malaria consortium
disease control, better health
10th ANNIVERSARY
a decade in communicable disease control and child health

Improving access to, quality of, and demand for ICCM services

Helen Counihan

30 May 2013




PREVENTION | DIAGNOSIS | TREATMENT | RESEARCH

ICCM Definition and Purpose

Community case management (CCM) is a strategy to deliver lifesaving curative interventions for common childhood illnesses, in particular where there is little access to facility-based services.

A good CCM strategy:

- addresses access to, quality of, and demand for CCM services;
- seeks to ensure that CCM has the support of decision-makers, health care providers, and community members; and
- is put into action in tandem with improvements in the health system.

CCM does not “stand alone.” The best efforts upgrade the skills of existing cadres of community health workers (CHWs) so they can deliver curative interventions; such efforts also ensure strong links to existing health facilities

CORE Group, Save the Children, BASICS, MCHIP 2012

Integrated Community Case Management

ICCM tackles the major childhood illnesses; malaria, pneumonia and diarrhoea

ICCM emphasises a holistic approach to care and requires the involvement of a variety of stakeholders in the health sector

Existing Infrastructure/Institutional Arrangements

- **Mozambique**:
  - Agentes Polivalente Elementare (APEs) functioning since 1970s but very fragmented service
  - Performing health promotion and simple first aid
  - Decision to revitalise national policy in 2010
- **South Sudan**:
  - No policy but long history of community level care, mainly through NGO projects
  - Very poor health service infrastructure
- **Uganda**:
  - Village Health Teams (VHTs) for health promotion, 4-5/village, 6 days' training
- **Zambia**:
  - CHWs with 6 weeks' training, no supplies – non-functioning

Common Gaps for ICCM Implementation

- **Policy Landscape**: national ICCM policy to be developed/revised
- **Community delivery systems**:
  - Updated training curriculum and materials development
  - Drugs and diagnostics for use at community level - defined and approved
- **Community-based agents**:
  - Harmonisation of different Ministry department strategies within ICCM
  - Inclusion of community level data within national health management information system (CHMIS)


REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE
Programa Nacional de Controlo da Malária
IIM 2007
Nome: Jorge Tivane
Função: Tecnico de Laboratorio

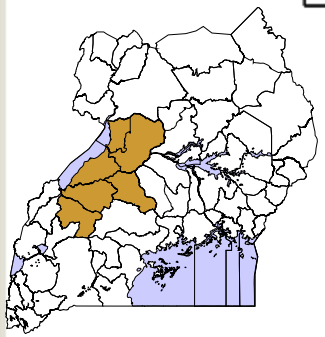
CIDA-ICCM Programme Objectives

GOAL	**Reduce child mortality**
TARGET	**Reduce under-five morbidity and mortality by up to 35%**
DURATION	**April 2009 – March 2013**

Selection Criteria for Implementation Sites

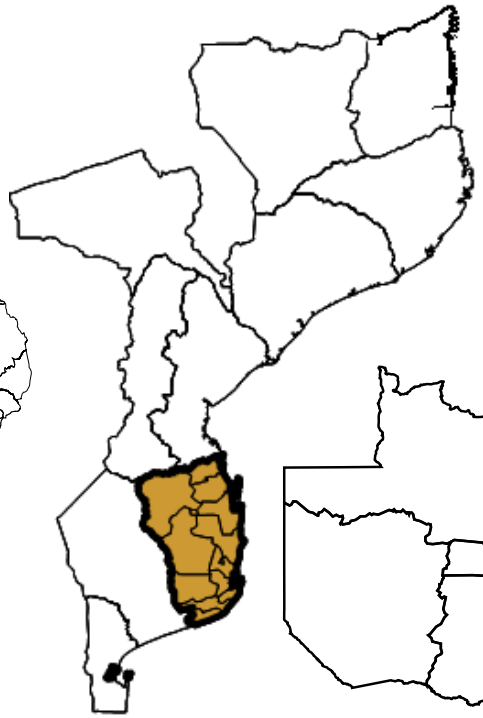
- All cause under-five mortality rate ≥ 120/1000
- Malaria & acute respiratory infection (ARI) proportionate mortality ≥ 15% each
- Under-served rural populations
- Favourable policy environment
- Support from MoH for site selection and implementation
- Strong presence of Malaria Consortium, good relationship with MoH, capacity for rapid start-up

