

NATIONAL iCCM IMPLEMENTATION PLAN FOR GHANA: -Key components, Strategies and Challenges



Presented by Dr Winfred Komla Ofosu
16 February 2016
Southern Sun Mayfair Hotel, Nairobi,
Kenya

PRESENTATION OUTLINE

- Introduction
- iCCM profile of Ghana
- iCCM Plan for Ghana
- Key Components
- Strategies
- Challenges

INTRODUCTION

- Integrated Community Case Management (iCCM) or Home-Based Care (HBC) is a strategy to get sick children managed and/or referred as quickly as possible to prevent deaths.
- In this strategy, community-based agents (CBAs) are given basic skills to provide care for sick children aged 6-59 months in their communities.
 - Assess them for **management, counsel** and or **referral**

HISTORY OF iCCM IN GHANA

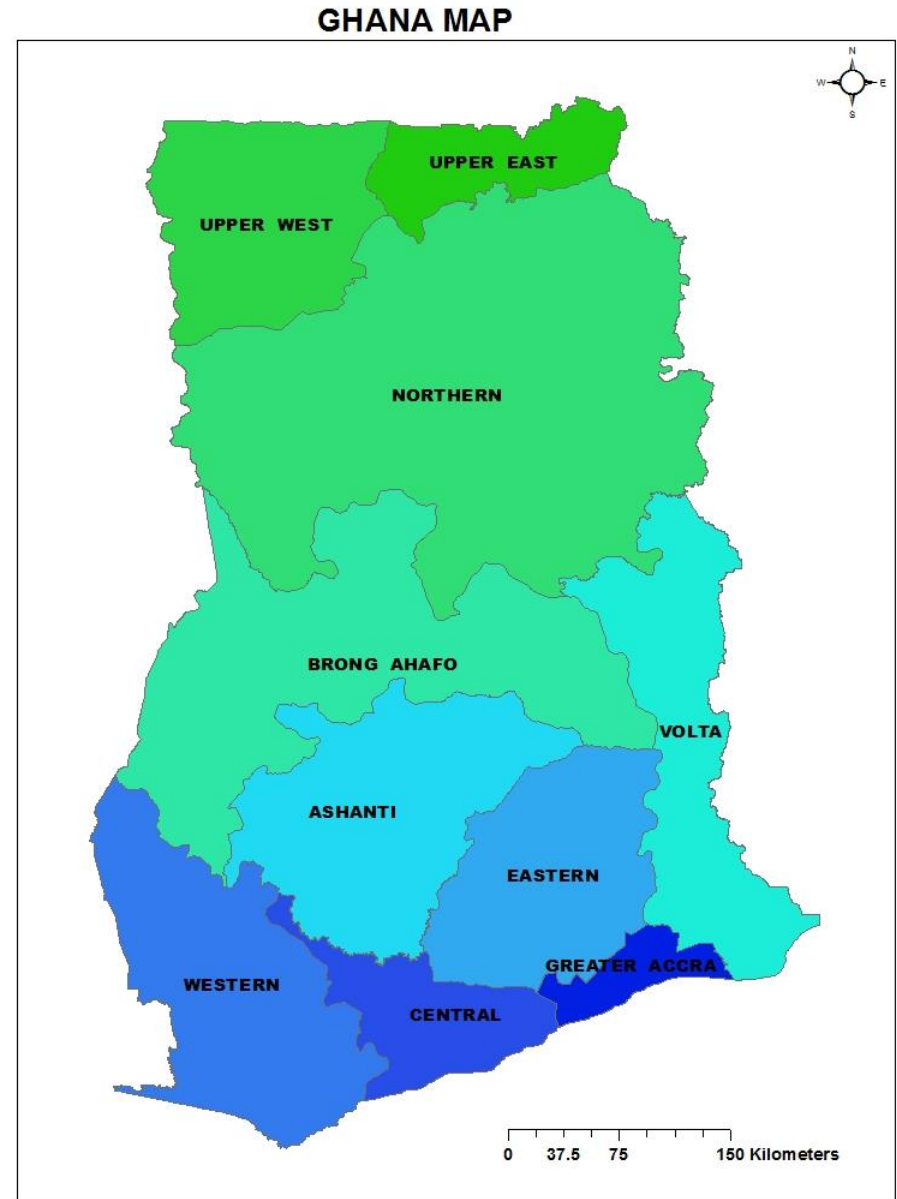
- It started with HMM as a pilot in Ghana in 1999 using Chloroquine as part of WHO-TDR funded multi-country study.
- In 2005, Ghana adopted the revised anti-malaria policy and Artesunate-Amodiaquine became the first line drug.
- A feasibility study using AS-Aq in HMM was carried out as a pilot in the three northern regions and Ejisu-Juaben Municipal.
 - Favorable results from this pilot informed nationwide scale-up.
- In 2008 when Ghana won a Global Fund grant to implement HBC; ARI and diarrhea were added to malaria

iCCM Profile of Ghana

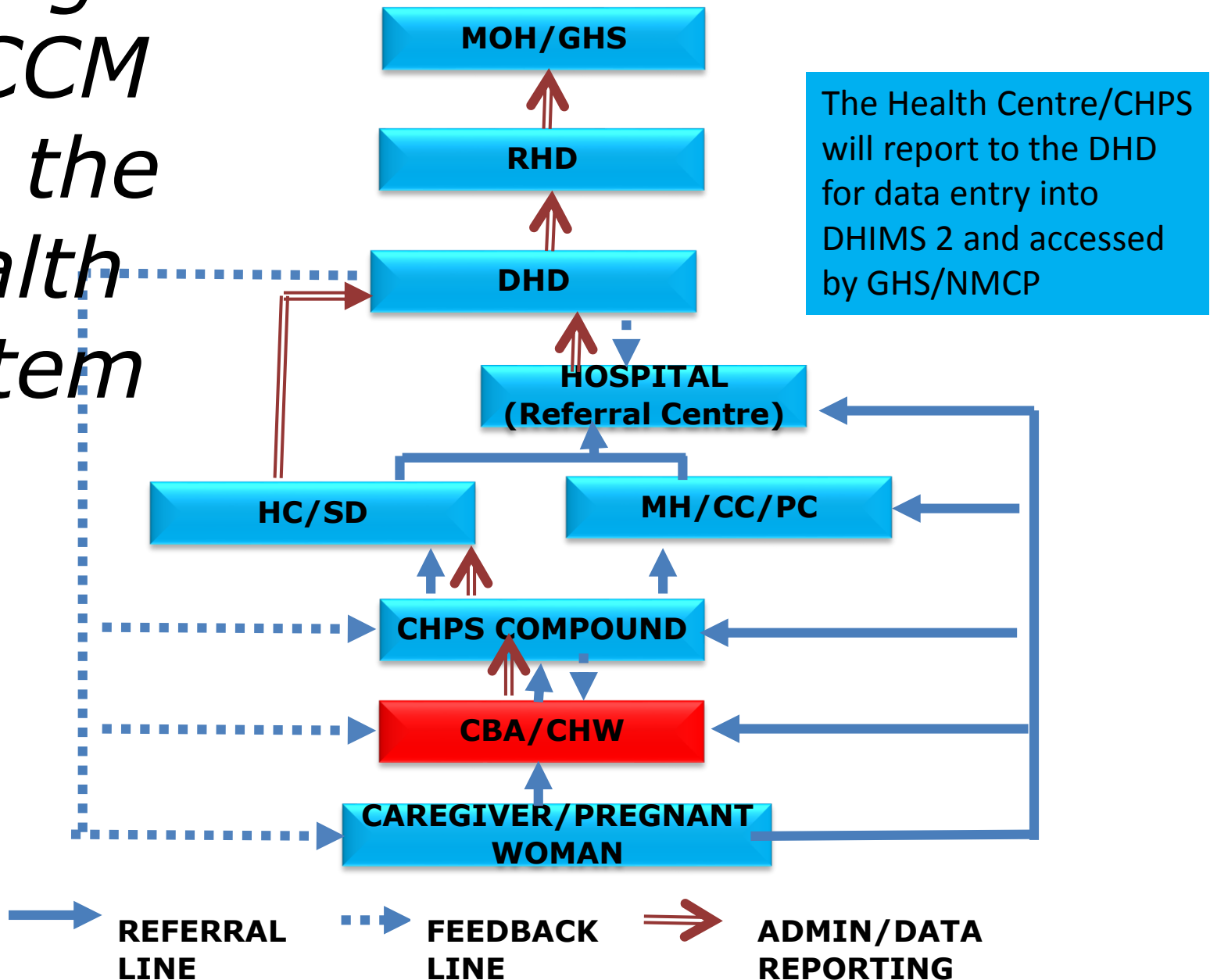
- Implementation in all 10 regions but in 176 (81%) of 216 districts
- Limited to underserved communities

