pouytenga, Zabre, and Manni). A major goal of MCSP's support was to help the MOH sustain existing successes in routine immunization coverage while closing gaps in reaching the unvaccinated and under-vaccinated, while contributing some of the GHSA indicator P.7.1 Vaccine coverage (measles) as part of national program. In August 2018, the MOH and MCSP conducted a rapid assessment in the five districts to assess progress and challenges in RED/REC implementation. Assessment findings revealed areas needing improvement including:

- Annual microplans were not being developed or updated on quarterly basis in some districts and health facilities.
- At-risk and hard-to-reach populations were not being routinely identified, making reaching these groups with vaccinations challenging.

- The quality of data being collected and reported at health facilities was poor, with persistent discrepancies between data collected on tally sheets and data reported in monthly summary reports.
- Monitoring of program performance and using data for decision-making was not routinely taking place.
- District teams were not reaching all health facilities with supervision visits.

Child receiving vaccination. (Photo: MCSP/Dr Abdoul Aziz Gbaya)

In response to these findings, the MOH Department of Prevention through Vaccinations (DPV), with MCSP's support, developed a strategy to build the skills of staff responsible for planning, implementing, and monitoring the Expanded Program on Immunization (EPI) in MCSP-supported regions, districts, and health facilities. This strategy included: 1) updating national RED/REC training materials; 2) conducting updated RED/REC training for regional/district-level trainers and cascading updated training down to health workers; 3) supporting capacity-building and implementation of data quality-self-assessments (DQS); and 4) providing technical and financial support for supportive supervision. Skills-building focused on improving participants' ability to: effectively organize and deliver routine immunization services in their catchment areas; optimize use of available EPI resources; enhance the quality of RI data; and ensure equitable and sustainable immunization access for target beneficiaries in all communities.

Program Approaches, Strategies, and Interventions

1. **Supported review and updating of national RED/REC training materials:** In January 2019, the MOH and MCSP organized a workshop to review RED/REC training tools developed in 2013 by the DPV. With MCSP technical assistance and using references provided by MCSP (see box), a DPV planning specialist, data manager, and communication specialist updated national RED/REC training materials. Revised training modules now include:
   - Background on RED/REC's development in the early 2000s;
   - Clearer descriptions of the RED/REC approach;
   - A detailed presentation of RED/REC's five operational components: (1) planning and resource management; (2) reaching all eligible populations; (3) community engagement; (4) supervision; and (5) program monitoring and use of data for action.

RED/REC references provided by MCSP

- Module 3: communication and community participation in immunization programs. WHO Regional Office for Africa, 2018
- Module 4: planning immunization activities. WHO Regional Office for Africa, 2018
- Module 5: increase in vaccine coverage. WHO Regional Office for Africa, 2018
- Establishing and strengthening immunization in the second year of life: practices for vaccination beyond infancy. WHO, 2018
- RED: A guide to increasing coverage and equity in all communities in the African Region. WHO Regional Office for Africa, 2017
- Strengthening the routine immunization system through a REC quality improvement approach in Uganda, a how-to guide. MCSP, USAID, 2016
- Reaching every district using quality improvement methods (RED-QI)-a guide for immunization program managers. JSI, 2015
- Microplanning for immunization service delivery using the RED strategy, WHO IVD, 2009
- Implementing the RED approach – a guide for district health management teams. WHO Regional Office for Africa, 2008

2. **Trained regional, district, and health facility teams to better organize routine immunization services:** Using newly-updated training materials, the MOH and MCSP organized a series of RED/REC trainings for regional, district, and health facility staff who manage and deliver routine immunization services in the five districts. Central-level trainers trained regional and district immunization focal points, district surveillance focal points, and Chief Medical Officers who in turn conducted cascade training to all technical members of district management teams and heads of health facilities in the five health districts.

3. **Supported capacity-building and implementation of data quality self-assessments:** Using the World Health Organization's standardized tools for assessing RI data quality, the MOH and MCSP trained regional and district EPI managers to conduct data quality self-assessments (DQS). These managers then worked with their corresponding regional EPI focal points to implement further DQS in all vaccine-providing health facilities in the MCSP-supported districts. DQS activities assessed the quality of EPI reporting/archiving, monitoring, supervision, microplanning,

vaccine and cold chain management, and staff practices data as well as the accuracy of select EPI data. The latter focused on agreement between (1) Penta 3 data reported in tally sheets/vaccination registers and health facility monthly reports and (2) between Penta 3 monthly reports to the districts and reports aggregated at district level).

4. **Provided technical and financial support for supportive supervision:** MCSP assisted the MOH to review and adapt national EPI supervision tools. Revised tools now help supervisors effectively monitor implementation of the five RED/REC components. MCSP supported central- and regional-level supervisors to conduct post-training follow-up visits and on-site supportive supervision visits at the district and health facility levels.

