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

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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 piloted 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

The Health Centre/CHPS will report to the DHD for data entry into DHIMS 2 and accessed by GHS/NMCP

- MOH/GHS
- RHD
- DHD
- HOSPITAL (Referral Centre)
  - HC/SD
  - MH/CC/PC
- CHPS COMPOUND
- CBA/CHW
- CAREGIVER/PREGNANT WOMAN

REFERRAL LINE
FEEDBACK LINE
ADMIN/DATA REPORTING
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, CHO's hold stocks and replenish CBAs commodities using both push and pull systems
Commodity Distribution

CMS

RMS

DHD

Sub-district level facility

CHPS

CBAs/CHWs

Other agencies (national or regional officers)

District offices of other agencies
Figure 33: Availability of iCCM medicines for CBAs, 2012 LQAS

- % of CBAs with no stockout of key CCM drugs*
- % of CBAs with all key iCCM drugs on the day of the survey
- % of CBAs with no stockout of ORS*
- % of CBAs with no stockout of zinc*
- % of CBAs with no stockout of Amoxicillin*
- % of CBAs with no stockout of ACT*

Source: IHSS report 2013

* 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

<table>
<thead>
<tr>
<th>Regions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashanti</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Brong Ahafo</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Central</td>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>Eastern</td>
<td>51%</td>
<td>49%</td>
</tr>
<tr>
<td>Northern</td>
<td>21%</td>
<td>79%</td>
</tr>
<tr>
<td>Upper East</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Upper West</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Volta</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Western</td>
<td>49%</td>
<td>51%</td>
</tr>
</tbody>
</table>
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

- 202,037 children checked for illness
- 141,167 sick children with fever
- 136,510 children with fever given AA

Source: DHIMS2 data 2015
Figure 24: Care-seeking by provider 3 Northern regions, 2012 LQAS

- Diarrhoea
- Suspected pneumonia
- Fever

<table>
<thead>
<tr>
<th>Category</th>
<th>Diarrhoea</th>
<th>Suspected pneumonia</th>
<th>Fever</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate provider</td>
<td>65</td>
<td>72</td>
<td>25</td>
</tr>
<tr>
<td>CHO/CHN</td>
<td>8</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>CBA</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
TRENDS IN INTEGRATED COMMUNITY CASE MANAGEMENT IN GHANA (2012-2014)

YEAR | Number of HBC Illness | Number of Sick Children with Fever | Number of Febrile Treated with AA | 2014 Target
--- | --- | --- | --- | ---
2012 | 111405 | 114809 | 78128 | 111405
2013 | 166252 | 119285 | 111563 | 119285
2014 | 100298 | 135992 | 95492 | 135992
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 CHO/CHNs

- % of CBAs supervised in CCM in last 3 months
- % of CBAs supervised for CCM in last 3 months by CHO/CHN
- % of CBAs supervised for CCM in last 3 months with observation of case management
- % CHO/CHNs trained in iCCM who supervised CBAs during the last month

Source: IHSS report 2013
## Percentage of CBAs who are able to Ask about Diarrhoea by Regions during the iCCM Assessment in Ghana, February 2015

<table>
<thead>
<tr>
<th>Regions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHANTI</td>
<td>90.22%</td>
<td>9.78%</td>
</tr>
<tr>
<td>BRONG AHAFO</td>
<td>82.24%</td>
<td>17.76%</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>83.81%</td>
<td>16.19%</td>
</tr>
<tr>
<td>EASTERN</td>
<td>88.20%</td>
<td>11.80%</td>
</tr>
<tr>
<td>NORTHERN</td>
<td>85.46%</td>
<td>14.54%</td>
</tr>
<tr>
<td>UPPER EAST</td>
<td>85.44%</td>
<td>14.56%</td>
</tr>
<tr>
<td>UPPER WEST</td>
<td>89.73%</td>
<td>10.27%</td>
</tr>
<tr>
<td>VOLTA</td>
<td>87.75%</td>
<td>12.25%</td>
</tr>
<tr>
<td>WESTERN</td>
<td>83.24%</td>
<td>16.76%</td>
</tr>
</tbody>
</table>

*Note: The chart shows the percentage of Community-Based Agents (CBAs) who are able to ask about diarrhoea during the Integrated Community Case Management (iCCM) Assessment in February 2015.*
Percentage of CBAs who were able to remind Caregivers to return for a follow up by Regions in Ghana. February 2015

<table>
<thead>
<tr>
<th>Regions</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHANTI</td>
<td>80.01%</td>
<td>19.99%</td>
</tr>
<tr>
<td>BRONG AHAFO</td>
<td>74.63%</td>
<td>25.37%</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>84.24%</td>
<td>15.76%</td>
</tr>
<tr>
<td>EASTERN</td>
<td>82.07%</td>
<td>17.93%</td>
</tr>
<tr>
<td>NORTHERN</td>
<td>78.65%</td>
<td>21.35%</td>
</tr>
<tr>
<td>UPPER EAST</td>
<td>76.25%</td>
<td>23.75%</td>
</tr>
<tr>
<td>UPPER WEST</td>
<td>65.71%</td>
<td>34.29%</td>
</tr>
<tr>
<td>VOLTA</td>
<td>82.69%</td>
<td>17.31%</td>
</tr>
<tr>
<td>WESTERN</td>
<td>83.63%</td>
<td>16.37%</td>
</tr>
</tbody>
</table>
Percentage of CBAs who are able to Count Respiratory Rates Correctly by Regions in the iCCM program in Ghana, February 2015

<table>
<thead>
<tr>
<th>Regions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHANTI</td>
<td>34.67%</td>
<td>65.33%</td>
</tr>
<tr>
<td>BRONG AHAFO</td>
<td>43.92%</td>
<td>56.08%</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>55.02%</td>
<td>44.98%</td>
</tr>
<tr>
<td>EASTERN</td>
<td>39.00%</td>
<td>61.00%</td>
</tr>
<tr>
<td>NORTHERN</td>
<td>44.39%</td>
<td>55.61%</td>
</tr>
<tr>
<td>UPPER EAST</td>
<td>59.25%</td>
<td>40.75%</td>
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<tr>
<td>UPPER WEST</td>
<td>42.73%</td>
<td>57.27%</td>
</tr>
<tr>
<td>VOLTA</td>
<td>31.08%</td>
<td>68.92%</td>
</tr>
<tr>
<td>WESTERN</td>
<td>41.80%</td>
<td>58.20%</td>
</tr>
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*Percentages*
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