Interventions of iCCM

- Management of Malaria, ARI and Diarrhoea
- Child and Maternal Nutrition education
- Supervised delivery counseling
- Health Promotion
- Referral



Linkage of iCCM with the Health System



KEY COMPONENTS OF iCCM PLAN

- Planning/Coordination
 - Need, Strategy, key stakeholders
- Advocacy
 - Building support, Influencing support, legislation change
- Capacity building
 - Health Personnel, HEWs, CBAs
- Procurement, Supplies and Management
 - National, Regional, District, Sub district, CBA levels

Key Components

- Monitoring and Evaluation
 - Implementation to guidelines,
 - tracking of progress
 - process, output
- Partnership and Private sector involvement
- Technical Coordination
 - iCCM Working Group
- Costing and finance
 - Free,(public health budget)
- Pharmacovigilance
- Quality Assurance
- Operational Research

Strategies

- Targeting underserved communities
- Extensive Community Involvement
- Advocacy, Communication and Social mobilisation
- Regular supply of mandatory commodities
- Effective forecast and right quantification of supplies
- Regular refresher training at all levels
- Incentives/motivation
- Regular monitoring and support visits

Coordination and policy setting

- All policies on Malaria control in Ghana including iCCM are set at MoH
 - Technical input and support
 - GHS/NMCP/FHD, Health partners and research institutions
- Coordination of iCCM
 - **National level**; championed by the GHS/NMCP and FHD and other partners, Committees and Working Groups
 - **Regional and District** levels are involved in Planning and Implementation.
 - **Community levels** (Selection, Introduction, supervision, motivation)

Costing and financing

- Costing of iCCM is done by NMCP and its supporting partners, using standard approaches
- Financing is mainly by GFTAM, and Partners and Government of Ghana
- All services provided under iCCM are at no cost to the client

Human Resources/Training

- HR needs for iCCM varies at all levels
- **National**
 - Health professionals, Consultants, Partners, Private sector, NGOs, Researchers, Collaborators
- **Regional**
 - Health professionals, NGOs, Private sector, Local government
- **District/ Sub district**
 - Health professionals, Private sector, Community leaders, Volunteers,
- **Community**
 - Volunteers, CBOs, Community leaders
- Training is at all levels



Supply Chain Management

- RMS to District to Sub district to CHPS to CBA
- Procurement of essential commodities, supply and distribution
- At the sub district level, CHOs hold stocks and replenish CBAs commodities using both push and pull systems



