Implementing iCCM in a conflict-affected, remote province of Eastern DRC

Abuja, October 24th
Summary

I. DRC Overview
II. Policy Framework for iCCM in DRC
III. RAcE DRC
   I. CHW profile
   II. Training/Supervision
   III. M&E
   IV. Supply Chain
   V. Community Engagement
VI. Country Achievements
VII. Project Results
   I. Contribution to iCCM National Vision and Scale-up
   II. Challenges/Opportunities
Country Info - DRC

- **Capital**: Kinshasa
- **Population**: 80 million (around 12 million under five)
- **Area**: 2.34 million sq km (905,354 sq miles)
- **Major languages**: French, Lingala, Kiswahili, Kikongo, Tshiluba
- **Life expectancy**: 58 years (men) 62 years (women)
- **Number of IDPs**: 3.8 million
- **Poverty**: 82% of the pop lived on less than $1 a day in 2015
Under Five-Deaths and Care-Seeking in DRC

104 per 1000 live births
• One of the highest rates of child mortality globally

According to DHS 2014:
• Only 39% of children under five received ORS for diarrhea
• 30% received antibiotics for diarrhea
• Only 39% received antibiotics for pneumonia
• Only an estimated 17% of children received appropriate treatment for malaria with ACT

Barriers to accessing care:
• Long distances, no means of transport, impoverished communities that can’t afford care
Policy Framework for iCCM in DRC

• iCCM included as part of primary health care strategy

• Decision in 2004 to integrate management of four diseases: pneumonia, malaria, diarrhea and malnutrition

• MOH-SG established steering committee in 2005 to implement iCCM strategy

• iCCM sites established 2006

• MOH finalizes implementation guide for iCCM sites in June 2007
RAcE DRC - Tanganyika Province

Project location
• Tanganyika Province, Eastern Congo

Implementation period
• Sept. 2013-Nov. 2017

Area
• 134,940 square kilometers

Population
• 2.6 million- 18 inhabitants per Km2

Scale-up
• Year 1 project covered 7 out of 11 health zones
• Year 2 scaled up to 10 of 11 health zones
• Year 3 RAcE active in all 11 health zones of province with around active 1,600 CHWs
• Communities >5km from a HF or separated by geographical barrier
• CHW covers pop. of about 500
• Elected by community/ work as volunteers
  • 1837 Reco Trained, 1475 reported Oct
  • 234/264 health area covered
• Free treatment for three iCCM conditions
• MOH-endorsed tool package contains 7 tools that CHWs must complete
• OR on simplified tools and training package
CHW Profile (based on MOH criteria)

• Live in the community
• Know the local language
• Able to read and write
• Available to community
• Model citizen
• Capable of mobilizing the community
• Sense of responsibility and leadership
• Have a source of income
• Less than 10% are female CHWs
Training

• ToT conducted Dec. 2013 in Kalemie – central, district and Zonal Health Bureau
• Training of nurses – facilitated by ZHB and IRC at ZHB
• 6-day training for CHWs facilitated by Zonal Health Bureau (focal points) and IRC staff
• CHW Trainings held at or near the Health Center
• Training ratio: around 20 CHWs with 2-3 facilitators (IRC and ZHB)
• 5 hours of training dedicated to clinical practice to observe and assess CHW skills
Training (cont.)

- Head nurse participates in CHW training to support CHWs as necessary
- Pre and post-test given to CHWs
- Additional ToT conducted in 2015 in Kalemie to include new zones
- Suivi post-formation: follow-up that takes place
- 3 months after CHWs are trained (Zonal Health Bureau, IRC and MOH national level reps)
CHW Supervision

• Supervised directly by head nurse monthly
• ZHB and IRC focal points also responsible for monthly supervision visits
• Quarterly supervision from Provincial Health Dept.
• **Supervision visits**
  • Review of tools with CHWs (MOH supervision checklist)
  • Observe medication stocks/conduct spot-checks
  • IRC insisted on observation of sick child being treated (not part of checklist)
• Nurses provided with bicycles
• ZHB and IRC provided with motorcycles
• Weak CHWs to receive coaching visits from head nurse and ZHB focal points
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Monitoring and Evaluation

- CHWs - 7 data collection tools
- Head Nurses - 2 data collection tools
- Head Nurses send monthly report to BCZS
- BCZS focal points enter data into Excel database and send to IRC Health Manager (for final review/cleaning) and DPS
- DPS shares data captured in SNIS with central level
- Assessment of QoC
- Quartely review
M&E - Data Flow

