

The Performance Review and Clinical Mentoring Meeting (PRCMM) is an approach to improve and sustain Health Extension Worker (HEW) skills and performance in integrated Community Case Management (iCCM).

OR Objective: To compare HEW performance in recording case management before and after they participated in PRCMM

Methods: We conducted a historical cohort analysis of iCCM case records between September 2010 and December 2012 from 622 randomly selected health posts representing 31 intervention woredas (districts) of Amhara, Oromia and Southern Nations Nationalities and Peoples' Regions. We used longitudinal regression analysis comparing the trend in the consistency of the classification with the assessment, treatment and follow-up date as well as caseload in the periods before and after PRCMM, with 5511 and 7901 case records, respectively.

Findings:

- Overall consistency improved after PRCMM for all common classifications as follows: pneumonia (54.1% [95% CI: 47.7%–60.5%] vs. 78.2% [73.9%–82.5%]), malaria (50.8% [42.9%–58.7%] vs. 78.9% [73.4%–84.4%]), and diarrhea (33.7% [27.9%–39.5%] vs. 70.0% [64.7%–75.3%]).
- This improvement was consistently observed comparing the six months before and the six months after PRCMM in all the common classifications except for malaria where the improvement observed during the first three post-PRCMM months disappeared during the fifth and sixth months.
- Caseload increased significantly after PRCMM (6.6 [95% CI: 5.9–7.3] vs. 9.2 [8.5–9.9] cases/health post/month).

Conclusion: PRCMM seemed to improve iCCM performance of HEWs and should be integrated within the PHC system and given about every six months, at least at first, to sustain improvement.

How have findings influenced implementation in Ethiopia and any lessons learned?

PRCMM is being used by the MOH and many partners in Ethiopia.

Is there additional evidence or implementation knowledge gaps that have become evident from this research?