Commodity Distribution

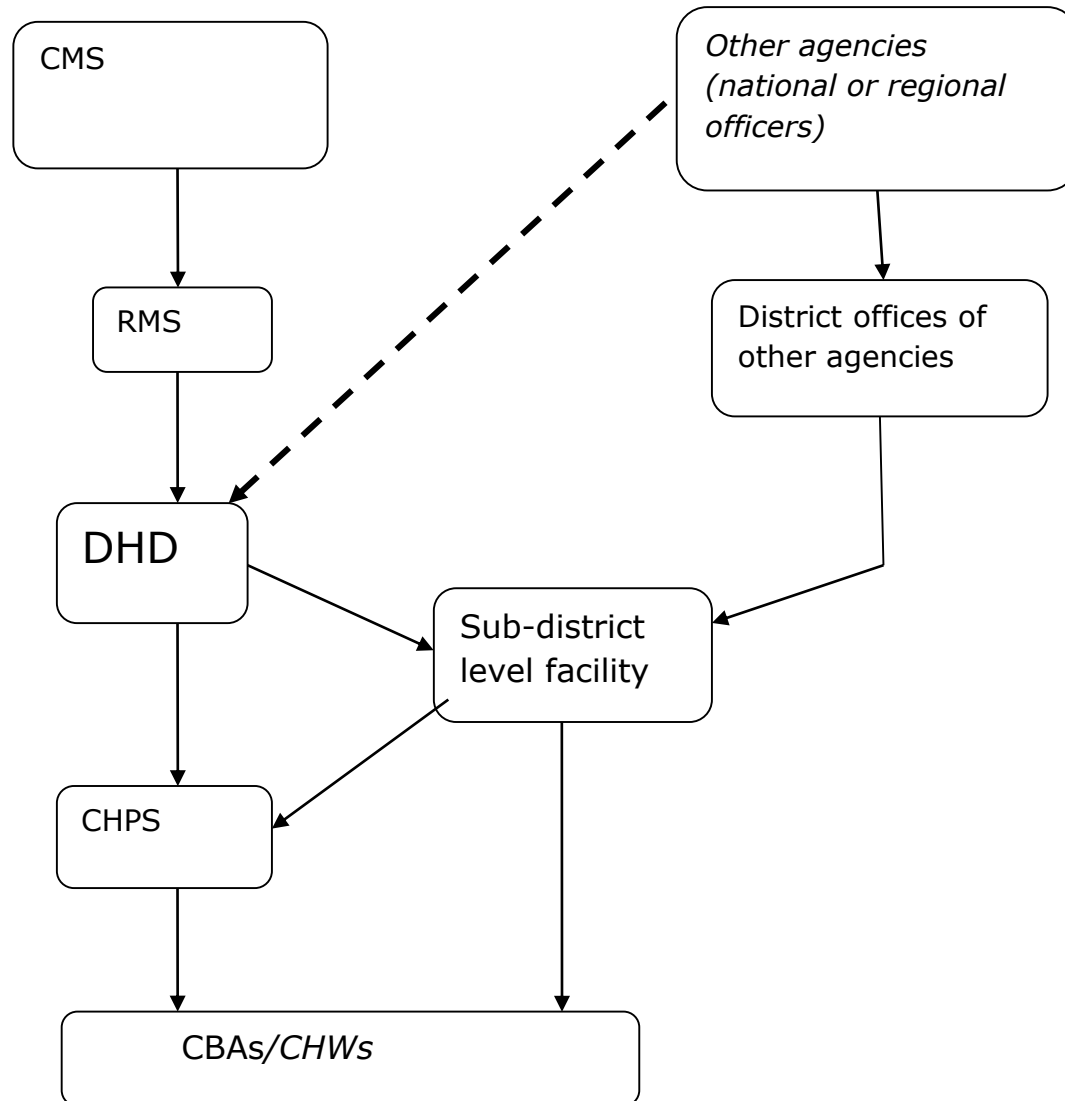
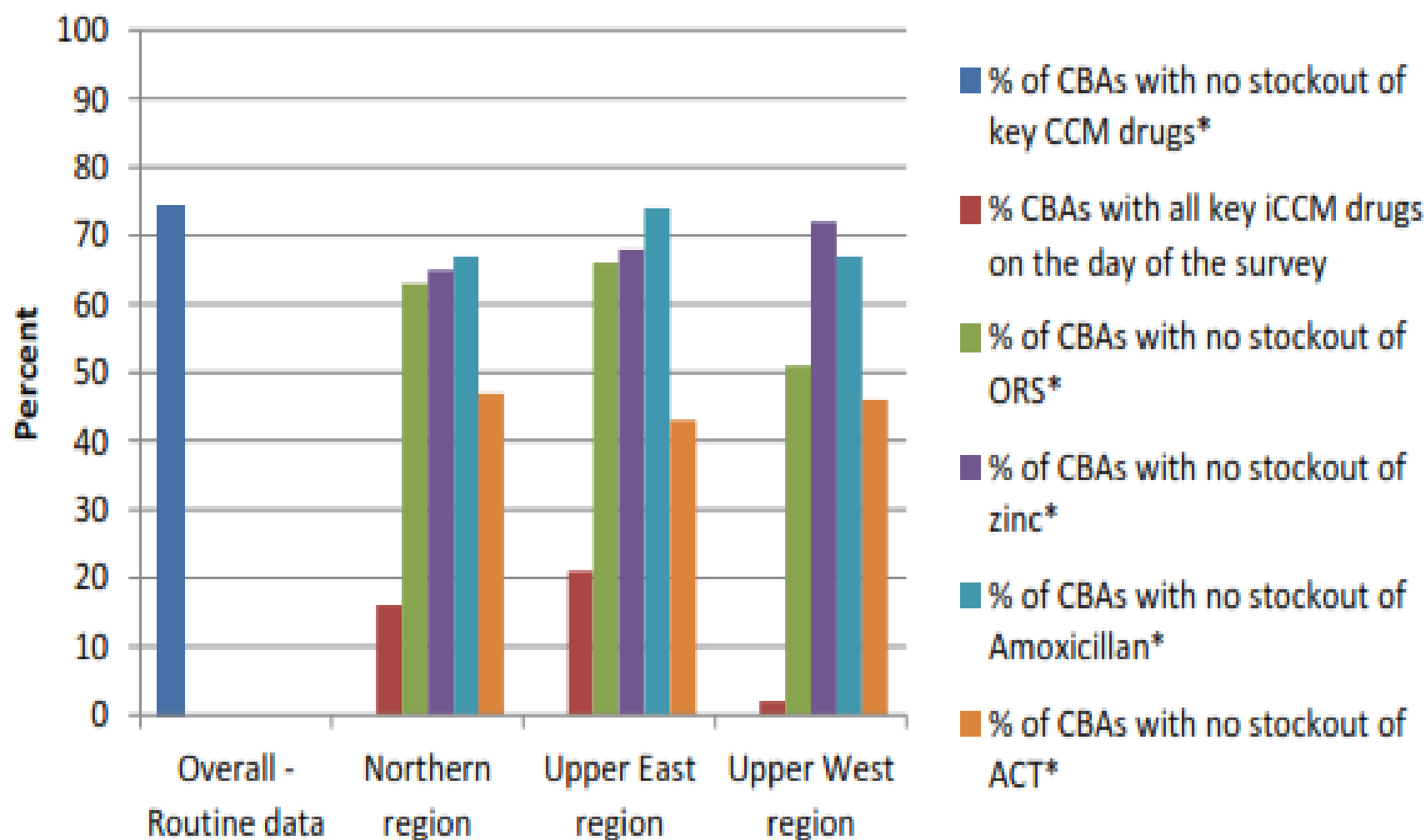
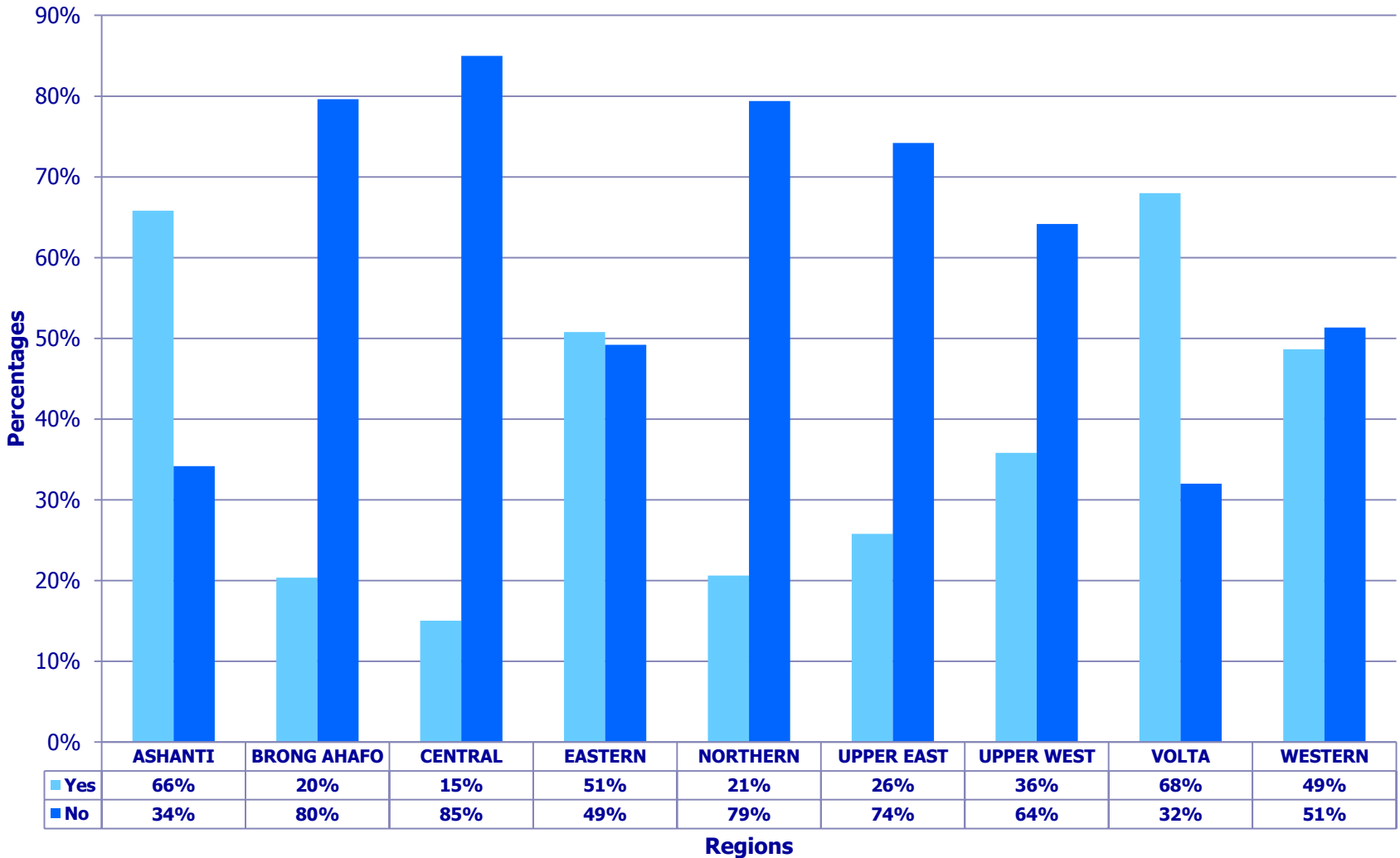


