

National iCCM Implementation Planning

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Objective of planning

- iCCM contributes to increased access to and utilization of case management interventions, therefore,
 - Not producing a document



 Desired goal in a standard-alone document or integrated in an existing plan

Key steps of planning

- I. Conduct a situation analysis or review existing program
- 2. Set performance targets by program component
- 3. Define activities and inputs
- 4. Cost inputs
- 5. Do an inventory of resources and gaps
- 6. Consolidate into standalone or integrated plan

A good situation analysis includes (1)

What are the specific causes of mortality [by age group]?

Where preventable deaths occur by region/district?

How much resources are available, could be available?

What are the key bottlenecks and possible solutions?

Disease attribution to child mortality Ethiopia (CCM implementation plan 2010-2014)

Condition	% Attributable mortality	Attributable deaths	% Preventable deaths	Preventable deaths
Pneumonia	28	100,800	65	65,520
Newborn problems	25	90,000	55	49,500
Malaria	20	72,000	91	65,520
Diarrhea	20	72,000	88	63,360
Measles	4	14,400	100	14,400
AIDS	1	3,600	48	1,728
Other	2	7,200	0	0
Total	100	360,000	72	260,028

Focus on key interventions to prevent death

Target condition	Preventive intervention	Curative intervention	
Pneumonia	•	Antibiotic treatment	
	•	Resuscitation of newborn	
Newborn		Management of hypothermia	
problems		Antibiotics for sepsis	
	•	ORT/ORS	
Diarrhea		Antibiotics for dysentery	
		Zinc treatment	
Malaria	•	Anti-malarial drugs	
	•	Therapeutic feeding treatment with RUTF	
Severe acute malnutrition		Systematic antibiotic treatment and deworming	
		Measles vaccination	

Preventive and curative intervention targeted to the major under five killers

Establish and/or consolidate Norms

Why? Planning for scale-up involves

- Consolidating regional into national programs
- Harmonizing across implementing partners
- Allowing the adoption of "promising practices"
- Identifying gaps and providing solutions
- Providing for continuum of care from community to facility

Performance targets and components

- Define the period (years) of the plan
- Identify and set performance targets for key program components, including:
 - Human resources
 - Supply chain management
 - Supervision
 - Monitoring and Evaluation
 - Communication and social mobilization, etc.

iCCM components (I)

- Coordination and policy setting
- Costing and financing
- Human resources
- Supply chain management



iCCM components (2)

- Service delivery and referral
- Communication and social mobilization
- Supervision & performance quality assurance
- M&E & health management information systems (Incl. Operations research)



iCCM components & the benchmark framework

Component	Advocacy & Planning	Pilot & Early Implementation	Expansion/Scale-Up
Coordination and Policy Setting	Mapping of iCCM partners conducted Technical advisory group (TAG) established including community leaders, iCCM champion & CHW representation Needs assessment and situation analysis for package of services conducted	MOH leadership established to manage unified iCCM	MOH leadership institutionalized to ensure sustainability
	Stakeholder meetings to define roles and discuss current policies held National policies and guidelines reviewed	Discussions completed regarding ongoing policy change (where necessary)	Routine stakeholders meetings held to ensure coordination of iCCM partners
Costing and	iCCM costing estimates undertaken based on all service delivery requirements	Financing gap analysis completed	Long-term strategy for sustainability and financial viability developed
Financing	Finances for iCCM medicines, supplies, and all program costs secured	MOH funding invested in iCCM program	MOH investment in iCCM sustained
Human Resources	Roles of CHWs, communities and referral service providers defined by communities and MOH	Role of and expectations for CHW made clear to community and referral service providers	Process in place for update and discussion of CHW role/expectations
	Criteria for CHW recruitment defined by communities and MOH Plan for comprehensive CHW training and refresher training developed (modules, training of trainers, monitoring and evaluation)	CHWs trained, with community and facility participation	Ongoing training provided to update CHW on new skills, reinforce initial training
	CHW retention strategies, incentive/motivation plan developed	CHW retention strategies, incentive/motivation plan implemented and made clear to CHW; community plays a role in providing rewards, MOH provides support	CHW retention strategies reviewed and revised as necessary Advancement, promotion, retirement offered to CHWs who express desire
Supply Chain Management	Appropriate ICCM medicines and supplies consistent with national policies (RDTs where appropriate) included in essential drug list Quantifications for ICCM medicines and supplies completed Procurement plan for medicines and supplies developed	iCCM medicines and supplies procured consistent with national policies and plan	Stocks of medicines and supplies at all levels of the system monitored (through routine information system and/or supervision)
	Inventory control, resupply logistic system, and standard operating procedures for iCCM developed	Logistics system implemented to maintain quantity and quality of products for iCCM	Inventory control and resupply logistics system for iCCM implemented and adapted based on results of pilot with no substantial stock-out periods

