Innovations and research priorities in improving quality and reach of ICCM

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Malaria Consortium ICCM research and innovation

- To improve policy and practice, e.g.:
  - Community Health Worker (CHW) retention
  - CHW motivation
  - CHW performance
  - Community demand

- To evaluate policy and practice, e.g.:
  - Quality of care
  - Cost and effectiveness (to society and health system)
The inSCALE project

- Malaria Consortium 5-year project funded by the Bill & Melinda Gates Foundation in partnership with the LSHTM and UCL
- Aims to identify and seek solutions to the main barriers to ICCM implementation at scale:
  - Motivation
  - Supportive supervision
  - Documentation and sharing of results and best practices
- inSCALE identifies and test innovative solutions that address these barriers with an aim to facilitate sustainable scale up of high quality ICCM in two African countries.
Interventions

Technology based intervention
Mozambique and Uganda

Community based intervention
Uganda
Standing, status, identity & value

CHWs and supervisors receiving monthly motivational SMS

CHW submitting data using phones and receiving personal performance related feedback

CHW and supervisor using closed user groups for remote support, planning supervision visits, problem discussion & solving

CHW data on server triggering alerts on good and poor performance to supervisor with hints on which action to take

PROVISION OF AFFORDABLE MOBILE PHONES AND SOLAR CHARGERS

VILLAGE HEALTH CLUBS

• Discuss and rank child health challenges
• Discuss solutions to challenges, which include supporting the functioning of CHW services
• Club members take actions to meet these challenges
• Health clubs will monitor, report and communicate on their progress

Open to all
Village owned
CHW focussed
A strength based approach
Fun and purposeful

Support &
Technical supervision
Community supervision

Connectedness to the
Health system
Community
Implementation area - Uganda
Implementation area Mozambique
Early implementation results – Village health clubs

3 months after training, 53% of the 422 villages had set up clubs

**Enabling factors:**
- Commitment and involvement by local leaders
- Already established groups existing in the community
- Responding to perceived need

**Barriers:**
- Village size
- Lack of facilitation
- Lack of CHW self esteem
- Location, especially peri-urban areas
Early implementation results – mHealth approach

Enabling factors:
• CHWs perceived benefits
  - Efficiency of electronic data submission
  - Solar charger allows treating children at night and earning income
  - Respiratory timer app made counting easier
• User friendly job aids

Barriers:
• System functionality
  - Inflexible mobile phone operators
  - Patchy network coverage
  - SMS overload due to common errors or drug stock-outs
• Low previous exposure to technology
• Impaired eye sight
While a global research agenda for iCCM has been developed and refined, the research priorities for iCCM have not been systematically prioritized.

Original contributors primarily represented technical staff from donor or NGOs; most based in high-income countries.

The Child Health & Nutrition Research Initiative (CHNRI):

Systematic process involving >100 country representatives and 10 technical experts.

A shortlist has been produced that will be sent back to representatives for ranking according to 4 criteria: Answerability, Research Feasibility, Deliverability, Importance/Potential Impact.
CHNRI process outcomes

14 main topic areas, including:

- Acceptability; quality of care; logistics; supervision; retention; private sector involvement; and specific conditions included under ICCM (incl newborns)

Outcomes:

• A priority list of ICCM research topics that can be answered within a 5-7 year timeline

• A stratification of country responses and global response to understand different priorities

• Journal publication and posting on CCM Central website (www.ccmcentral.com/)
Learnings

• Operational research for policy and on policy is critical for generating evidence that can refine the programmes and strengthen the health systems to increase the likelihood of sustained impacts.

• Understanding country context and structures in depth and early on is essential for successful design and effectiveness of complex health system interventions.

• A coordinated research agenda involving technical experts and in-country stakeholders can help identifying important knowledge gaps and focus available funding to key areas.
www.malariaconsortium.org

Thank you