Figure 33: Availability of iCCM medicines for CBAs, 2012 LQAS



* lasting longer than 1 week in the last 3 months

Percentage of AA Availability For 1-5yrs To Be used by CBAs For the iCCM in Ghana, February 2015



Service delivery and referral

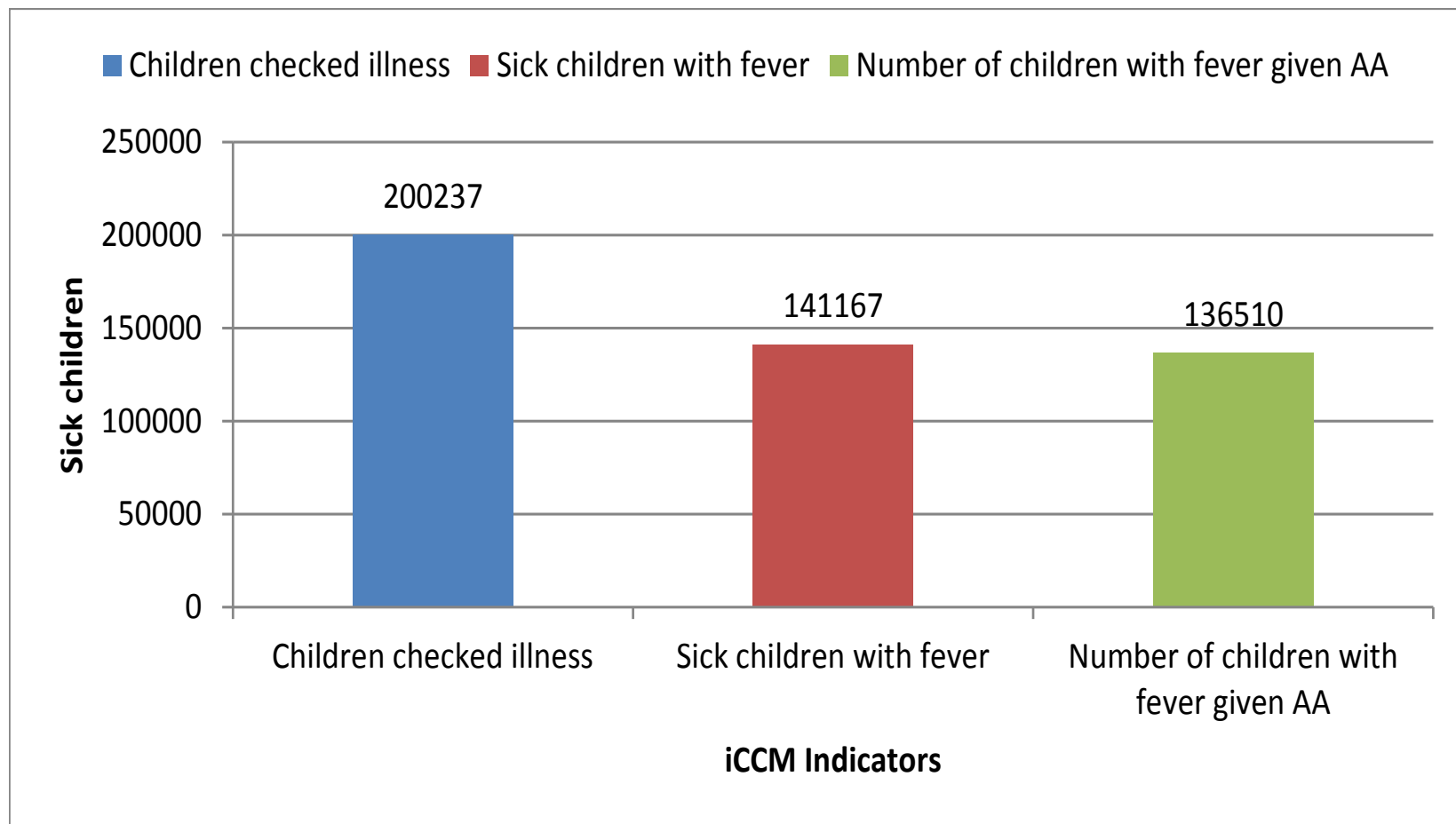
CBA: mobile and static services

- Assessment of sick child under 5, neonates, pregnant women
- Caring for the Sick Child
- Referral of the sick children and pregnant women
- Health Education /Counseling of clients
- Home visits
- Follow-up (24 hours)
- Drugs and Supplies Management
- Reporting on community-based activities

CHO/CHN/FT(Supervisors):

- Continued supervision of CBAs to ensure compliance with guidelines and training
- Restocking of supplies (especially drugs)

