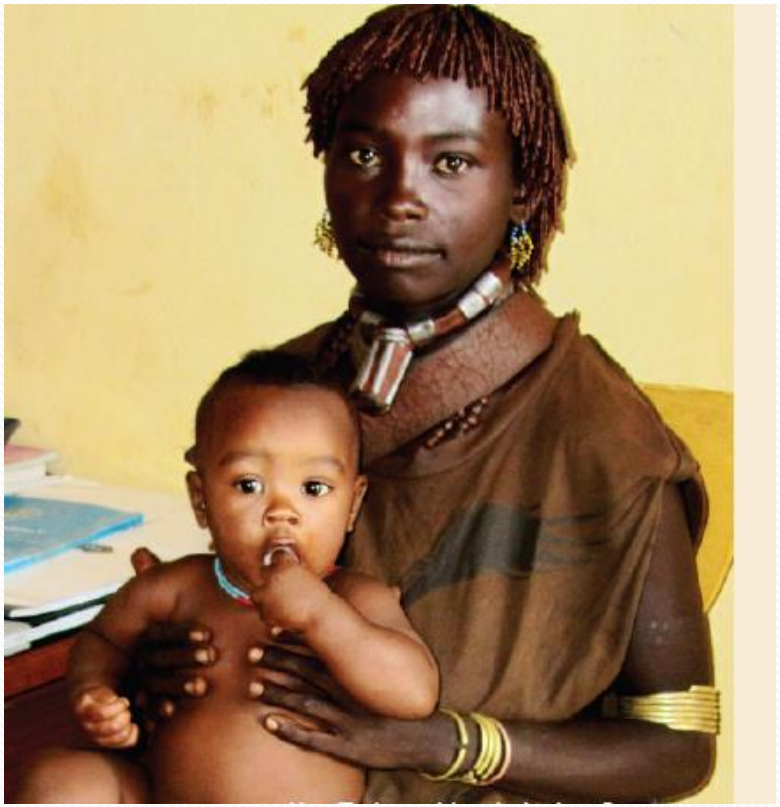
ETHIOPIA

Ministry of Health

National iCCM Plan/strategy, key components and implementation challenges in Ethiopia



