Integrating the integrated community case management of childhood illnesses (iCCM) with the Health Extension Program in Ethiopia

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Introduction

The Health Extension Program (HEP) launched by Ethiopia in 2004 was designed to provide universal promotive , preventive and selected curative health care interventions by deploying two female health extension workers (HEWs) for each of its 15 thousand rural communities. Since the launch, the country has experienced impressive gains in the coverage of key reproductive, maternal and child health interventions. From late 2010, the HEP integrated the iCCM by supporting the HEWs with training, logistics and supportive supervision to accelerate the country's progress towards reaching its child mortality related MDG.

The iCCM has introduced management of Pneumonia for the first time, and strengthened the existing services in the management diarrhea, malaria, and severe acute malnutrition in its package. JSI is implementing the iCCM in 119 of about 800 districts of the country.

Objective

The objective of the study is to examine whether the integration of iCCM has been successful in expanding service without hampering the provision of other existing services such as family planning, maternal, and child health services it has been providing.

Methodology

The study has used secondary analysis from routine Health Management Information System data of 4 quarter (12 months). The selected indicators for family planning, antenatal and postnatal care, childhood immunization are sourced at woreda level that is reported quarterly and ICCM data are collected through quarterly review meetings.

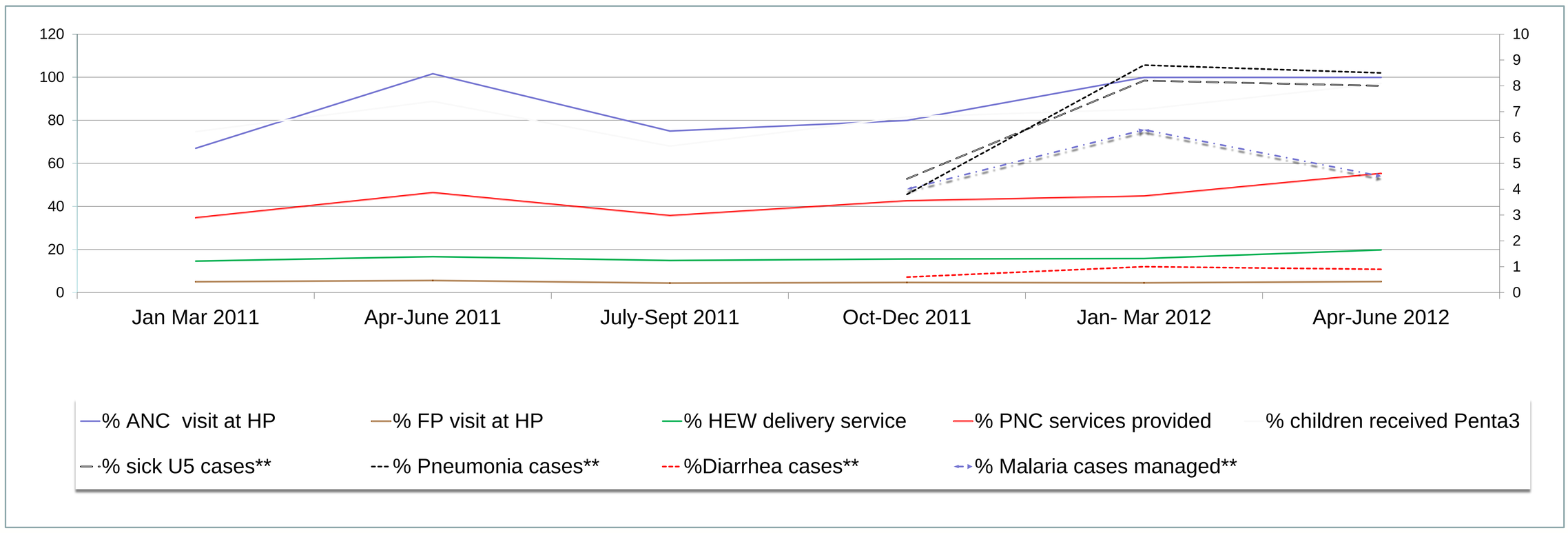
The hypothesis of the study is that iCCM is effectively integrated to the already existing Health Extension program without hampering the growth and provision of existing services.

Finding

Quarterly Trend analysis of the data from January-March/ 2011-April-June/2012 obtained from the routine health management information system of the HEP (as indicated in figure 1) in the JSI areas indicate that the indicators for family planning, antenatal and postnatal care and childhood immunization shown improvement over time during the previous years. While ANC, Delivery and PNC have shown improvements between 20-23% during Oct-Dec 2011-Apr-June/2012; Family planning and penta3 have shown increment by 7 % and 16% respectively during same time period.

The data from the iCCM program performance surveillance system established by JSI indicates that the number of U5 Sick child cases visited health post for seeking treatment has almost doubled from 4.4 % - Oct- Dec 2012 to 8 % in Apr-June 2012). Similarly diagnosis and treatment of Pneumonia also doubled from 4.4% in Oct- Dec- 2012. The increment for dia rrhea and malaria is 33% and 11% respectively while maintaining more than 80% of the set quality standards.

Figure 1: Number of cases, services and types of diagnosis managed from Oct-Dec/2012 and Apr-June/2012.
*** are ICCM indicators and whose time period refers from Oct-Dec 2011-Apr-june 2012 .Their corresponding values is indicated in the Right side of Y axis.*



The table below indicates the trend of the selected RMNCH over longer period of time before the start of implementation of ICCM indicating that the improvements over period of time though the pace of growth is clearly bigger in ICCM areas.

Table 1 **Trend of services(Newly introduced ICCM, and RMNCH services provided at the Health Post over time**

		2011				2012	
Types of Services		**Jan Mar**	**Apr-June**	**July-Sept**	**Oct-Dec**	**Jan Mar**	**Apr-June**
ICCM(Integrated Community case Management of Common Childhood illness) activities	% sick U5 cases visited at HP				4.4	8.2	8.0
	% Pneumonia cases managed at HP*				3.8	8.8	8.5
	%Diarrhea cases managed at HP**				0.6	1.0	0.9
	% Malaria cases managed at HP**				4.0	6.3	4.5
Reproductive Maternal Neonatal and Child Health activities	% ANC visited the HP	67	101.6	75	79.9	99.9	99.9
	% FP visited the HP	5	5.6	4.4	4.7	4.5	5.1
	% HEW delivery service	14.6	16.7	14.9	15.6	15.8	19.8
	% PNC services provided	34.7	46.4	35.7	42.6	44.8	55.3
	% children received Penta3	74.7	88.8	68	81.6	85.1	97.1

** Pneumonia mgt at Health post have been introduced January 2011 and most of HP started the service July -Sept/2011* *** Malaria and Diarrhea mgt at Health post was introduced long before 2011(along with other services) but received greater attention with the introduction of ICCM and data are tracked since then.*

Conclusions

It is not hoped that this small and secondary analysis will capture the whole interplay of integrations within the HEP program. Nevertheless, such findings provide an important insight on the overall integration The summarized table here therefore indicates that HEWs program have shown improvement in all ICCM and RMNCH indicators indicating that the integration of iCCM with the HEP has been successful in Ethiopia.

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