INTEGRATED COMMUNITY CASE MANAGEMENT (iCCM) of childhood illness

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on behalf of the CCM Task Force

Current Context for *integrated* CCM (1)

The main causes of child mortality are still pneumonia, diarrhoea and malaria (data: 2010)

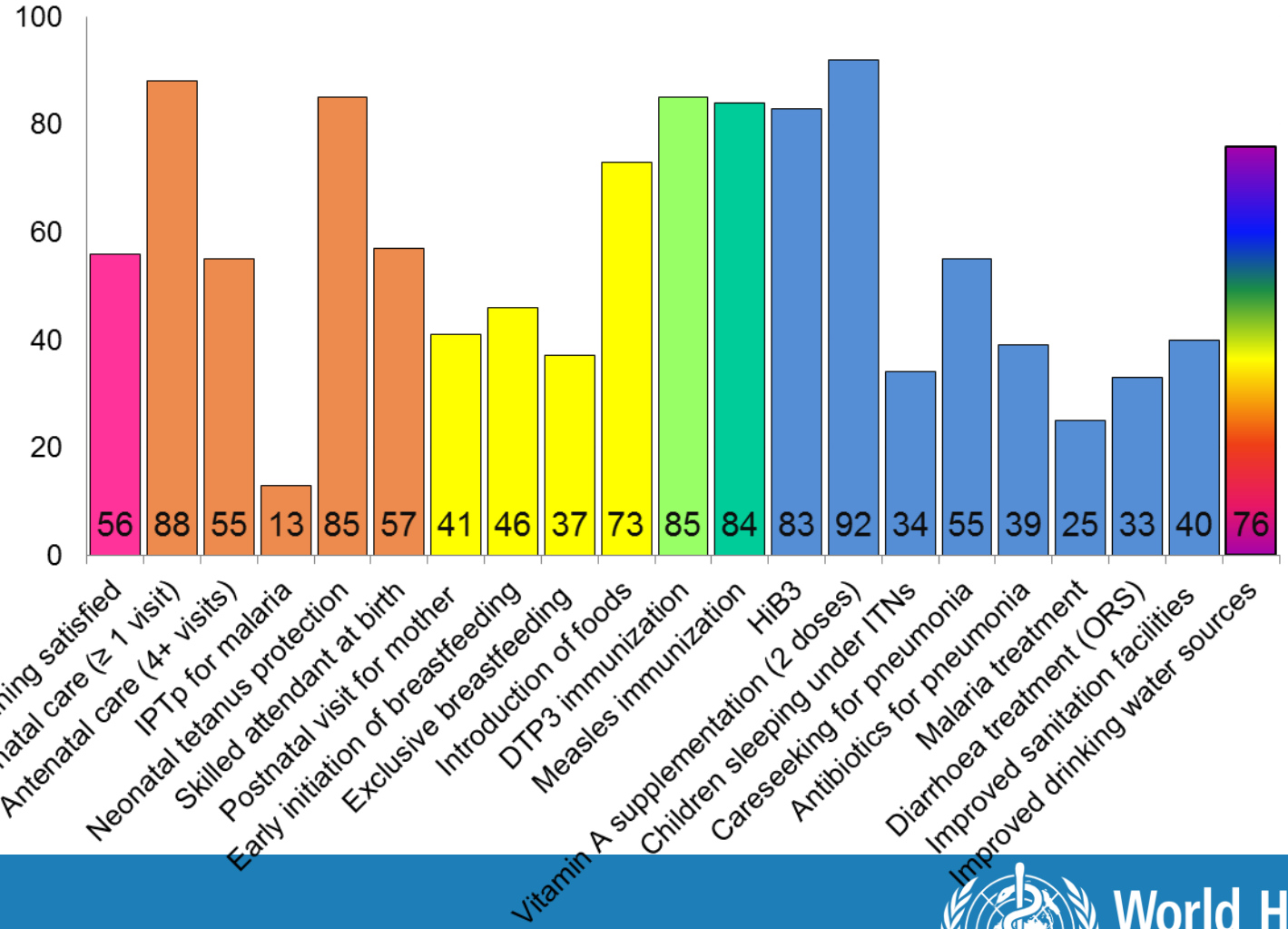
- Pneumonia (1.4 million), diarrhoea (800 000) and malaria (563 000) = 36% of all under-five deaths worldwide
- Malaria caused 15 percent of under-five deaths in Sub-Saharan Africa (96% of all under-five deaths due to malaria worldwide)
- Under-five deaths are increasingly concentrated in sub-Saharan Africa (46%)and Southern Asia (28%).
- Children in low-income countries are nearly 18 times more likely to die before the age of five than children in high-income countries (107 vs 6 per 1000 live births)

Current Context for *integrated* CCM (2)

- 7.6 million children under-five died in 2010: 2 million fewer than in 2000
- Of the 2 million saved lives: nearly 60% due to reductions of deaths caused by pneumonia (455 000 fewer deaths), measles (363 000 fewer deaths), and diarrhoea (361 000 fewer deaths)
- The greatest gap is unmet need for treatment

Coverage of core interventions remains low

Pre-pregnancy ⇨ Pregnancy ⇨ Birth ⇨ Postnatal ⇨ Neonatal ⇨ Infancy ⇨ Childhood



Source: Countdown 2012 Report: Median levels for selected indicators of intervention coverage, all countries with available data

World Health Organization

How can we contribute to increasing service coverage?