February 2016

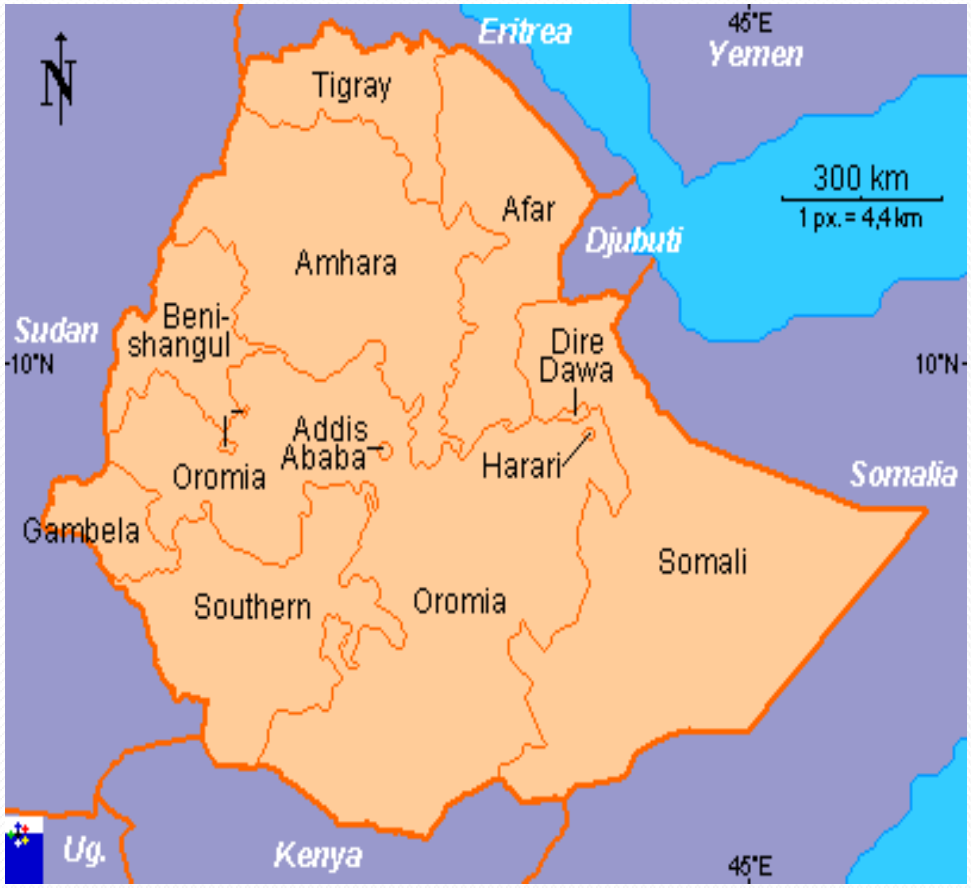
Nairobi Kenya

Presentation outline

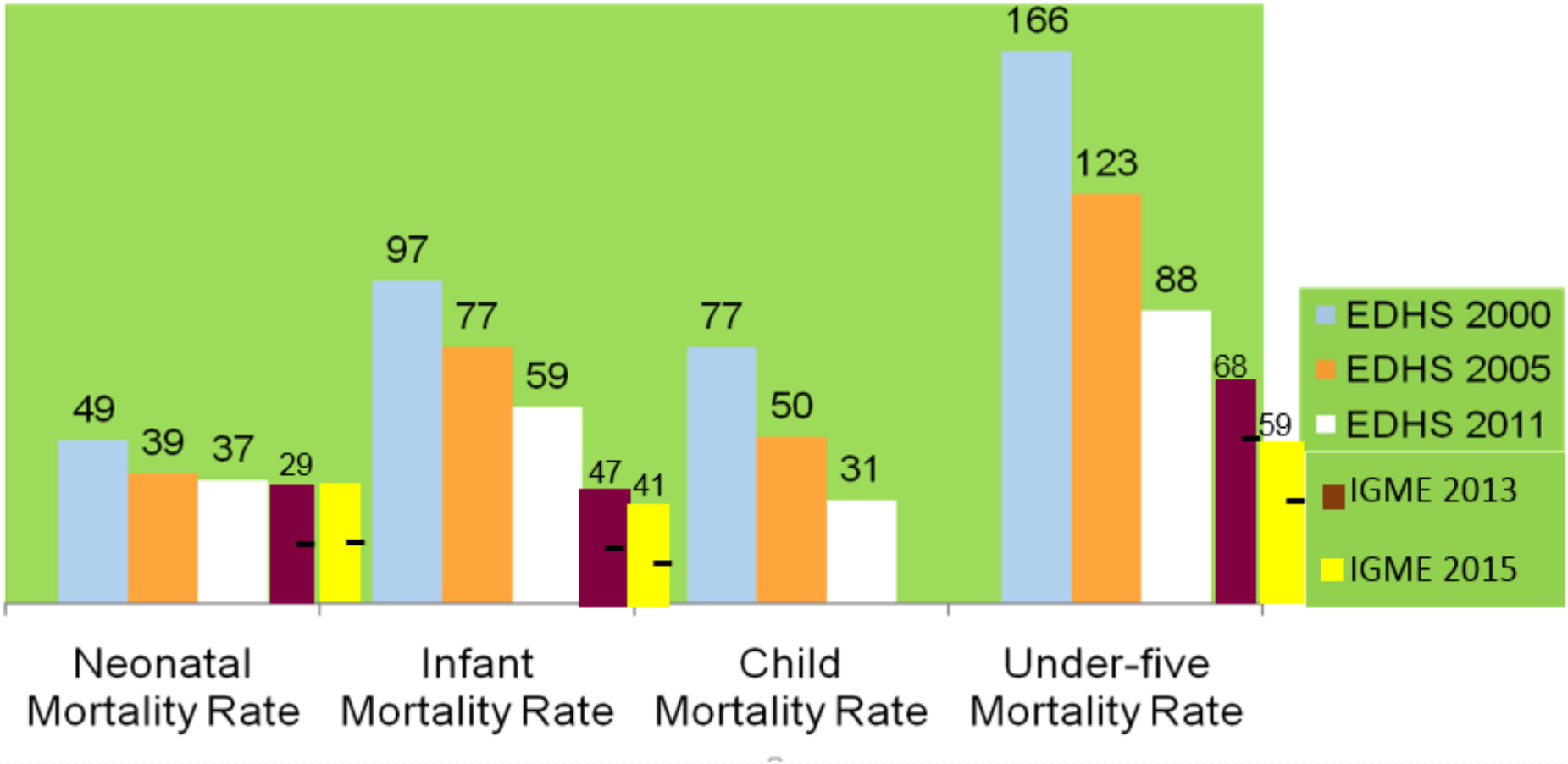
- Back ground
- Implementation plan/strategy
- Key Components of iCCM
- Community platform and cadre
- Geographic area
- Modality of implementation
- Coordination and management
- Supply and logistics
- Budget and Funding
- Status of implementation
- Challenges
- Success factors
- The Way Forward

