



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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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 compliment 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.



USAID INTEGRATED HEALTH PROGRAM

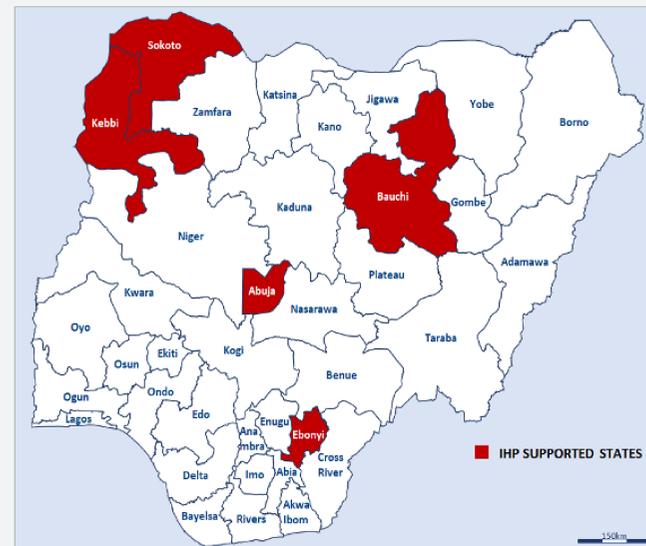
PROJECT:
USAID-funded Integrated Health Program (IHP)

LOCATIONS:
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/clinic
1100 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 OIRIS+ 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 OIRIS+ and OMD accounted for 10-13 percent of common child illnesses addressed across 1,150 PHCs

OIRIS AND OMD CONDUCTED IN YEAR 2022 (ALL STATES)

Data Element	OIRIS	OMD	Total	Overall Service Provision in Year 2022	% contribution to Service Provision
Total Events	1536	1479	3015		
General Attendance - Under5	124860	123624	248484	3426527	7%
Diarrhoea new cases <5 years - Total	9944	10297	20241	176828	11%
Diarrhoea new cases_treated <5 years - given ORS and zinc - Total	9741	10138	19879	173932	11%
Pneumonia new cases <5 years - Total	4529	3284	7813	59747	13%
Pneumonia new cases < 5 years - given amoxyl DT - Total	4494	3060	7554	58287	13%
Children 6-59 months given Vitamin A - Total	72364	51898	124262	2527290	5%
Children 0-59 months that received Nutrition/GMPS - Total	79430	63867	143297	2017683	7%
Children <5 years identified with Severe Acute Malnutrition (SAM) New - Total	3373	4646	8019	60631	13%
Children <5 years referred for SAM - Total	1955	2045	4000		
Children <5 years identified with Moderate Acute Malnutrition MAM New - Total	5287	6376	11663		

Data Source: Demographic Health Information System 2.0 Nigeria

METHODOLOGY

- The USAID Integrated Health Program (IHP) partnered with PHC Facilities in Bauchi, Kebbi, Sokoto, Ebony States and the Federal Capital Territories (FCT) to implement 1,536 OIRIS+ service and 1,479 OMDs sessions in 2021 and 2022 for improved access, use and coverage of integrated child health services in remote and underserved communities.
- IHP worked with the states to conduct rigorous microplanning and community engagement to enhance coordination, collaboration, mobilization and implementation
- We use DHIS2 data from facilities where the interventions were implemented to assess contribution of OIRIS services and OMD to the uptake of child health services



PROGRAM IMPLICATIONS & LESSONS LEARNED

- Skilled staff to counsel and provide child health services, including IMCI should be among the staff to provide OIRIS+ 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 OIRIS+ ES and OMDs

CONCLUSIONS & RECOMMENDATIONS

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

