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
  • Providing a roadmap towards
  • Desired goal in a standard-alone document or integrated in an existing plan
Key steps of planning

1. 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 (I):

1. What are the specific causes of mortality [by age group]?
2. Where preventable deaths occur by region/district?
3. How much resources are available, could be available?
4. What are the key bottlenecks and possible solutions?
## Disease attribution to child mortality Ethiopia (CCM implementation plan 2010-2014)

<table>
<thead>
<tr>
<th>Condition</th>
<th>% Attributable mortality</th>
<th>Attributable deaths</th>
<th>% Preventable deaths</th>
<th>Preventable deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>28</td>
<td>100,800</td>
<td>65</td>
<td>65,520</td>
</tr>
<tr>
<td>Newborn problems</td>
<td>25</td>
<td>90,000</td>
<td>55</td>
<td>49,500</td>
</tr>
<tr>
<td>Malaria</td>
<td>20</td>
<td>72,000</td>
<td>91</td>
<td>65,520</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>20</td>
<td>72,000</td>
<td>88</td>
<td>63,360</td>
</tr>
<tr>
<td>Measles</td>
<td>4</td>
<td>14,400</td>
<td>100</td>
<td>14,400</td>
</tr>
<tr>
<td>AIDS</td>
<td>1</td>
<td>3,600</td>
<td>48</td>
<td>1,728</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>7,200</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>360,000</td>
<td>72</td>
<td>260,028</td>
</tr>
</tbody>
</table>
## Preventive and curative intervention targeted to the major under five killers

<table>
<thead>
<tr>
<th>Target condition</th>
<th>Preventive intervention</th>
<th>Curative intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>•</td>
<td>• Antibiotic treatment</td>
</tr>
</tbody>
</table>
| Newborn problems                  | •                       | • Resuscitation of newborn  
|                                   |                         | • Management of hypothermia  
|                                   |                         | • Antibiotics for sepsis |
| Diarrhea                          | •                       | • ORT/ORS  
|                                   |                         | • Antibiotics for dysentery  
|                                   |                         | • Zinc treatment |
| Malaria                           | •                       | • Anti-malarial drugs  
| Severe acute malnutrition         | •                       | • Therapeutic feeding treatment with RUTF  
|                                   |                         | • Systematic antibiotic treatment and deworming  
|                                   |                         | • Measles vaccination |
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 (1)

• 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

<table>
<thead>
<tr>
<th>Component</th>
<th>Advocacy &amp; Planning</th>
<th>Pilot &amp; Early Implementation</th>
<th>Expansion/Scale-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and Policy Setting</td>
<td>Mapping of iCCM partners conducted</td>
<td>MON leadership established to manage unified iCCM</td>
<td>MON leadership Institutionalized to ensure sustainability</td>
</tr>
<tr>
<td></td>
<td>Technical advisory group (TAG) established including community leaders, iCCM champions &amp; GHW implementation</td>
<td>Needs assessment and situation analysis for package of services conducted</td>
<td>Routine stakeholders meetings held to ensure coordination of iCCM partners</td>
</tr>
<tr>
<td></td>
<td>Stakeholder meetings to define roles and discuss current policies held</td>
<td>Discussions completed regarding ongoing policy change (where necessary)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National policies and guidelines reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costing and Financing</td>
<td>iCCM costing estimates undertaken based on all service delivery requirements</td>
<td>Financing gap analysis completed</td>
<td>Long-term strategy for sustainability and financial viability developed</td>
</tr>
<tr>
<td></td>
<td>Financials for iCCM medicines, supplies, and all program costs sequenced</td>
<td>NON funding increased in iCCM programs</td>
<td>NON involvement in iCCM sustained</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Roles of GHWs, community &amp; referral service providers defined by communities &amp; MON</td>
<td>Role of social workers for CHW made clear to community and referral service providers</td>
<td>Process in place for update and discussion of CHW role/responsibilities</td>
</tr>
<tr>
<td></td>
<td>Criteria for CHW recruitment defined by communities and MON</td>
<td>CHWs trained, with community and facility participation</td>
<td>Ongoing training provided to update CHW on new skills, reinforce initial training</td>
</tr>
<tr>
<td></td>
<td>Plan for comprehensive CHW training and refresher training developed (modules, training of trainers, monitoring and evaluation)</td>
<td>CHW retention strategies, incentives/motivation plan developed</td>
<td>CHW retention strategies reviewed and revised as necessary</td>
</tr>
<tr>
<td></td>
<td>CHW retention strategies, incentives/motivation plan developed and made clear to CHW; community plays a role in providing rewards. MON provides support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appropriate iCCM medicines and supplies consistent with national policies and guidelines</td>
<td>XCM medicines and supplies procured consistent with national policy and plan</td>
<td>Stocks of medicines and supplies at all levels of the system monitored (through routine information system and/or supervision)</td>
</tr>
<tr>
<td></td>
<td>Procurement plan for medicines and supplies developed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inventory control, resupply logistic system, and standard operating procedures for iCCM developed</td>
<td>Logistics systems implemented to maintain quantity and quality of products for iCCM</td>
<td>Inventory control and resupply logistics system for iCCM implemented and adapted based on results of pilot with no substantial stock-out periods</td>
</tr>
</tbody>
</table>

## Service Delivery and Referral
- Plan for the rational use of medicines and (RTIs) where appropriate, by CHWs and patients developed
- CHWs rationalize use of medicines and diagnostic tests, assess, diagnose and treat sick children
- Guidelines for clinical assessment, diagnosis, management and referral developed
- Referral and counter-referral system implemented
- Communication and mobilization plan implemented
- Community and mobilization content developed for CHWs and other messages (training materials, job aids, etc.)
- Materials and messages to enable CHWs are available
- Communication and mobilization plan and implementation reviewed and refined based on monitoring and evaluation
- CHWs Dialogues with parents and community members about CHW and other messages
- Supervision and Performance Quality Assurance
- Appropriate supervision checklists and other tools, including those for use of diagnostics, developed
- Supervision visit every 1-3 months, includes report review, data monitoring
- Supervision plan, including number of visits, supportive supervision roles, self-supervision, etc. established
- Supervision visits community, makes home visits, provides skills training to CHWs
- Supervisors trained in supervision and has access to appropriate supervision tools
- CHWs supervision included as part of the CHW supervisors performance review
- Yearly evaluations include personal performance and evaluation of coverage or monitoring data

## M&E and Health Information Systems
- Monitoring framework for all components of iCCM developed and sources of information identified
- Standardized registry and reporting documents developed
- Indicators and standards for HAMS and iCCM
- Research agenda for iCCM documented and circulated
- CHWs’ supervisors and M&E staff trained on the new framework, its components, and use of data
- M&E through HAMS performed to sustain program impact
- Operations research and external evaluations of iCCM performed to sustain scale-up 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

1. Clarifies current status
2. States desired goal/coverage
3. Defines how to get there
A good plan should…

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