Background

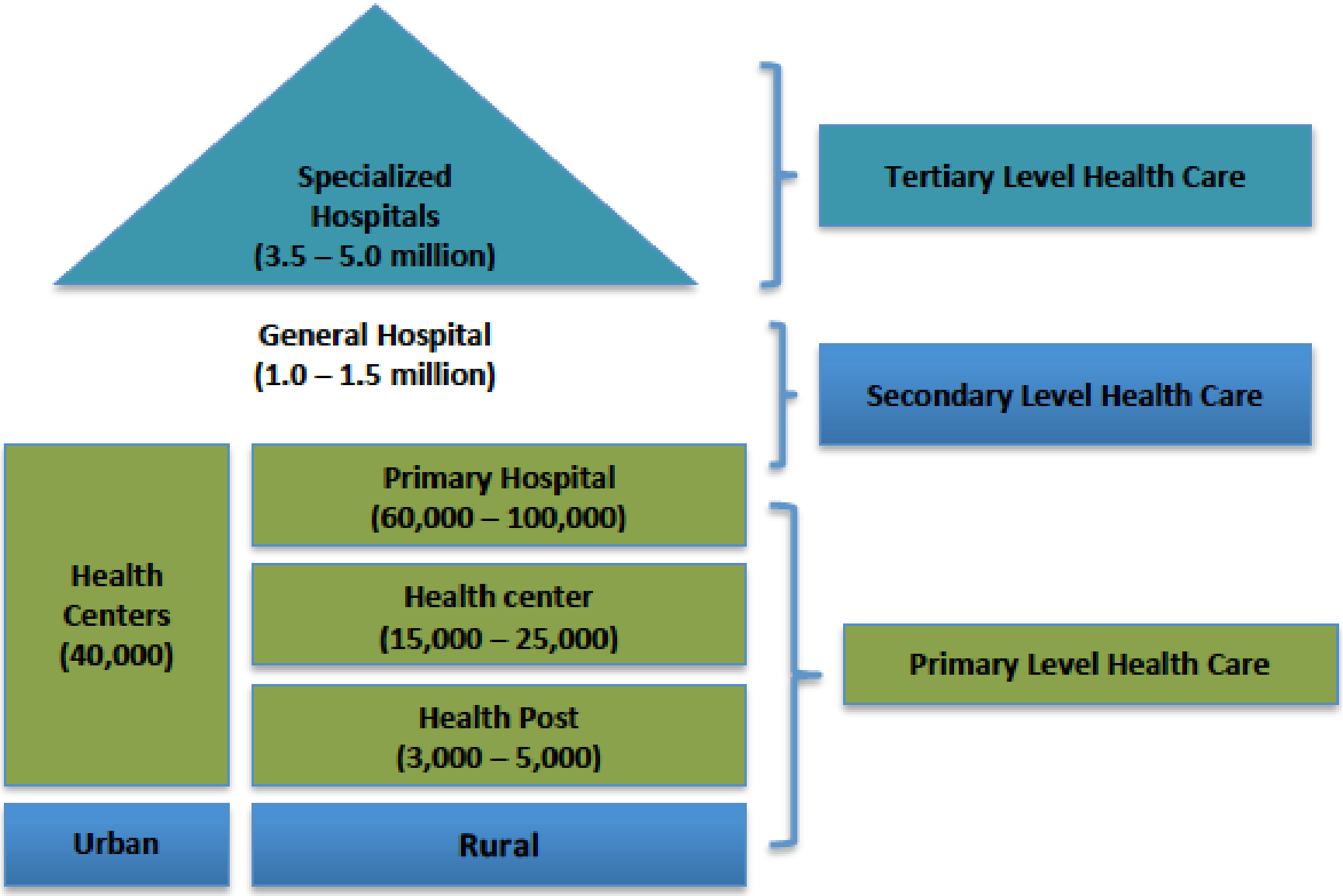
- Estimated total population = 92 million
  - 80.2% rural
  - 14.6% under 5 (13.4 million U5 population)
- 3 million deliveries each year
- Skilled birth attendant 61 %