Point Focal District/IRC

ReCo

IT

Point Focal Zone

Note
D'Orientation

Fiche de Prise en Charge

Cahier de Pointage

Registre

Rumer

Carnet de Commande

SSC Rapport Mensuel

Rapport Synthèse de l'Aire

Canevas de Supervision

Canevas de Coaching

Rapport Synthèse de l'Aire (Centraliser)

Rapport Synthèse de la Zone

Bas de Données IRC (Saisir, Vérifier, Centraliser)

Bas de Données MSP (Saisir, Vérifier, Centraliser)
RAcE project database

- Captures key project info including indicators from PMF on a monthly basis
- Designed to highlight issues/inconsistencies automatically (cells turning red or blue to signal a problem during data entry)
- Example: the respiratory movements column (MR total) is red because it does not match the number of children with cough/cold symptoms

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<th>Plaintes Signes de Danger Total</th>
<th>Plaintes Toux /Rume Total</th>
<th>Plaintes Fievre Total</th>
<th>Plaintes Diarrhée Total</th>
<th>MR Total</th>
<th>TDRT Total</th>
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Supply Chain

- Procurement of drugs by IRC
- Drugs procured internationally and locally
- Reception by IRC, housed in warehouse of CADMETA (govt. distributor) in Kalemie
- IRC requests quantities to transport to each HZ to CADMETA
- Drugs arrive and are housed at ZHB warehouse
- Head nurse requests drugs from ZHB based on CHW consumption
- CHWs make monthly drug requests to nurse
Community Engagement

• Challenge in the DRC context

• Some communities have motivated their CHWs, but not the norm

• Examples of motivation:
  - Helping CHWs farm their land
  - Building post for CHW to treat children
  - The community gathering money together to buy pens or flashlights for CHWs

• Misconception by communities that CHWs are paid

• Great appreciation for project even if communities did not show appreciation of CHWs
Country Achievements

• Strategic/political contribution
  • Revision/Alignment of DRC iCCM protocols to WHO norms
    • Use of Amoxycilline
    • Management of negative RDT

• Program and Health System Contribution
  • Increased capacity of both BCZS and Tanganyika DPS on iCCM implementation
  • Close collaboration with the DPS and BCZS
  • Introduction of counting beads
  • Translation of tools into Swahili
  • Collaboration with CADMETA (govt. drug distributor)
  • Investments in the infrastructure of sites
  • Investments in BCZS (motos, computers)
  • Engagement of MSP at all levels (national, provincial and zonal) in the iCCM strategy and implementation
Project results
Between January 2014 and June 2017, a total of 1,343,353 treatments were provided, which included:

- 870,783 confirmed malaria treatments;
- 14,077 suspected malaria treatments;
- 276,942 diarrhea treatments; and
- 181,551 pneumonia treatments.

- 1,039,130 Rapid Diagnostic Tests for malaria were administered.
Active CHWs, Sept 14- August 17
Fever Cases Tested with RDT, Sept 14 – August 17

- Target RDTs
- Fever cases
- RDT conducted
Diarrhea Cases Treated with ORS+Zinc, Sept 14 – August 17

- Target ORS+Zinc RX
- Diarrhea cases
- ORS + Zinc RX

The graph shows the number of diarrhea cases treated with ORS+Zinc from September 14, 2014, to August 17, 2017. The data is represented in terms of a line graph with months on the x-axis and the number of cases on the y-axis. The graph indicates a consistent increase in the number of cases treated each year, with peaks in certain months.
Pneumonia Cases Treated with Amoxicilline, Sept 14 – August 17

- Target Amoxy RX
- Pneumonia cases
- Amoxy RX
Contribution to National iCCM Vision and Scale-up

- Simplified tools from OR study modified and adopted nationwide
- Capacity-building of MOH staff at central and provincial level
- Best practices and lessons learned disseminated to central MOH officials and key partners during semester review meetings
Challenges/Opportunities

- **Insecurity due to interethnic conflicts** - displaced large populations
- Implementation in vast province with **large distances and poor infrastructure**—difficult to ensure availability of medications
- **Lack of resources** for the continuation of the project at the end of November 2017
- IHP project likely to include **iCCM** but unclear how much support will be offered
- **Sustainability of project activities by DPS** in Tanganyika after RAcE closure unlikely—program had huge impact on saving lives of children and support is needed for continuation
- **iCCM strategy supported** by MOH central level, provincial and zonal level
AKSANTI SANA!

QUESTIONS?