

**malaria
consortium**

disease control, better health



Integrated community case management

Integrated community case management (iCCM) is a strategy to train and support community health workers (CHWs) to provide health services for common childhood illnesses, including malaria, pneumonia and diarrhoea.^[1] These diseases are preventable and manageable — if they are identified early. Through iCCM, CHWs are equipped to diagnose, treat and refer cases of illness, primarily among young children, who are particularly susceptible.

The World Health Organization recommends that iCCM delivered at scale should form part of the primary healthcare service package for children.^[2] Integrated programming in primary healthcare has been shown to be effective in increasing the delivery of essential services in communities, improving both

intervention coverage and health outcomes.^[2] iCCM is also critical to support progress towards universal health coverage (UHC), expanding equitable access to life-saving health services among communities that struggle to access primary healthcare.

Malaria Consortium is a recognised implementer of evidence-based public health programmes at scale. We offer technical assistance to ministries of health to implement and improve their iCCM programmes. We also provide capacity strengthening, and conduct high-quality operations and implementation research to generate the evidence needed to influence behaviours, policies and programming. This contributes towards UHC by helping to connect communities to quality healthcare that is inclusive and affordable.

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to save lives and improve health in Asia and Africa through evidence-based programmes that combat targeted diseases and promote universal health coverage.

Our approach and scope

Malaria Consortium has vast experience in supporting iCCM initiatives across Africa and Asia. We were a pioneer in introducing and implementing iCCM for malaria, pneumonia, and diarrhoea at scale between 2009 and 2012 in Mozambique, South Sudan, Uganda and Zambia.^[3] Since then, we have implemented a range of iCCM programmes, working in partnership with ministries of health to support the sustainability of services.

We understand that, for iCCM programmes to be effective, services must be contextually appropriate and firmly embedded in the primary healthcare system. Moreover, it is crucial for communities to participate actively in the design and management of community services. With this in mind, our iCCM programmes focus on improving quality of care to respond to communities' health needs, thereby generating demand for health services; strengthening capacity for prevention, diagnosis, treatment and referral; improving the quality of data to support effective decision-making; and using digital systems to enhance access to health services.

Our expertise

Quality of care

Improving the quality and coverage of service delivery in Nigeria

In 2018, Nigeria's Federal Ministry of Health developed the Community Health Influencers, Promoters and Services (CHIPS) programme to improve access to, and coverage of, basic primary healthcare in rural communities. We provided technical assistance to state government stakeholders to develop a strategy and operational plans to roll out the CHIPS programme, along with training materials and quality assurance systems. State government ownership ensured that community-based health services, appropriately equipped to diagnose and treat common childhood illnesses, were integrated into the national programme.

This subsequently facilitated the introduction of CHIPS in hard-to-reach communities in Kano state by harmonising iCCM and CHIPS modules. Using the programme's national training modules and integrated supportive supervision, we developed the capacity of CHIPS agents and state personnel for clinical mentorship, supportive supervision and data collection, as well as providing improved quality of care to communities.

Further reading: bit.ly/2qWC7AG

Sustaining resilient health systems in South Sudan

We are supporting South Sudan's national community health system, the Boma Health Initiative, to address some of the access and quality-of-care issues faced by communities. To improve access to healthcare, we are developing the capacity of *boma* health workers (local community health workers) to deliver iCCM and other essential services to their communities. Together with partners and government leadership, we are also enhancing the quality of health services and of community-level interventions that increase awareness, prevention and treatment of common conditions. Alongside this focus on quality improvement, we are supporting the last-mile delivery of commodities to increase individuals' access to safe, effective and quality-assured medicines and supplies.

Collectively, these activities are contributing to resilient health systems that enhance accountability and are responsive to the needs of the community. Our work is additionally supporting the development of efficient, effective, inclusive funds and processes that offer value for money in the delivery of health services.

Further reading: bit.ly/2RSLSK6 and bit.ly/40YCYMP

Capacity strengthening

Enhancing capacity to deliver healthcare in Uganda

iCCM was introduced as a national programme in Uganda in 2010. Since then, we have implemented a range of iCCM-focused projects in the country aimed at reducing under-five mortality. Through the Strengthening Uganda's Response to Malaria (SURMa) project, we supported the Ministry of Health to improve access to, and uptake of, high-quality malaria prevention and control services. We were further able to develop community-level capacity to diagnose and treat malaria, highlighting the role individuals can play in reducing morbidity and mortality. We provided technical support and supervision to districts and village health teams (VHTs) — the name for local CHWs — to promote programme ownership and ensure sustainability.