Implementation Sites with populations

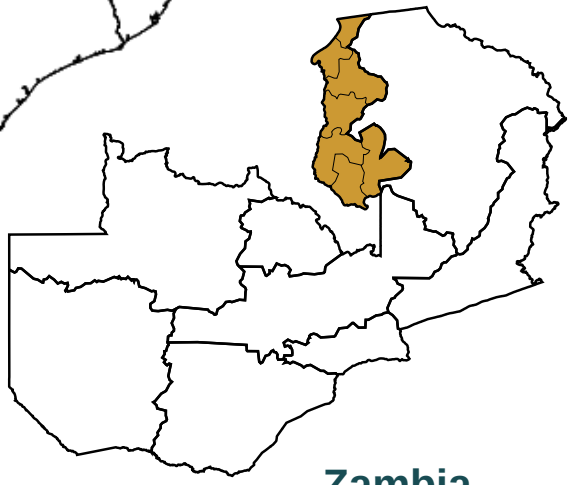


Uganda

Mid-*Western Region*
(2.2 million)



Mozambique
Inhambane Province
(1.4 million)



Zambia
Luapula Province
(930,000)

South Sudan
Unity State
(770,000)

Programme Implementation Approach

- Embedded project within Ministry structures and systems
- From start-up engage with existing processes to instil strong Ministry involvement and ownership
- Provide additional technical knowledge to strengthen national policies, guidelines and implementation
- Participation in relevant national technical working groups

Programme Implementation

Interventions

- Community-based case management of malaria, pneumonia and diarrhoea
- Diagnostics at community level
- Drug formulations, unit dosed pre-packaged for community level
- Refresher training of health facility staff
- Training for CHWs including job aids
- Supportive supervision for CHWs
- ICCM data management
- Behavioural change communication
- Programme evaluation

ICCM Strategy & Commodities

Malaria:

Diagnosis: RDTs – not South Sudan

Treatment: Artemether/lumefantrine (artesunate/amodiaquine co-formulated South Sudan)

Pneumonia:

Diagnosis: Respiratory timers

Treatment: amoxycillin dispersible tablets

Diarrhoea:

Treatment: Low osmolarity ORS and zinc supplement

(Zambia and South Sudan in Year 2 only)

Fever:

Paracetamol (in Zambia and Mozambique only)