- Increase the availability of services
- Increase access to care for newborns and children close to home
- Make interventions simpler to implement
- Improve the quality of services provided
- Strengthen the linkages between health facilities and community-level care providers
- Promote care-seeking and treatment adherence

WHO/UNICEF Joint statements

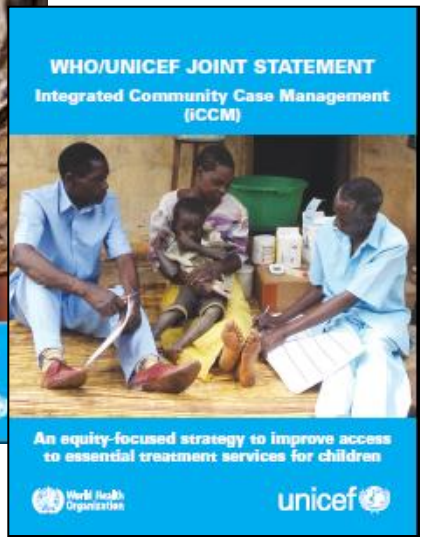
Diarrhoea

Pneumonia

Severe acute malnutrition

Home visits for newborn care

Integrated community case management



World Health Organization

What is *integrated* community case management?

- *Integrated* CCM is a strategy for providing training and programmatic support to community health workers to identify and treat *all three* common childhood killers in areas that lack easy access to health facilities

- iCCM promotes timely treatment closer to where children live, and timely referral with pre-referral treatment

- iCCM promotes home visits where possible to follow up sick children and to strengthen adherence to treatment

Rationale for *integrated* CCM

- Addresses multiple conditions, e.g. significant *overlap in the clinical manifestation* of pneumonia and malaria, often simultaneous with diarrhoeal disease and malnutrition
- Improves programme *efficiency and cost-effectiveness*
- Increases effectiveness in achieving *high treatment coverage* for sick children in the community
- Integrated CCM implementation can deliver *high quality of care*:
  - In Malawi 68% of classifications of illness by HSAs in agreement with “gold standard”; 63% prescribed appropriate medication
  - In Zambia 68% of children with pneumonia received early and appropriate treatment

Translating evidence into practice

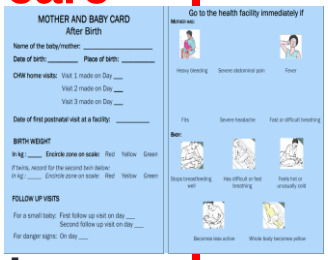
Caring for newborns and children in the community

WHO-UNICEF three-part training package for community health workers

Summary of content of the materials

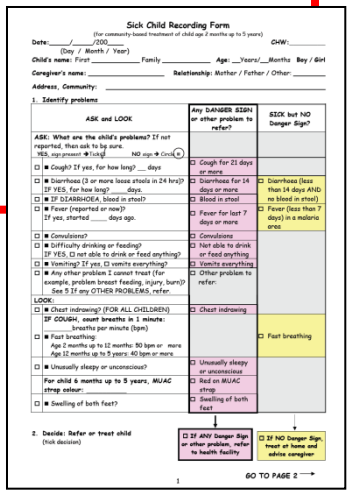
Home visits for newborn care

- Promotion of ANC and skilled care at birth
- Care in first week of life
- Recognition and referral of newborns with danger signs
- Special care for low-birth-weight babies



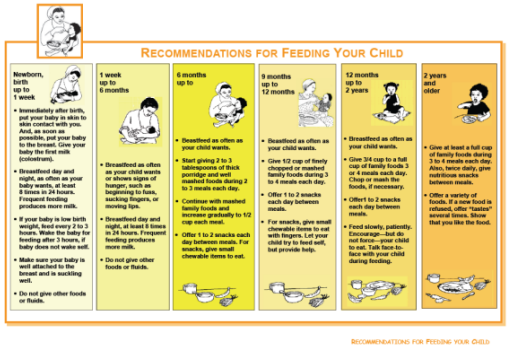
Caring for the sick child in the community

- Referral of children with danger signs and severe acute malnutrition
- Treatment in the community
  - Diarrhoea
  - Fever
  - Pneumonia