iCCM Indicators for Ghana January-November 2015



Source DHIMS2 data 2015

Figure 23: Care-seeking by provider

MICS 2006 DHS 2008 MICS 2011

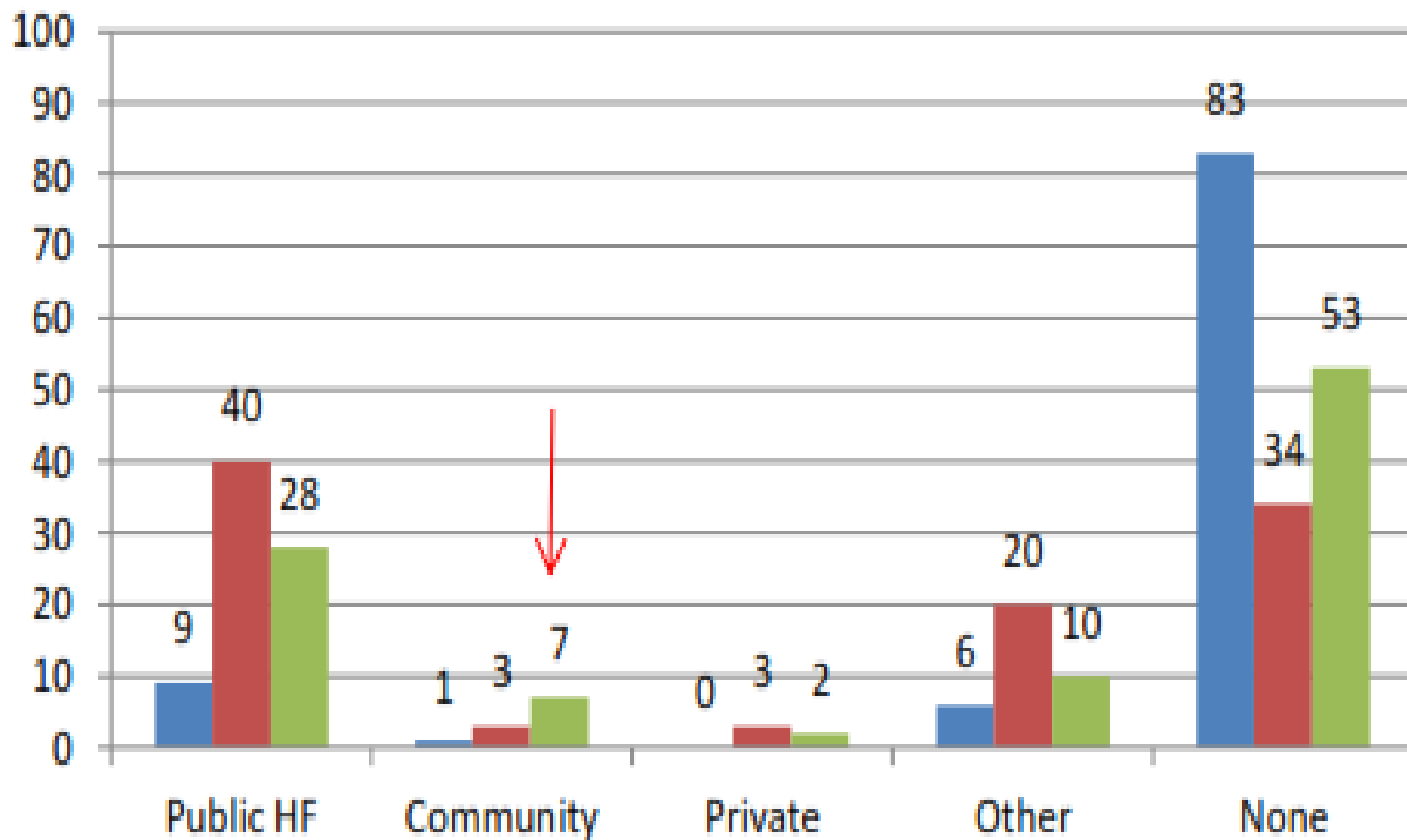
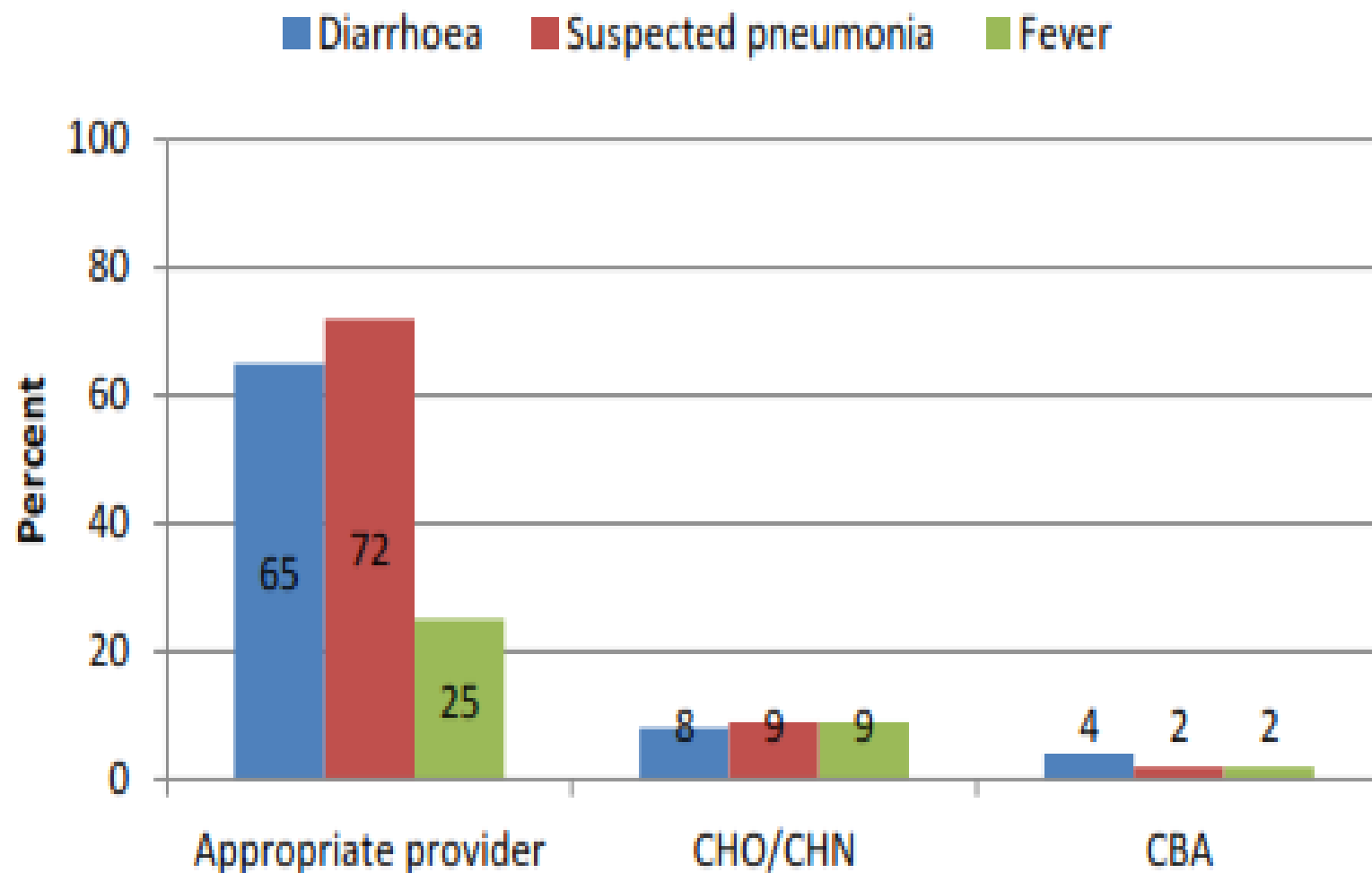
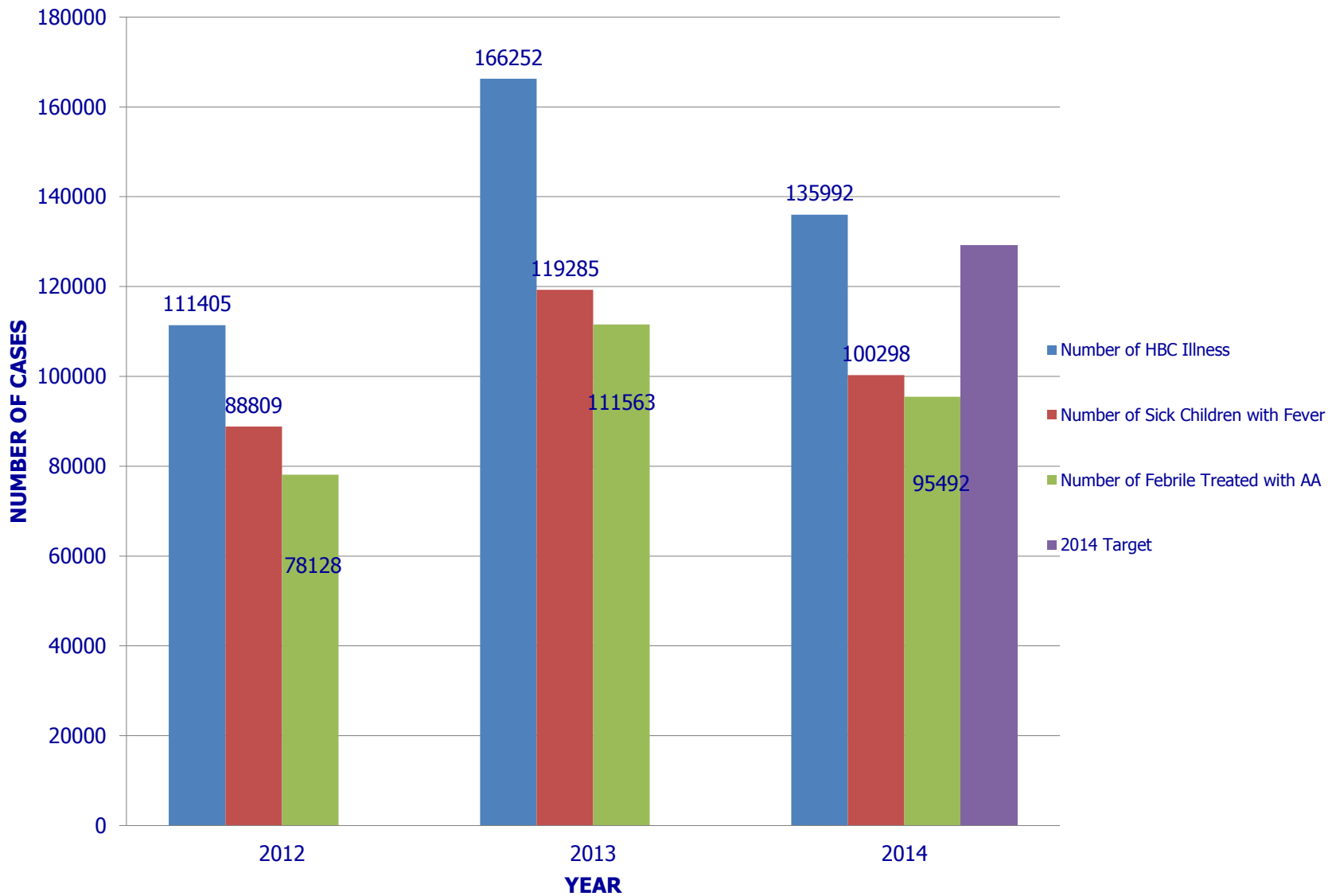