Trends of under-five mortality



The health system



National plan/strategy

- ICCM part of the HSDP IV and HSTP plan (2010-2015 and 2015-2020)
- One of the delivery modality for the National Newborn and Child Survival Strategy (2015-2020)
- National iCCM implementation Plan
- National CBNC implementation plan including iCCM/IMNCI

Strategies

- Advocacy, policy dialogue
- Capacity building: training, supervision & mentoring
- Logistics & supply management
- Community engagement – Demand Creation
- Integration of different programs
- Monitoring & Evaluation
- Resource mobilization
- Partnership

Key components

-Pneumonia,

-Diarrhoea

-Malaria

-Malnutrition (SAM)

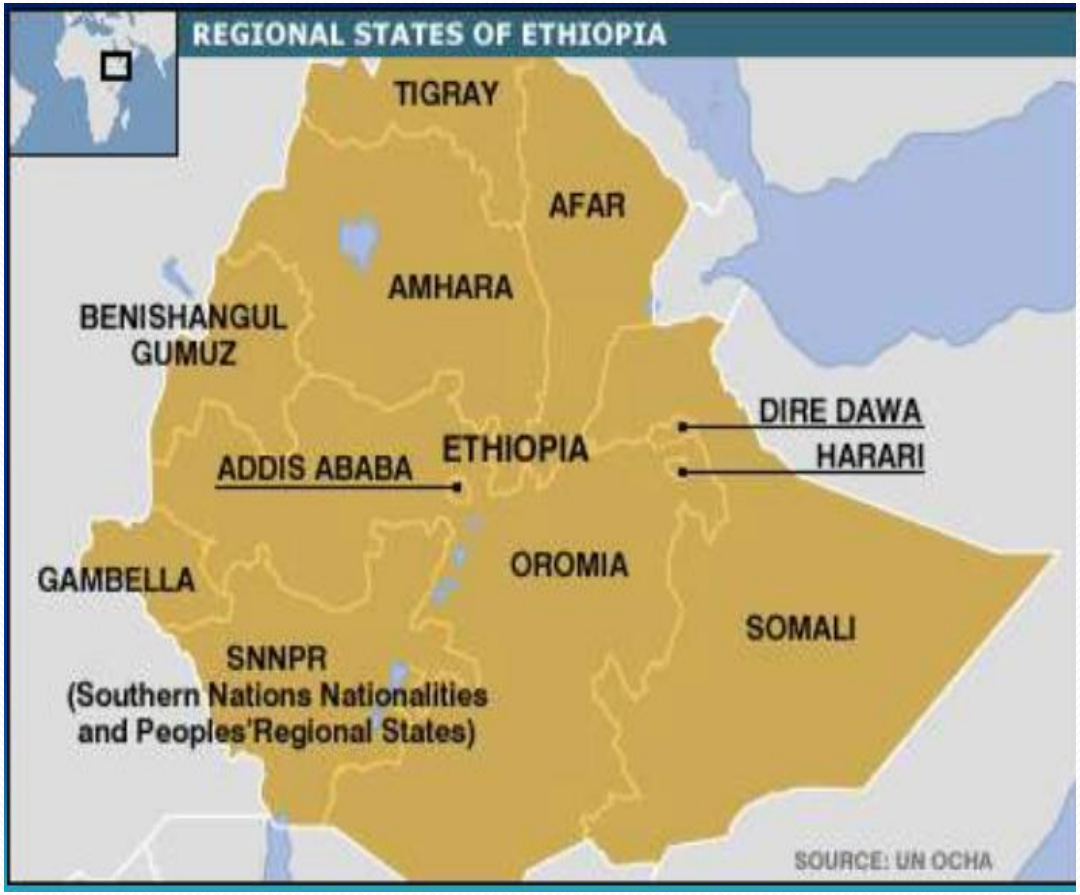
-Essential Newborn care and newborn Sepsis management