Key Results and Lessons Learned

One hundred forty-six people were trained on RED/REC with MCSP support, including three EPI focal points and two EPI deputies in Center, Center-East, and East Regions; 43 DMT members in Baskuy, Sig-Noghin, Pouytenga, Zabré, and Manni districts; and 98 chiefs of public and private health facilities. A specific area of focus for capacity-building during trainings was development of district and health facility microplans. A microplanning template was developed to aid participants in: district/health facility catchment area map preparation and updating; identification of health centers and location of priority communities; identification of client barriers in accessing and using immunization services; identification of solutions to overcome challenges; preparation of work plans and plans for immunization sessions, including strategies for improving vaccination in the second year of life.

Regional and district health teams attend a RED/REC training-for-trainers workshop. (Photo: MCSP/Dr Abdoul Aziz Gbaya)

MCSP baseline rapid assessment results indicated that only 58% of health facilities in assessed districts had developed a microplan in 2018. All health facilities in Baskuy and Sigh-Noghin districts produced microplans while none in Pouytenga and Manni districts had (Table 1). As of April 2019, rates of microplan development in Pouytenga and Manni districts had improved markedly and results were encouraging in the other three districts. (Note: 2019 data shown in Table 1 are partial data. Districts/health facilities were still developing 2019 microplans as of the writing of this brief.)

Table 1: Number and proportion of health facilities that developed REC microplans in 2018 and 2019 (partial), by district

District	# of health facilities that developed REC microplan in 2018	% (2018)	# of health facilities that developed REC microplans as of April 2019	% (as of April 2019)
Baskuy	17/17	100%	10/14	71%
Sig-Noghin	22/22	100%	10/24	42%
Pouytenga	0/18	0%	19/19	100%
Zabre	10/14	71%	7/14	50%
Manni	0/14	0%	9/14	64%
Total	49/85	58%	55/85	65%

2018 data source: MCSP baseline rapid assessment. 2019 data source: DPV/MCSP supervision/RED-REC post-training follow-up visits (as of April 2019).

To improve RI data quality and accuracy, MCSP supported data quality self-assessments in all 85 health facilities. DQS findings indicated significant data quality and accuracy issues across health facilities including data inconsistencies between data reporting tools (e.g., tally sheets not conforming to monthly reports), incomplete EPI reporting (e.g., un-updated vaccine coverage monitoring charts), and missing microplans (Table 2). Baskuy district had the highest proportion of health facilities with data quality scores above 80%; health facilities within the other four districts had very low data quality scores. Health facilities across all five districts were found to be performing poorly in terms of data

accuracy, with the percent of health facilities with discrepancies in reported Penta 3 data ranging from 62-93%. In the short implementation period, serious security issues also challenged the MOH and MCSP's activities and achievements. MCSP initially planned to support six districts including Pama, but partners were forced to withdraw from the district after interventions were significantly delayed from unsafe conditions and too many safety risks.

Table 2: DQS summary results in MCSP-supported districts (March-April 2019)

	Baskuy	Sig-Noghin	Pouytenga	Zabré	Manni
# Health Facilities Assessed	16	22	19	14	14
Data Quality					
Reporting/Archiving	95%	75%	58%	52%	66%
Monitoring	49%	57%	56%	35%	76%
Supervision	94%	70%	15%	96%	93%
Microplanning	74%	51%	45%	56%	70%
Vaccine Management/Cold Chain	84%	67%	75%	60%	77%
Staff Knowledge/Action	96%	72%	66%	56%	58%
HF Average Quality Score	82%	65%	52%	59%	73%
HFs with Quality Score ≥ 80%	62%	23%	0%	0%	29%
Data Accuracy					
HFs with Penta 3 dose discrepancies	62%	64%	89%	93%	93%

In response to these findings, MCSP supported the districts to hold meetings for all health facility managers to share DQS results and develop plans for addressing the observed data quality problems. In addition, during joint supervision visits held in April/May 2019, the MOH and MCSP focused additional technical support on strengthening the capacity of health facility staff to complete data collection tools and reporting forms correctly.

Key Challenges and Recommendations

- Baseline rapid assessment findings and discussions with DPV, regional, district, and health facility-based service providers allowed the MCSP team to better understand the gaps and challenges facing each level of the health system in routine immunization. In view of the multiple needs expressed and while taking into account the limited time, financial, and human resources available for technical assistance, MCSP prioritized its support to include capacity-building of health workers for better RI planning, DQS to improve EPI data quality and accuracy, and on-site supportive supervision to improve quality of service. As of the writing of this brief, MCSP provided less than 12 months of technical assistance to the MOH. Due to this short time period, outcomes of MCSP support are not yet observable, however the groundwork has been laid to continue to strengthen routine immunization and close the equity gaps. The Ministry of Health, through the Vaccination Prevention Directorate (DPV) and the regions and health districts where we have intervened, have all committed to sustain the achievements of the MCSP project, but might need further support to realize these commitments.
- MCSP recommends capitalizing on investments made in training of regional EPI focal points, District Management Team members, health facility managers, and vaccinators (the latter of whom form the front lines of the EPI program and yet are not often the target of training). Future technical assistance programs, in close collaboration with the Ministry of Health, partners, and communities, should focus on supporting the strengthening, implementing, and monitoring of EPI activities at the health facility level for a minimum of 6 months after training followed by regular supportive supervision for successful integration. RED/REC training and supervision are important, as is continued investment in biannual DQS activities and follow-up.

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