Figure 24: Care-seeking by provider 3 Northern regions, 2012
LQAS



TRENDS IN INTEGRATED COMMUNITY CASE MANAGEMENT IN GHANA (2012-2014)



Communication and social mobilisation

- Pre-implementation & Implementation stages
 - Standard communication materials developed for all levels to ensure uniformity
 - Materials for health sector, households, community distributed at each level
 - Groups responsible for BCC include; health workers, Media, NGOs, LCS, FBOs, CBOs, and CBAs
 - Locally-sensitive BCC strategies are used

Supervision & performance quality assurance

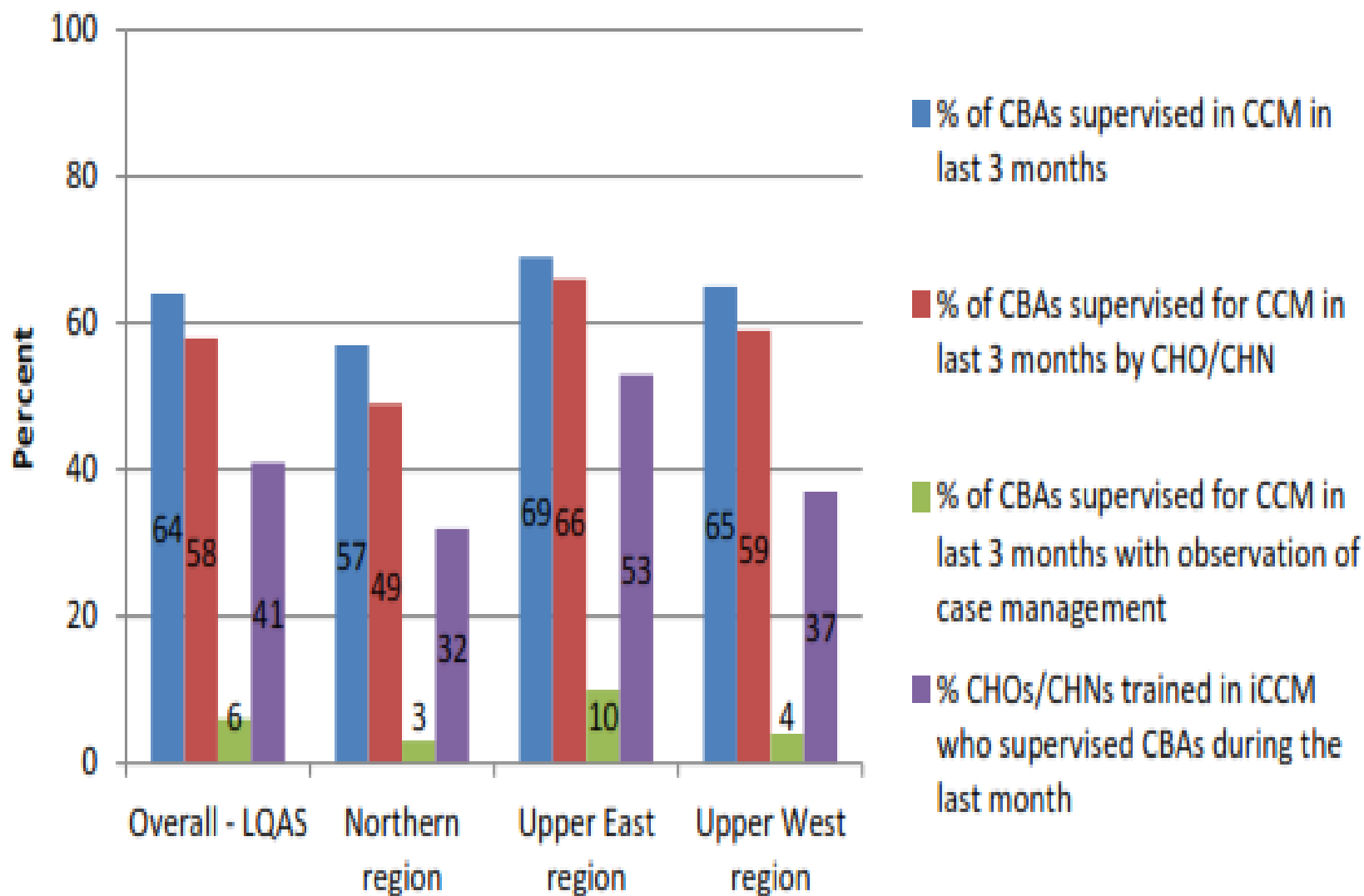
- Monitoring & Supervision is by 4 levels
 - (National, Region, District and sub district)
- Systems are in place for effective supervision of HBC/iCCM in the district using:
 - HBC guidelines
 - Use of Checklist
 - Collaboration with other sectors in the districts and community