Platform and Cadre

- iCCM Rested on Strong foundation of the Health Extension Program with its 35,000 HEWs (service provider)) and Health Development Army (community volunteers)
- The health center is the main component of the Primary health Care Unit (PHCU) supporting the HEW/HP

Geographic coverage

- National strategy with plan to cover 100% of the rural area (both agrarian and pastoralist communities)



Implementation modalities

- **Direct implementation by the FMOH & RHBs** (GF, UNICEF, RMNCH TF, CIFF)
- **Through implementing partners** with tripartite agreement (FMOH, UNICEF, USAID, IFHP, SCI, JSI/L10K, AMREF, IRC)
- **Zonal approach:** Implementing partners given specific zone to support implementation M & E
- Strong technical guidance by the TWG (UNICEF, WHO, USAID, BMGF, SCI, JSI/L10K, AMREF, IRC, PATH, CHAI, MI, led by FMOH and RHB)

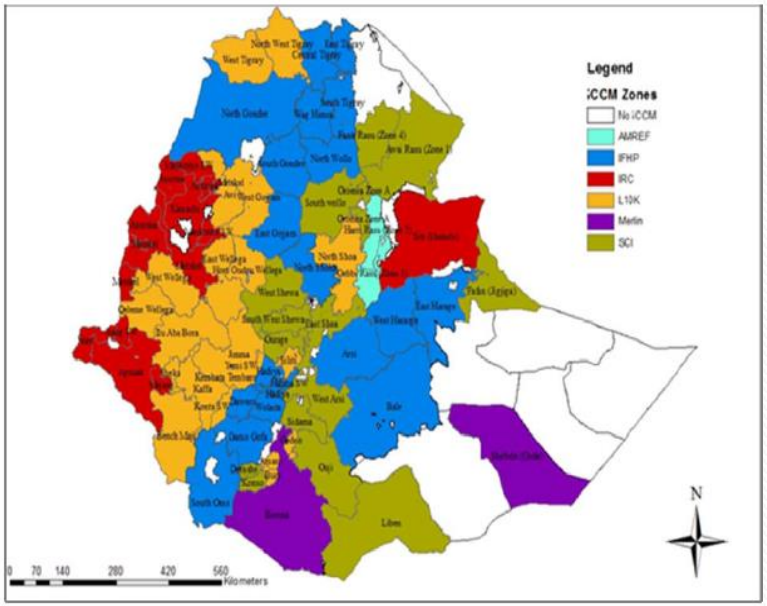


Figure 1: Partners working on iCCM implementation by zone and region as of 31 June, 2013

Coordination and management

- Role & responsibilities of different stakeholders identified
- **FMOH:** policy guidance & leadership, resource mobilization and allocation at national level
- **RHBs:** guidance and implementation direction to zonal and woreda health offices
- **Woreda Health Office**: leads implementation, monitoring and support
- **PHCU linkage** (Health center and 5 satellite HPs)
- **Non-governmental partners:** (that included UNICEF, WHO, USAID, DFATD, BMGF, RMNCH TF, IFHP, JSI/L10K, Save the Children, IRC, MERLIN, AMREF, CHAI, R4D) provide **technical & financial support** for implementation, M & E
- iCCM-TWG led by MOH: at national, Regional and Zonal level, give technical guidance and support for implementation, M & E.

Supply and logistics

Consumables

Amoxicillin DT for pneumonia; Zinc, ORS for diarrhea, ACT, Chloroquine syrup and RDT for malaria and RUTF, Amoxicillin DT and deworming tablets for severe acute malnutrition, gentamycin 10mg/ml,

Equipment

ARI timer, bag and mask, thermometer, weighing scales, MUAC tapes and ORT corner equipment among the key equipment for CCM.