Building on SURMa's success, we are now implementing the Supporting Uganda's Malaria Reduction and Elimination Strategy (SUMRES) project, which is establishing a functional iCCM programme in two regions of northern Uganda, with a focus on iCCM, capacity development at private health facilities, and surveillance and health systems strengthening. The SUMRES programme includes training and mentoring of over 23,000 VHTs on data use, data-guided service delivery, malaria upsurge response, and test and treat outreach.

Further reading: bit.ly/2Yxg8fe and bit.ly/3r4IH5Q

Extending the reach of health workers to generate demand for health services

We design and implement innovative community engagement interventions that enable CHWs to extend their reach within communities. In Myanmar, we trialled an iCCM approach that expanded the role of malaria volunteers (MVs), training them to diagnose and treat pneumonia and diarrhoea. Through community dialogues, MVs were able to work with community members to explore health issues and identify locally appropriate solutions. This helped to establish trust with communities, which increased their demand for health services.

We continue to advocate for the adoption of iCCM as a strategy to address child mortality, and to motivate and extend the reach of MVs, both of which will improve the quality of malaria surveillance.

Further reading: bit.ly/358Chqe



A malaria volunteer carries out a finger-prick to test a child for malaria, Myanmar

Integration

Implementing chemoprevention with other services to reduce child mortality

Malaria Consortium is a leading implementer of seasonal malaria chemoprevention (SMC), which involves the regular and repeated administration of monthly doses of antimalarial medicines to prevent malaria infection during the peak transmission seasons. We support SMC delivery and research in nine countries and were one of the first organisations to support SMC outside of the Sahel, in Mozambique, Uganda and South Sudan.

As an existing, established platform, SMC could be an ideal vehicle for iCCM service delivery. Building on pilot programmes conducted by the President's Malaria Initiative, we are carrying out formative research in Togo to integrate routine iCCM services into SMC. We are using CHWs to help deliver the SMC campaign and are supporting the Ministry of Health to fully integrate SMC into the health system and iCCM programme.

We have previously also carried out studies on integrating SMC with other health services — including malnutrition screening in Burkina Faso and immunisation and vitamin A supplementation in Nigeria — to extend the coverage of these services among children.

Further reading: bit.ly/MC-Sahel-SMC and bit.ly/38WgjuL



Caregiver administering SMC medication, Nigeria

Digital solutions and decision-making

Investing in digital solutions to extend the reach of service delivery

Digital health plays an important role in improving equitable access to quality case management. This helps to bring affordable health services to those living in hard-to-reach areas, and facilitates real-time access to health information and data. In Mozambique, we supported the development of a government-owned and -led digital health platform called upSCALE. The intervention consists of two applications: the first guides CHWs (known locally as *agentes polivalentes elementares*, or APEs) through patient registration and diagnosis, advising on treatment and referrals, while the second is used by supervisors to monitor APE performance and stock levels of critical commodities.

Mozambique's Ministry of Health has embedded upSCALE into the APE national strategy and is working towards national expansion. Critically, upSCALE supports data collection on all APE activities and facilitates swift review of data. This ensures that information can be used for timely and targeted decision-making.

We have adapted upSCALE for use in Nigeria, developing a digital supportive supervision tool for the CHIPS programme to improve the quality of data and supportive supervision for iCCM. In Uganda, upSCALE has been adapted for the national VHT system. The government has adopted the community health toolkit approach to standardise and govern digital health interactions within the country. In Buikwe district in Uganda, we have provided technical assistance to the government to update and introduce the iCCM module of the toolkit, and collaborated with government partners to support VHTs to use digital health reporting systems and guidance tools for iCCM provision.

Further reading: bit.ly/3r6UCh2 and bit.ly/3Gqc5Z1

Policy and practice

Influencing policy change for child survival in Ethiopia and Chad

We are providing technical assistance to Ethiopia's Ministry of Health to develop and strengthen evidence-based strategies for child survival. In 2022, we conducted a formative assessment that identified factors affecting service uptake and management of the integrated management of newborn and childhood illness (IMNCI). This assessment informed the development of a national action plan for pneumonia and diarrhoea that identifies IMNCI as a key strategy and outlines the resourcing, training and supportive supervision requirements for iCCM.

We are conducting similar work in Chad that focuses heavily on the analysis and delivery of iCCM services. Following formative research conducted with Chad's Ministry of Health, we supported the development of a national pneumonia strategy that informs and strengthens the national health plan and child survival approach.

Further reading: bit.ly/IMNCI_plan and bit.ly/39SZ5zD

References

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3. Malaria Consortium. Integrated community case management. Project brief. London: Malaria Consortium; 2012. Available from: <https://www.malariaconsortium.org/resources/publications/60/integrated-community-case-management>

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Cover image: A mother (left) holds her newborn child after a successful delivery, facilitated by a midwife (right) at a primary healthcare centre, South Sudan

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