

Equity and impact of ICCM on the uptake of appropriate treatments for diarrhoea and pneumonia in Uganda: A propensity score matched study

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1. What were the findings/results in 3-5 bullets
 - The objective of this study was to measure the impact of integrated community case management (iCCM) as the first point of care on uptake of appropriate treatment for children with a classification of pneumonia (cough and fast breathing) and/or diarrhoea and to measure the magnitude and distribution of socioeconomic status related inequality in use of iCCM
 - Following introduction of iCCM, data from cross-sectional household surveys were examined for socioeconomic inequalities in uptake of treatment and use of iCCM among children with a classification of pneumonia or diarrhoea using the Erreygers' corrected concentration index (CCI). Propensity score matching methods were used to estimate the average treatment effects on the treated (ATT) for children treated under the iCCM programme with recommended antibiotics for pneumonia, and ORS plus or minus zinc for diarrhoea.
 - Findings: Overall, more children treated under iCCM received appropriate antibiotics for pneumonia (ATT = 34.7 %) and ORS for diarrhoea (ATT = 41.2 %) compared to children not attending iCCM. No such increase was observed for children receiving ORS-zinc combination (ATT = -0.145)
 - There were no obvious inequalities in the uptake of appropriate treatment for pneumonia among the poorest and least poor (CCI = -0.070)
2. iCCM is a potentially equitable strategy that significantly increased the uptake of appropriate antibiotic treatment for pneumonia and ORS for diarrhoea, but not the uptake of zinc for diarrhoea. For maximum impact, interventions increasing zinc uptake should be considered when scaling up iCCM programmes.