Job aids and tools

Registration books for both sick young infants and sick child , chart booklets, are the main job aids and tools that should be made available to HEWs to properly implement CCM.

Supply and logistics Strategy

- **Immediate:** training kits & Kits enough for a year distributed during training
- **Medium-term:** replenishment with kit and loos supplies followed
- **Long-term:** following the IPLS (pull system)

Budget and Funding

- The National iCCM implementation plan 2011-2013 costed US$ 16,496,735),MOH,UNICEF, CI/IHSS (DFATD), USAID & other partners were the source for funding.
- The CBNC plan was costed to mobilize USD 19,641,504, (2013-2015): resource mobilized from multiple partners
- Resource mapping & gap analysis by UNICEF and FMOH for the GF proposal estimated a gap of about 37,000,000 for 2016-2017
- GF supported
  - $2,218,400 for the training of HEW in the pastoralist regions and newly deployed ones
  - $4.8million is allocated for upgrading of HEWs to L4.
- Resource mobilization continued to minimize the gap

Global Fund support & expansion & Consolidation

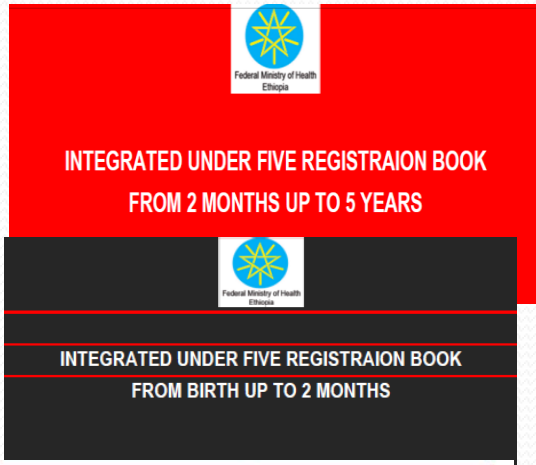
- Aims to role out the ICCM to the remaining communities, mainly located in the pastoral regions of Afar and Somali
- consolidate the program in all regions focusing on quality improvement, utilization, supervision and supply chain management.
- Covers both scale-up to achieve 100% coverage of target areas & continuation of ICCM services.
- All districts of rural villages in the 10 regions are targeted for ICCM
- the program aims to train newly deployed 6,400 HEWs and 500 HWs in IMNCI & SS in 2016-2017 to tackle attrition.
- FMOH, UNICEF, BMGF (R4D and CHAI) to cover the essential commodity need

Status of Overall implementation

- Over 31,200 (95 per cent) HEWs trained supplied and 97 percent of them supervised
- Over15,600 health posts are providing ICCM services. (national scale except Afar and Somali partially covered
- Nearly 8,000 HWs were trained iCCM/IMNCI
- 22,769 HEWs, working in 12,086 HP (84.6%) trained and supplied to provide CBNC
- Over **6 million children** received iCCM service nationally

Monitoring and Evaluation

- Regular performance tracking through Supportive supervision (register review, case observation- adapted check list & forms)
- Performance reviews & clinical mentoring
- Reporting through the national HMIS
- Operations research (implementing partners and others)
- Independent evaluation (IIP-JHU)
- Documentation & dissemination of lessons learned (iCCM articles published as a special issue in the EMJ)



Challenges

- ✓ Turn over of trained HEW and supervisors
- ✓ Weak supply Chain system (IPLS)
- ✓ Weak health system and mobile community in the pastoralist regions
- ✓ limited resource to sustain and expand

Success factors

- Government leadership and commitment
- Existence of Health extension program and HAD network
- Nationally standardized and harmonized strategy and implementation plan
- Innovative strategy to avail supplies, equipment and job aids at least for transition period (till full IPLS)
- Strong national partnership

The Way forward

- Expand ICCM to all pastoralist communities
- Providing preservice training for Newly recruited HEWs
- Strengthen IPLS to improve the supply management for effective ICCM program implementation
- Intensify demand creation to maximize service utilization
- Strengthen HMIS for effective use of data for decision making
- Strengthen operational researches on iCCM program

Thank you All!!

Ministry of Health