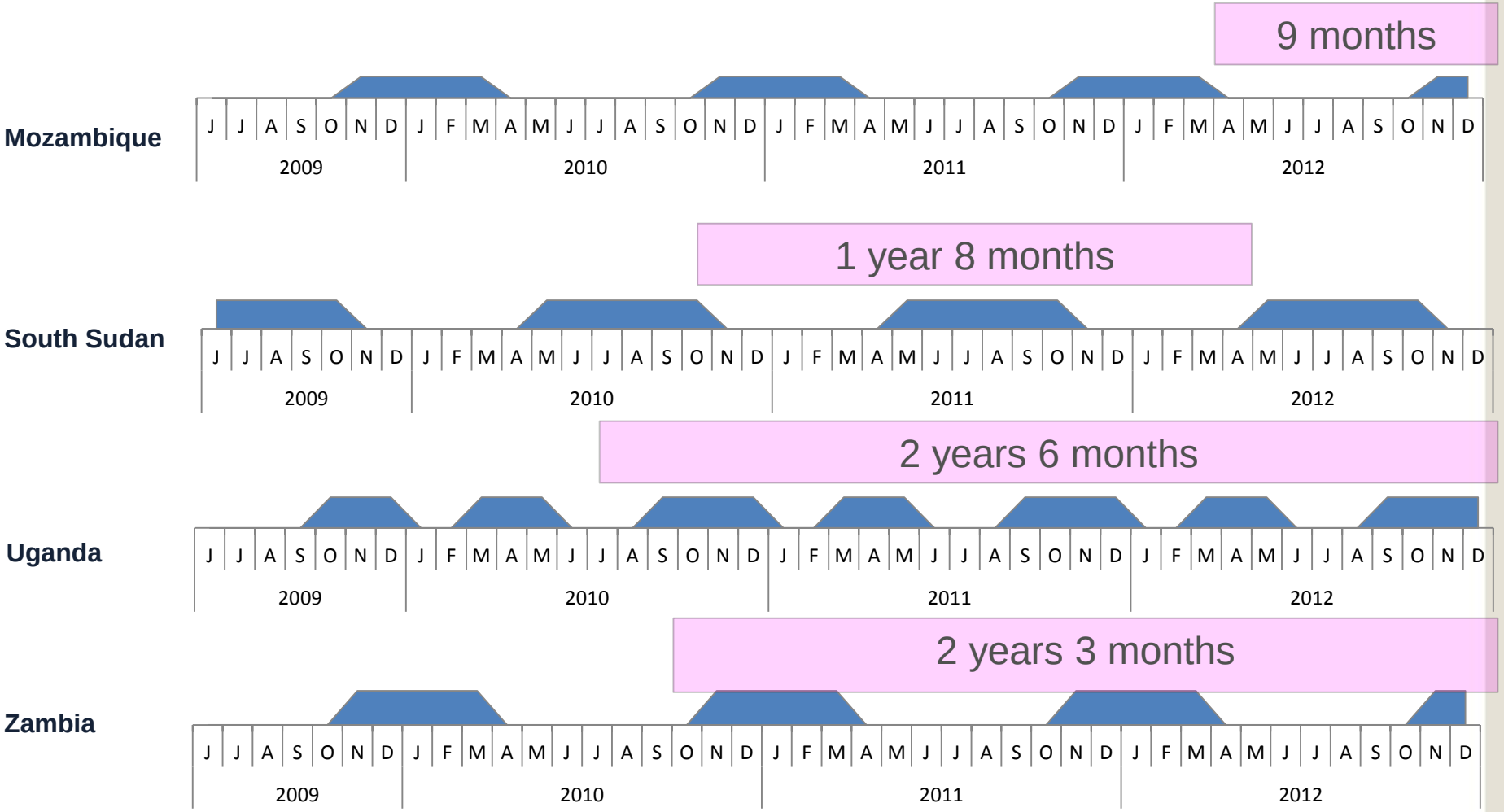
Danger signs of severe illness:

Refer to health facility (pre-referral treatment for severe malaria with rectal artesunate in Uganda and Mozambique)

National ICCM Delivery Model

- **Mozambique**:
  - APEs performing 80% health promotion : 20% treatment
  - Receiving monthly subsidy of USD 40
  - Phase I – 25 APEs per district
- **South Sudan**:
  - Community drug distributers, trained for 6 days in ICCM
  - Coverage – 1 CDD per 40 households
- **Uganda**:
  - VHTs for health promotion, 4-5/village, 6 days' training
  - 2 people from each VHT then trained for 6 days in ICCM
- **Zambia**:
  - No national model for ICCM but community treatment practices included in malaria and child health implementation guidelines

Implementation – Timelines to Dec 2012



Sensitisation Activities

- Sensitisation is necessary at all levels to ensure engagement
- Introduction of project at national level – approval for implementation and to approach sub-national authorities
- Meetings with authorities at provincial/state levels to introduce project – roles and responsibilities discussed
- Sensitisation at district/county levels – mainly aimed at health authorities
- Used existing structures and community leaders to conduct sensitisation meetings through to community level, involved district/county level health staff

Training Model

- Follow MoH guidelines and give technical inputs to development of curriculum and tools including job aids
- Use adult-focused, participatory training methodology
- Train health facility staff in ICCM, as trainers and as supervisors

