Outcomes and associated factors of integrated community case management of childhood illnesses in dawro zone, South West Ethiopia

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Background: After its scale up in March 2011 integrated community case management (ICCM) was provided in about 86% national geographic coverage; 88% health extension workers (HEWs) were trained; and care seeking for under-five children at health posts was increased. However, under-five children health outcomes following management of common childhood illnesses by HEWs using ICCM protocol and its associated factors were not studied yet.

Objective: The aim of this study was to assess outcomes and associated factors of integrated community case management of childhood illnesses service in Dawro zone, southwest Ethiopia, 2017

Methods: Community based cross-sectional study design was employed in this study. The study was conducted from March 15 to April 12, 2017 in Dawro zone, southwest Ethiopia. Caregivers of 791 randomly selected under-five children treated by using ICCM protocol from July 2016 to January 2017 in sampled kebeles were study participants. Multinomial logistic regression analysis was used to fit a model and identify variables associated with outcomes of ICCM. Summary of the result was presented descriptively by frequency tables, graphs, and charts and analytically by p-value, adjusted odds ratio, and confidence interval.

Result: Seven hundred ninety one caregivers were participated in this study yielding about 98 percent response rate. Among the 791 under-five year children managed by health extension workers for common childhood illnesses, 705, 58, and 28 were cured, encountered complication, and died respectively. When cured cases compared to worsen cases, the independent variables; caregiver’s educational status, household wealth, age of the child, distance from home to health post, caregiver’s knowledge of childhood danger signs, and harmful traditional practices were significant predictors of outcomes of children managed by HEWs through ICCM program. All aforementioned variables except harmful traditional practices were significantly associated when cured cases compared to that of dead cases.

Conclusion: This study found that most of the under-five children improved following the management of common childhood illnesses by health extension workers. Attention should be given to infants, children far from health posts, teaching caregivers about childhood danger signs, eliminating harmful traditional practices on under-five children to gain better child health outcomes.