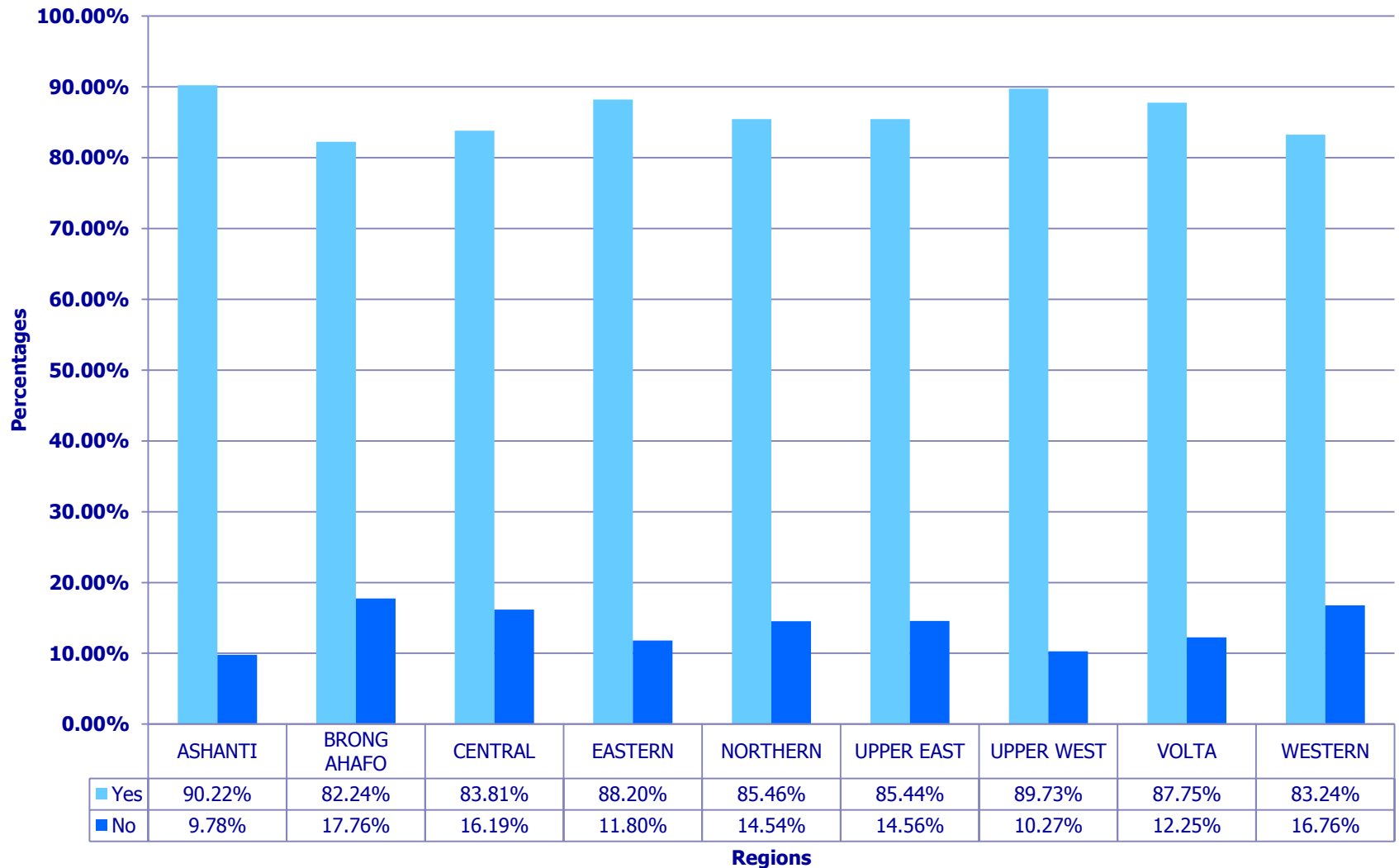
Supervision & performance quality assurance

- A client satisfaction tool is administered
- Tool kits with lock are provided to safely keep drugs and other commodities, expiry dates checked, appropriate administration
- Basic IPC is part of training and practiced by CBAs
 - Adequate awareness of CBA
 - Availability of CBA
 - Confidentiality from CBA etc

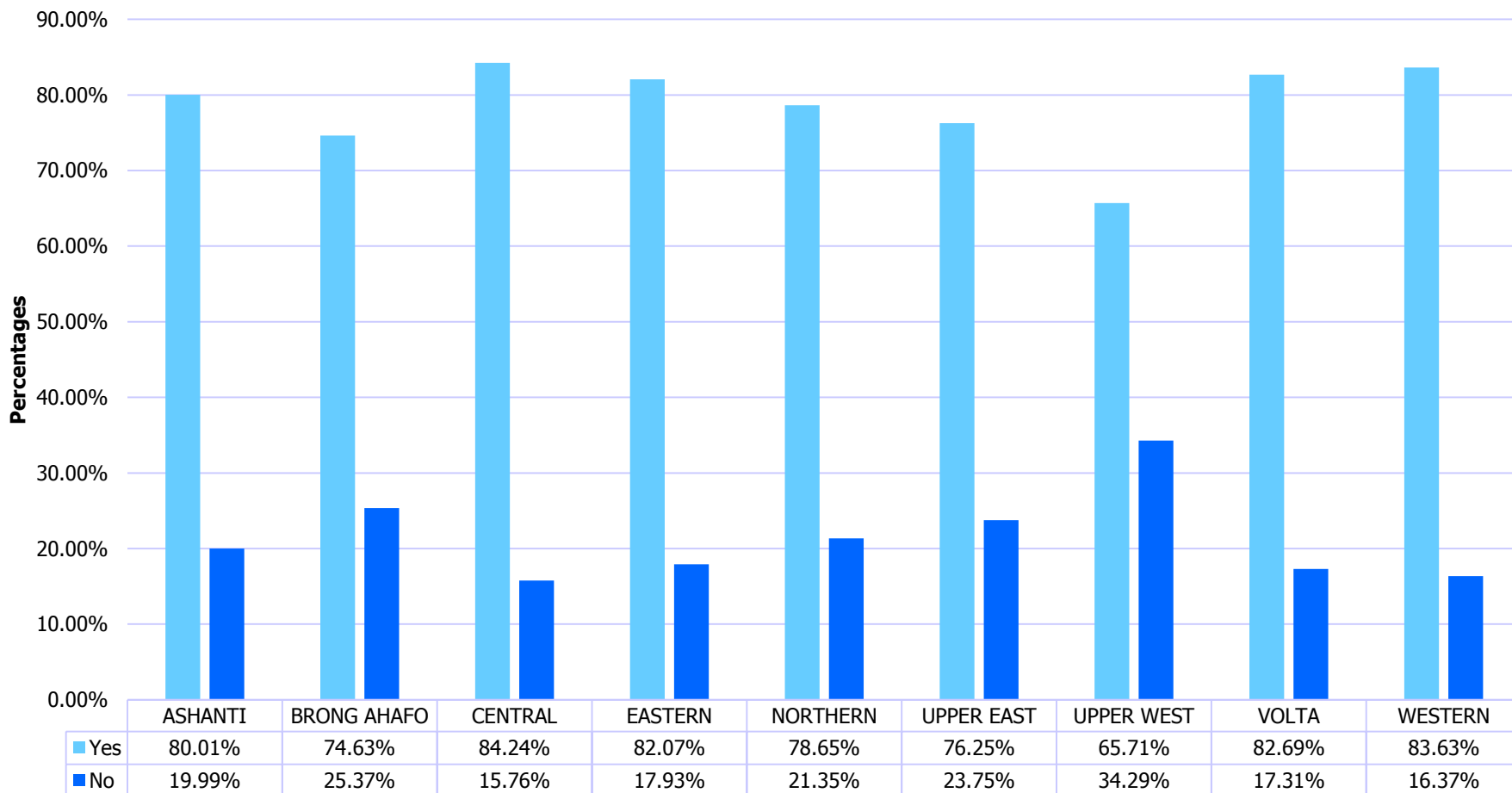
Figure 32: Supervision of CBAs by CHOs/CHNs