	Mozambique	South Sudan	Uganda	Zambia
Development/ revision of materials	Technical inputs to national curriculum	**Organisation's own materials – shared with MoH**	Technical inputs to national curriculum	Technical inputs to national curriculum
Gender	Balanced	**Mostly women**	Balanced	Balanced
Duration	**2 weeks within 4 month full**	6 days	6 days	6 days
Roll-out	**1 level training: residential**	Cascade: non-residential	Cascade: non-residential	Cascade: residential

Behaviour Change Communication

- Formative research conducted in all four implementation areas
- BCC strategy developed for each location informed by research
- Community leaders and CHWs trained to lead community dialogues

	Mozambique	Uganda	Zambia
Approaches used	Community dialogues	Community dialogues	Community dialogues with interactive posters
	Radio spots	Radio spots	
	Radio programmes		
Support by Malaria Consortium	Training and supported agency to develop	Training	Dedicated BCC officer with additional DFID funds

Due to poor security and early project closure, no BCC activities in South Sudan

Supportive Supervision

- Model based on national guidelines where in place
- Technical inputs into supervisor tools

	Mozambique	South Sudan	Uganda	Zambia
Supervisor	Health facility staff	**Health facility staff and community monitors**	Health facility staff	Health facility staff
Frequency	Monthly	Twice-monthly or monthly	Initially monthly and then quarterly	Quarterly
Type of supervision activity	At health facility and home visits	**Home visit**	VHT group meetings (HF) and home visits	CHW group meetings (HF) and home visits
Financial facilitation by Malaria Consortium	None	**Payment of supervisor per form submitted**	Transport costs for VHTs	Transport costs for CHWs

ICCM Data Collection

- Technical inputs into development of data management system
- Data submission linked to supply replenishment

	Mozambique	South Sudan	Uganda	Zambia
Data submission	APE to health facility	**Supervisor to Malaria Consortium**	Parish coordinator for group of VHTs to health facility	CHW to health facility
Frequency	Monthly	Monthly	Quarterly	Quarterly
Malaria Consortium data received	**From HMIS**	Supervisor's form	Health facility summary form	Health facility summary form
Financial facilitation by Malaria Consortium	None	**Payment of supervisor per form submitted**	Transport costs for PCs – sometimes need to collect forms from HFs	None – sometimes need to collect forms from HFs

Supply and Stock Management

- International procurement through pre-qualified agency
- Unit-dosed, pre-packaged for community level use
- Special approval for use at community level for RDTs (Uganda), amoxycillin (Zambia)
- Use MoH systems as much as possible for storage, distribution and stock management
- Development of stock management tools and training given to supervisors and ICCM providers

