**OPTIMIZED INTEGRATED ROUTINE IMMUNIZATION SERVICES (ORIS+) AND OPEN MATERNITY DAY (OMD) AS A MECHANISM FOR IMPROVING UPTAKE OF CHILD HEALTH SERVICES IN LOW RESOURCE SETTING**

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**USAID INTEGRATED HEALTH PROGRAM**

**LOCATION**: 
- Northwest Nigeria – Sokoto & Kebbi States
- Northeast Nigeria – Bauchi State
- Southeast Nigeria - Ebonyi State
- Federal Capital Territory Abuja

**SUPPORTED HEALTH FACILITIES**:  
- 1,127 PHCs, 92 GHS, 159 Private hospitals/clinics  
- 1,100 Patent & Propriety Medicine Vendors & Community Pharmacists

**KEY BENEFICIARIES**:  
- 5.64 million women of reproductive age (15 – 49 years) and children under 5

**DATA SOURCE**: 
- District Health Information System (DHIS)
- Service delivery data

**RESULTS**

- In two years, 248,484 children under five years received services through ORIS+ and OMD
- Ninety-eight percent of 20,241 child diarrhea cases received ORS+Zinc; 96 percent of the 7,813 pneumonia cases received antibiotics; 143,297 children received growth monitoring promotion of which 8 and 2.8 percent respectively were moderately and severely malnourished
- The ORIS+ and OMD accounted for 10-13 percent of common child illnesses addressed across 1,150 PHCs

**PROGRAM IMPLICATIONS & LESSONS LEARNED**

- Skilled staff to counsel and provide child health services, including IMCI should be among the staff to provide ORIS+ ES and OMDs
- Planning meeting and review of micro plans with the health facility in-charges and Local Government Authority teams is critical to the success of the exercise
- Community engagement has led to improvement in awareness creation and linkages
- Commodity availability should be considered before embarking on ORIS+ ES and OMDs

**CONCLUSIONS & RECOMMENDATIONS**

- Implementation of ORIS service and OMDs has led to improvements in availability, accessibility, and utilization of health services for children in the remote and underserved communities
- Strengthening ORIS+ extension and OMD services can improve utilization of quality of child health services, particularly in low resource settings and is recommended for scale up

**BACKGROUND**

- Nigerian children in remote underserved communities have limited access and utilization of primary healthcare (PHC) services
- The situation is worse in the USAID-Integrated Health Program (IHP) supported states of Bauchi, Kebbi, Sokoto, Ebonyi and the Federal Capital Territory (FCT) where less than 20 percent of reported diarrhoea cases were treated with ORS/Zinc, about 85 percent of children with Acute Respiratory Infections sought treatment, and only 19 percent of fever cases had blood taken from a finger or heel for testing even though (NDHS 2018)
- DHIS2 data showed that malaria, malnutrition and pneumonia as the major causes of children under the age of 5 years
- Conventional PHC outreach services focus on immunization, not integrated care, leaving many children underserved
- Innovative approaches are needed to complement routine primary health services, improve coverage of child health services and improve referrals

**OBJECTIVE**

- The objective of this study is to assess contribution of ORIS+ and Open Maternity Days (OMDs) to the overall increase in the utilization of child health services in remote and underserved communities of Bauchi, Kebbi, Sokoto, Ebony States and the Federal Capital Territories (FCT), Nigeria

**GOAL OF OPTIMIZED INTEGRATED ROUTINE IMMUNIZATION SERVICES AND OPEN MATERNITY DAYS**

- Optimized Integrated Routine Immunization Services bring basic maternal and child health services closer to the populations and complement routine primary health services at the facility with additional session within the catchment area
- Open Maternity Days demystify healthcare via facility tours for families, community discussions, question and answer sessions, and on-demand provision of integrated services, referrals and social insurance enrolment