



Integrated Community Case Management
(iCCM): The Experience of Soloda Kebele,
Tigray region, Ethiopia

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**Integrated Community Case Management (iCCM):
Evidence Review Symposium**
3–5 March 2014, Accra, Ghana

Outline of presentation

- ✓ Background Information
- ✓ The Implementation of ICCM in *Soloda kebele*
- ✓ Working with community
- ✓ Achievements
- ✓ Challenges
- ✓ Way forward

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Background

- ✓ Tigray is one among the nine regional states in Ethiopia
- ✓ *Soloda Keble* is one of the 700 rural kebeles in the region:
 - total population of 5,500
 - Under five population of 803
 - Two Health Extension Workers (HEWs)
 - Number of volunteers (women development army (WDA) teams) = 40
 - One team of WDA has 25-30 members, who are all women

My Responsibility

- ✓ Trained on HEP packages for 12 months
- ✓ Implement 16 health extension packages categorized in to four:
 - Maternal & child health (...iCCM)
 - Hygiene & sanitation
 - Communicable disease prevention & control
 - Health education & communication

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The implementation of ICCM in *Soloda kebele*

- ✓ Six day training was given to both HEWs in April 2011
- ✓ Necessary materials/ kits were supplied
- ✓ Services provided within and outside the health post
- ✓ Follow up after training received two months later
- ✓ Received supportive supervision and mentoring from HEW supervisors and partner every six months;
- ✓ Routine supportive supervision is made every week by HEW supervisors (health center staff)
- ✓ Experience sharing and review of performances made following supervision after 6 months

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Working with my community

- ✓ *My kebele* has 40 Women Development Army Teams (WDA); one WDA consists of 30 female leaders of 1-5 network members
- ✓ We trained WDA leaders on Health Extension Packages 4 hours per day for 15 days with technical support from the health center.
- ✓ 1 to 5 network leaders trained the 5 members for 96 hours; we did follow up of the training through visit and weekly meeting
- ✓ 1-5 network meet weekly and review the performance on HEP, mobilize community for child health days, and care seeking
- ✓ Kebele steering committee lead the HEP



activities
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Achievements

Services provided in 2013:

- ✓ 90 cases of pneumonia treated with cotrimoxazole tablet all improved
- ✓ 500 cases of diarrhea treated with ORS and zinc
- ✓ 7 cases of malaria (RDT proven FP) treated with Coartem
- ✓ 4 cases of SAM treated with RUTF
- ✓ 1 case of complicated SAM referred to health center
- ✓ Five young infants with very severe disease referred to hospital

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Changes in the community

- Access to pneumonia treatment has created happiness in the kebele
- Our acceptance and thrust by the community has increased
- Health care seeking behavior is for maternal and child health services is improving
- Child deaths became very rare event in the kebele



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Challenges

- Low health care seeking more so for during the first two months of life due to cultural issues
- Interruption of some supplies such as zinc



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Way forward

- Demand creation activities through strengthening WDA activities
- Using different strategies such as pregnant mother forums, community conversation, outreach strategies
- Keep health post open daily
- Use of health care finance scheme to avoid gaps in supply



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Thank you



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