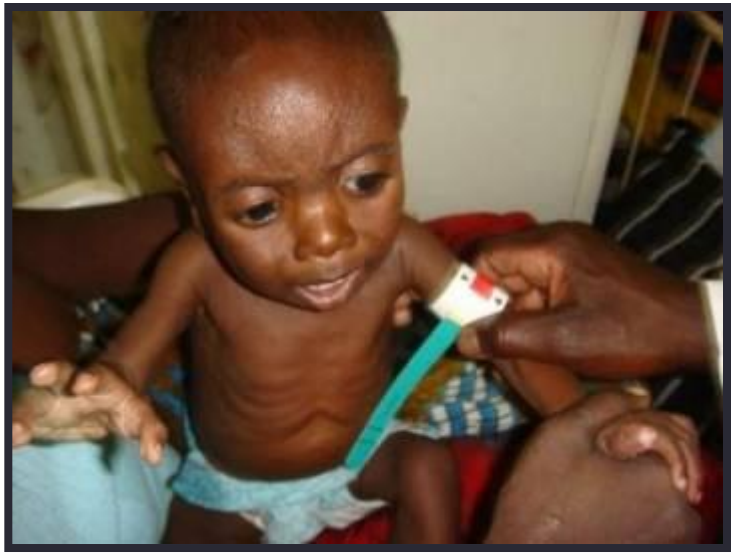


Caring for the child's healthy growth and development

- Care-giving skills and support for child development
- Infant and young child feeding
- Prevention of illness
- Family response to child's illness



Caring for the sick child in the community



- **Identify signs of illness**
  - Diarrhoea
  - Fever; malaria (RDT)
  - Chest indrawing
  - Fast breathing
  - Severe malnutrition

- **Refer child with danger signs (or other problems) and begin treatment**
- **Treat diarrhoea** at home (ORT and zinc)
- **Treat fever** (antimalarial) and **fast breathing** (antibiotic) at home

CCM Task Force

Membership

- UNICEF
- USAID
- WHO HQ and AFRO (MCA, TDR)
- Save the Children
- USAID/MCHIP (secretariat)
- MSH, Boston University, JSI, Karolinska Institutet, JHSPH, URC, CORE, CIDA, PSI, MSH, PATH, PLAN, CARE, IFRC, +++

Activities

- Communication/information sharing; linkages; tool development; coordinated country support

CCM Benchmarks

- Eight Key Systems Components for iCCM:
  1. Coordination and Policy Setting
  2. Costing and Financing
  3. Human Resources
  4. Supply chain management
  5. Service delivery and referral
  6. Communication and social mobilization
  7. Supervision and Performance Quality Assurance
  8. M&E and Health Information Systems
- Three Phases for implementing CCM:
  1. advocacy/planning
  2. pilot/early implementation,
  3. expansion/scale-up
- Benchmarks exist for each of component in each phase

iCCM Toolkit

- Promotes the sharing of tools that have been used in successful country CCM programmes
- Promotes improvement of existing tools and development of new ones
- Categories of tool grouping include:
  A. Advocacy, Policy & Planning
  B. Programming
  C. Monitoring and Evaluation
- Each tool has a concurrent “one pager” background and information sheet

CCMCentral

Integrated Community Case Management of Childhood Illness

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This website is a product of the **iCCM Task Force**. The website aims to centralize resources, provide examples of best practices and give access to tools. It also provides a forum for answers to questions and discussions of challenges. The website has been developed and is currently managed by Maternal Child Health Integrated Program (MCHIP).

LATEST: Ticker 04: Ticker headline « »

CCM in Bangladesh and Mali

Nutrition counseling, newborn care, and ARI and diarrheal disease treatment in Bangladesh...

Read the Full Story

REGIONS/COUNTRIES IMPLEMENTING iCCM

Africa

Asia

Latin America and Caribbean

IMPLEMENTATION HIGHLIGHTS

This is a placeholder block to put -- new policy implementations, pilot countries that have scaled-up, countries that have decided to add an area (e.g., nutrition) to the three standard interventions, etc. We'll solicit this kind of program highlights from the steering committee members and will also let folks

UPCOMING EVENTS

- **Workshop to Identify Priority Implementation Research – Nairobi, Kenya September 12-14, 2011**
- **GAPP Workshop – Bangladesh September 26-30, 2011**
  Facilitator preparation to be held the 26th, with workshop...
- **GAPP Workshop – Rwanda October 24-28, 2011**
  Facilitator preparation to be held the 24th, with workshop...
- **GAPP Workshop Follow-up Visit – Zambia (tentative) November 1-4, 2011**
- **Workshop to Identify Priority Implementation Research – Cameroun November 15-17, 2011**
- **GAPP Workshop Follow-up Visit – Niger and Mali November (TBD), 2011**
  Follow-up Visit - Niger and Mali: November - TBD...

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Integrated CCM: Challenges for moving forward

- Document effectiveness of integration to inform scale-up
- Assess varying models of CHW deployment, motivation and retention
  - paid (HSAs, HEWs) vs. volunteer (CBAs, VHTs)
  - supervision by and linkages with health facility
- Ensure continuous supplies of medicines, tests, equipment
- Ensure adequate supervision and M&E
- Sustain quality of performance
- Increase demand for - and utilization of - services

Opportunities for the future

- iCCM task force coordinated support / tools
- UN Secretary-General's Global Strategy on Women's and Children's Health
- Commission on Information and Accountability; Commission on Life-Saving Commodities
- Sizable financial contributions: CIDA (CI, iCCM), France, BMGF (GAPP, Child Survival)