Ethiopia

ICCM/Malaria

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Pillar1- Political Will

- HEP Platform existed with good political well
- HEP optimization road map being developed
- Integration is well managed at all level: particularly Health facility level, district level, PSM, training, planning,
- Prioritization interventions based on data: prevalence of childhood illnesses eg. Pneumonia, guide for interventions.
- Concern on sustainable financing for ICCM and ICCM commodities
- HEW attrition is challenge (expected to be addressed by HEP optimization, carrier development)
- ICCM uptake need to improve through innovative demand creation strategy
- ICCM training is included in the curriculum/ preservice
- HEP to be well adopted to fit pastoralist community

Pillar 2: strategic use of information

- DHIS2 addressed all ICCM components: coverage at health center 95%
- Transition was challenge from HMIS to DHIS-2 as data was lost in-between. Effort should be exerted to address retrospective data.
- LMIS is gap for program managers to get health facility stock level
- Microstratification can be done by health facilities (morbidity, admission, mortality-hospitality
- Analytical analysis, data utilization- capacity building is required at district level
- Implementation research newborn and young children (enhanced pneumonia Rx, possible serious bacterial infection, Kangaroo mother care, Assessment of HEP, ARIDA)

Pillar3: Better guidance

- Coordination strengthened between various directorate in FMOH: MNCH directorate, HEP/PHC directorate, Malaria/DPC directorate
- Blanket coverage of ICCM enhanced with CBNC program, commodity distribution is based on consumption and burden. Prioritization for hard to reach and high burden is require further analysis and validation.
- Improvement is required for estimation of childhood illness burden (pneumonia, diarrhea) for drug quantification as drug consumption data is not enough
- Lack of incident data for childhood illnesses
- HEW follow well the guidelines.

Pillar 4: Leadership and coordination

- Strong Government led process
- Joint planning to accelerate child mortality
  - Delayed procurement is challenge (lack of local production for key essential drugs)
  - Planning is bottom up approach and need to strengthened to hear Community engagement
- Partners alignment is positive, need more number of partners.

Recommendation

- Coordination strengthened between various directorate in FMOH
- Capacity building on data use and analysis at district level
- Reduced Procurement led time: early planning, simplify and shorten the bureaucracy, local production of essential drugs
- Increased partners involvement on technical support and documentation
- ICCM financing from donors & increase domestic financing to child health.
- Finalize optimization of HEP strategy
- Strengthening PHC unit linkage
- ICCM uptake need to improve through innovative demand creation strategy/ community engagement
- Improve ICCM quality service through quality improvement initiative (mHealth, eCHIS, innovation, mentorship/coaching, etc)

Recommendation…

- Standardizing community health workers level for PHC for countries to achieve UHC