ervice Delivery and Referral	Plan for rational use of medicines (and RDTs where appropriate) by CHWs and patients developed	CHWs rationally use medicines and diagnostics to assess, diagnose and treat sick children	Timely receipt of appropriate diagnosis and treatment by CHWs made routine	
	Guidelines for clinical assessment, diagnosis, management and referral developed	Guidelines reviewed and modified based on pilot	Guidelines regularly reviewed and modified as needed	
	Referral and counter referral system developed	Referral and counter referral system implemented; community information on location of referral facility clarified; health personnel clear on their referral roles	CHWs referral and counterreferral with patient compliance is routine, along with information flow from referral facility back to CHW with returned referral slips	
communication and Social	Communication strategies developed, including messaging on prevention and management of community illness for policy makers, local leaders, health providers, CHWs, communities and other target groups	Communication and social mobilization plan implemented	Communication and social mobilization plan and implementation reviewed and refined based on monitoring and evaluation	
	Community and social mobilization content developed for CHWs on iCCM and other messages (training materials, job aids, etc.)	Materials and messages to aide CHWs are available		
	Materials and messages for iCCM defined, targeting the community & other groups	CHWs dialogue with parents and community members about iCCM and other messages		
upervision and Performance	Appropriate supervision checklists and other tools, including those for use of diagnostics, developed	Supervision visits every 1-3 months, includes report review, data monitoring	CHWs routinely supervised for quality assurance and performance	
	Supervision plan, including number of visits, supportive supervision roles, self-supervision, etc., established	Supervisor visits community, makes home visits, provides skills coaching to CHWs	Data from reports and community feed-back used for problem-solving and coaching	
	Supervisor trained in supervision and has access to appropriate supervision tools	iCCM supervision included as part of the CHW supervisor's performance review	Yearly evaluation includes individual performance and evaluation of coverage or monitoring data	
M&F and	Monitoring framework for all components of iCCM developed and sources of information identified	Monitoring framework tested and modified accordingly	M&E through HMIS data performed to sustain program impact	
	Standardized registers and reporting documents developed Indicators and standards for HMIS and iCCM surveys defined	Registers and reporting documents reviewed	Operations research and external evaluations of iCCM performed as necessary to inform scale-up	
	Research agenda for iCCM documented and circulated	CHWs, supervisors and M&E staff trained on the new framework, its components, and use of data	and sustainability	

Implementation plan

- Situation analysis: includes unique challenges to area
- State the **measurable** objective
- Agree performance
 target(s) for the area
- Outline major activities w/ timeframes & responsibility

- Quantify key inputs for each activity
- Indicate expected measurable results
- Cost activities and inputs
- Indicate funding sources and funding gap

Implementation Plan checklist



A good plan should...





MINISTRY OF HEALTH

A NATIONAL FRAMEWORK AND PLAN OF ACTION FOR IMPLEMENTATION OF INTEGRATED COMMUNITY CASE MANAGEMENT (iCCM) IN KENYA, 2013-2018

AUGUST 2013 EDITION

Resources

- Planning handbook
- iCCM indicator Guide
- Other country plans
- iCCM publications (iCCM Supplements- 4)
- iCCM Task Force sub groups
- www.ccmcentral.com