Operational Research

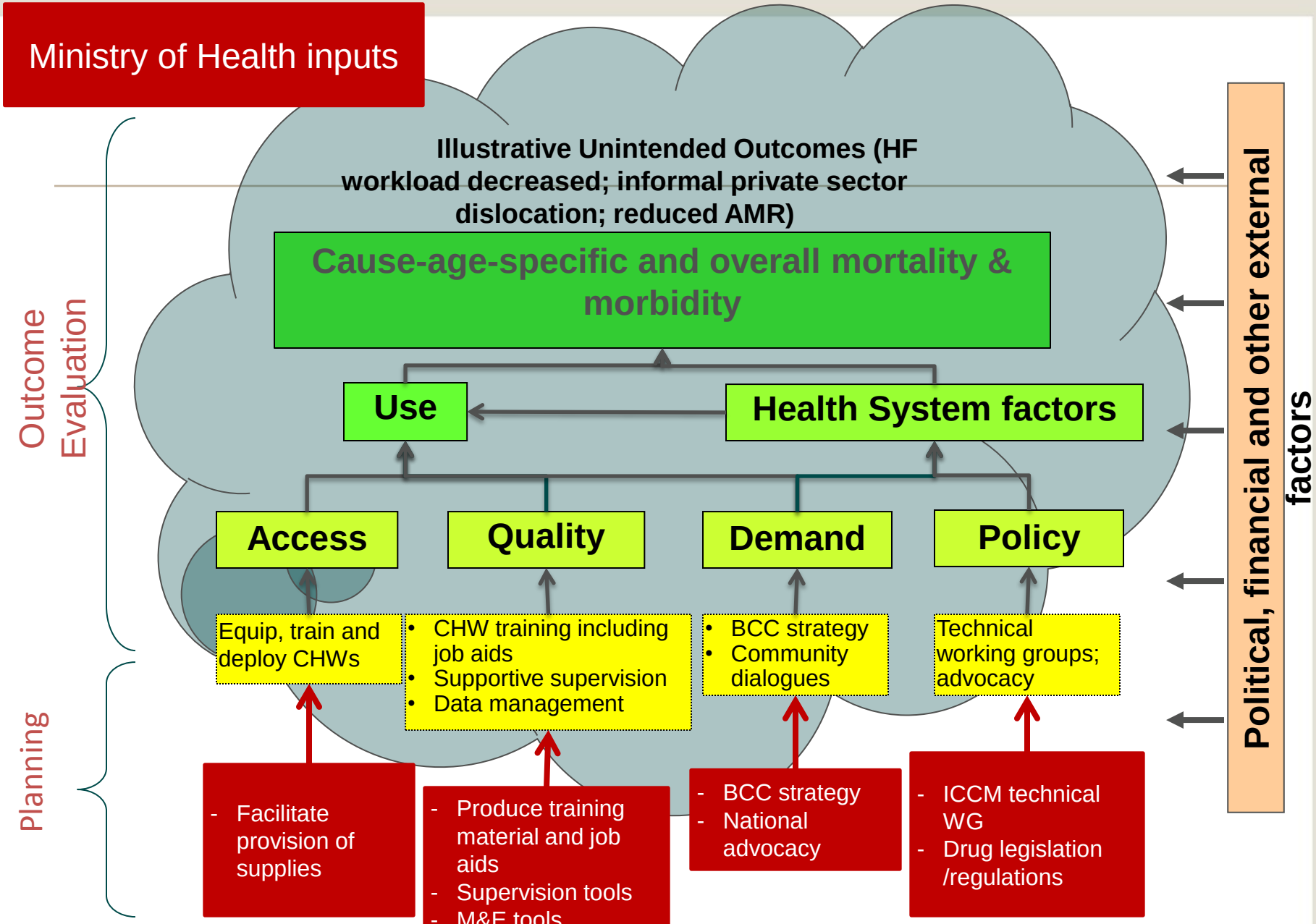
- Pilot of use of mobile phones for ICCM reporting, Uganda
- Rational use of antibiotics in treatment of pneumonia within ICCM – Zambia
- Interpersonal communication skills and quality of care provided in ICCM, Uganda
- Participatory evaluation of ICCM implementation experience (DFID funded)

Additionality and Partnerships

- inSCALE – costing, innovation evaluations, advocacy
- Pioneer project in Mid-Western Uganda (Comic Relief)
- Planet Wheeler co-funding in Mozambique
- DFID PPA – participatory evaluation and documentation
- COMDIS-HSD – operational research

- UNICEF
  - Collaboration for implementation in Mozambique
  - Funding of other ICCM project in Uganda
- Save the Children
  - Harmonised approach and technical inputs in Mozambique
  - Joint endline survey in South Sudan (with IRC also)

Ministry of Health inputs



Modified from D Marsh 2012 AJTMH

Learning

- The implementation model has essential elements as well as contextual variations that ensure feasibility of implementation
- ICCM can be a mechanism for health systems strengthening
- New tools now available for improved quality of diagnosis and treatment at community level – e.g. malaria rapid diagnostic tests, dispersible tablets, respiratory timers
- Our approach of embedding within Ministry of Health structures and processes from beginning has contributed to ICCM programme transition


Malaria Consortium is a pioneer and innovator in building capacity and systems for increased coverage of life-saving interventions for major childhood illnesses

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Thank you




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