Percentage of CBAs who are able to Ask about Diarrhoea by Regions during the iCCM Assessment in Ghana, February 2015

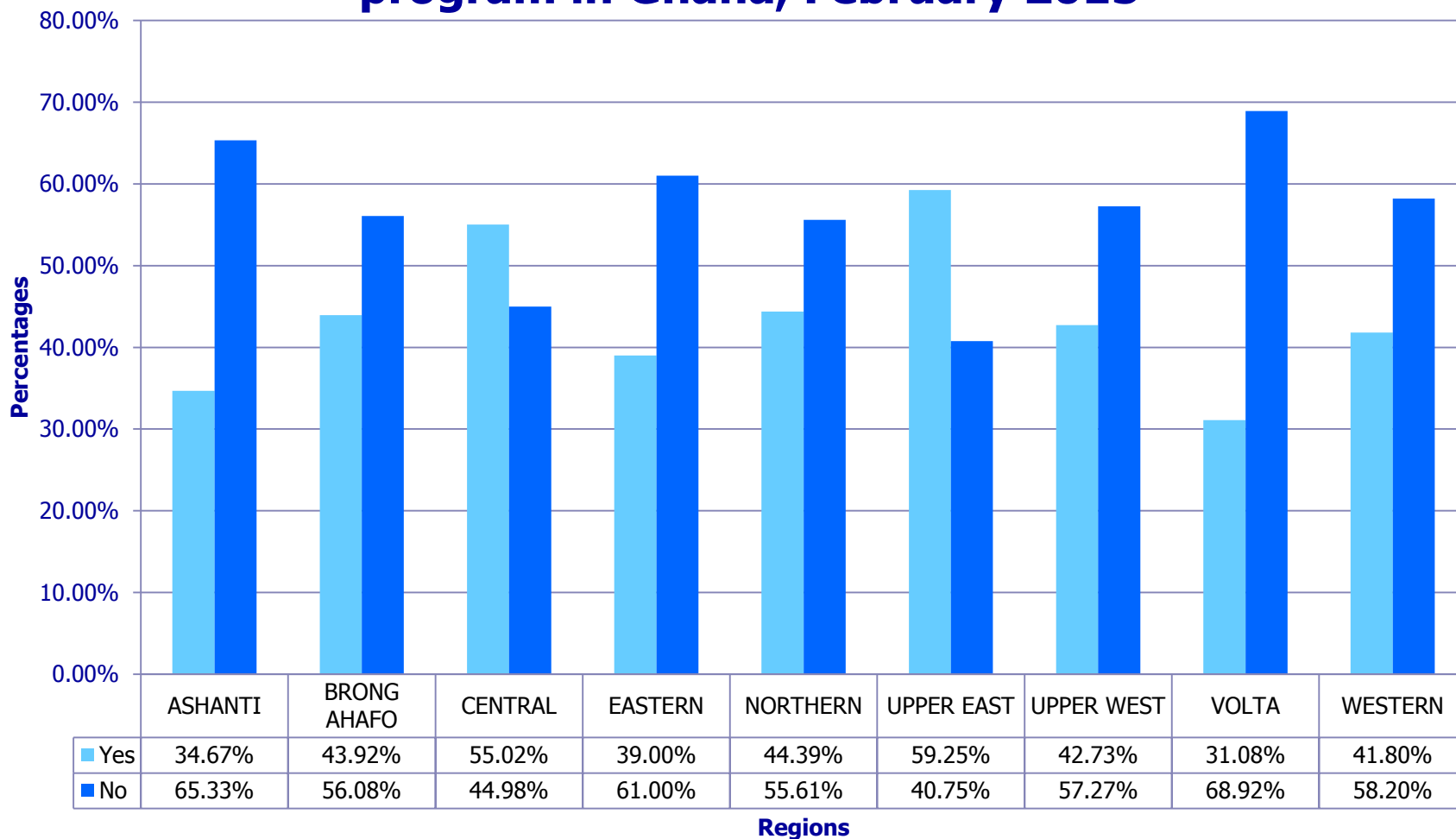


Percentage of CBAs who were able to remind Caregivers to return for a follow up by Regions in Ghana. February 2015



Regions

Percentage of CBAs who are able to Count Respiratory Rates Correctly by Regions in the iCCM program in Ghana, February 2015



M&E & Health Mgt. Information systems(Incl.operations research)

- Helping to compile reports at the end of the month in the register
- Picking up the information into the CHO summary booklet
- Compiling and submitting to district level
- Quarterly monitoring and support from region and district
- Administration of CBA and CHOs performance assessment tool
- Operations research is aimed at improving and supporting iCCM



Challenges of iCCM

- Operational issues:
 - Funding gaps
 - PSM delays
 - Dwindling Partner commitments
 - Slow scale-up of iCCM
 - Remuneration difficulties

Challenges of iCCM

- Logistical issues:
 - Lack of motorbikes for supervisors
 - No supply of medicines for ARI and diarrhea in 7 regions for iCCM
 - Erratic supply of ACTs
 - Shortage of Community register

Way forward

- Strengthening
 - Partnership for resource mobilisation
 - PSM systems
- Complete the motivation package design process
- Address logistical issues
 - Community registers
 - Motorbikes
 - Coupons for fueling supervision
- Follow up on Gap Analysis & iCCM Working Group recommendations

THE END

THANK YOU