

Integrated Community Case Management ...Hcalthy Children, Happy Children

Overview of Niger State iCCM programme and RAcE project

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Outline

- Introduction
- Project goal, objectives and strategy
- Approach, methodology and achievements
- Sustainability plan
- Lessons learnt
- Challenges
- Recommendations

Introduction



Nigeria country profile



Location: West coast of Africa Capital: Abuja Land area: 923,768 sq km Population: 186 million Major languages: English (official), Yoruba, Igbo, Hausa **Religions:** Christianity, Islam, Indigenous beliefs Life expectancy: 52 years Birth rate: 37.3/1000 (2016 est) **Death rate:** 12.7/1000 (2016 est) **MMR:** 814/100,000 live births U5 mortality: 128/1000 live births **IMR:** 69/1000 live births

Nigerian health system

- Health is on the concurrent list in Nigeria and is the responsibility of all tiers of government
 - Federal government coordinates tertiary health care provided by university teaching hospitals and federal medical centres
 - State government manages secondary healthcare provided by general hospitals
 - Local government is responsible for primary healthcare, though regulated by the federal government through the NPHCDA
- Private healthcare providers have a visible role to play in healthcare delivery

Niger State profile



Niger State: located in Nigeria's North Central Zone

Land area: land mass of 76,263 km²

Total population: 5,586,003 (projected 2017)

Literacy rate: under 50% of adult population cannot read

U5 mortality: 100 per 1,000 live births

- Health seeking behaviour:
 - Fever 38%
 - Diarrhoea 42%
 - ARI 29%

•Children fully immunised for age: 23%

- •GAM: prevalence 6.1%
- •SAM: prevalence: 0.5%
- •MAM: prevalence: 5.6%

iCCM in Niger State (RAcE)



- Total population: 1,377,395
- Population of 2-59
 months: 275,479
- Population of 2-59 months in HTR (55%): 161,513 (projected 2014 population)

Map of Niger State showing the six RAcE intervention local government areas

Project goal, objectives and strategy



RAcE Conceptual Framework

The goal of the RAcE programme is to contrimortality and morbidity among child accelerating progress toward

to the reduction in under-five months of age) thereby and development agenda.

Objective 1⁻ diagnosis malaria, Aligns with the national iCCM Policy which mandates a state-led implementation of iCCM, with defined roles for SMOH, LGAs, PHC teams, community members and implementing partners. cy review case case h high vstems

SO1: Increased access to iCCM services SO₂... performance or CORPs services and communities to increase demand SO4: Strengthen FMoH and SMoH capacity to support and sustain iCCM scale-up

Approach and methodology



Thematic areas



Inception and start-up process

Stakeholder engagement

Baseline survey

Mapping of hard-to-reach communities and health facilities

Development of iCCM Decision Tree, implementation plans, tools and roll out

Selection and validation of CORPs and supervising health facilities

Description of the cadre of workers delivering iCCM services

Name of cadre	CORPs and CHEWs
Size of cadre in project LGAs	CORPs: 1,320CHEWs: 154
Niger state Literacy/education level	• No education: Female 62%, Male 40%
Salaried, incentive worker, or volunteer	CHEWs are salariedCORPs are volunteers
Distance from health facility	• Communities >5km from the nearest health facility
CORP selection criteria	 literate lives in the community nominated by the community willing to serve as a volunteer

Approach and methodology Service delivery



iCCM core interventions

Malaria case management	Pneumonia management	Diarrhoea	Severe illness	Malnutrition
 Diagnosis: malaria RDTs Treatment: with ACTs 	 Diagnosis: respiratory timers Treatment: amoxicillin dispersible tablets 	• Treatment: zinc and low osmolarity ORS	• Refer to health facility	 Screen all cases Refer RED on MUAC to health facility

Capacity building



CORP supervision



- Each CHEW oversees
 7-10 CORPs and has a schedule to see 3-4
 CORPs per month
- Each CORP gets at least one supervision contact with CHEW per quarter
- CHEWs are paid transport and lunch allowance for each visit
- Weak CORPs identified by CHEWs are supervised more closely until skills improve

Quality of care

- CORP clinical competence is monitored biannually and weak CORPs are identified and closely mentored to improve their skills
- CORPs receive at least one supervision every quarter
- Quarterly mentoring and coaching of CORPs are conducted by supervisors at the health facility

Approach and methodology

Monitoring and evaluation



Implementation strength indicators: Treatment

Sn	Indicator	Result (Oct 2014 - July 2017)
1	No. of cases of fever among children 2-59 months tested with an RDT	309,571
2	No. of cases of cough of difficulty with breathing among children 2-59 months old with a high respiratory rate for age treated with amoxicillin	58,849
3	No. of cases of diarrhoea among children 2-59 months old treated with ORS and Zinc	199,429
4	No. of cases of confirmed malaria (positive RDT) among children 2-59 months old treated with ACTs	301,359

Achievement against implementation strength indicators

% of CORPs who correctly count respiratory rate

% of CORPs who demonstrate correct knowledge of management of sick child case scenarios

% of CORPs who completed a clinical assessment during the prior 6 months where a sick child visit or scenario was...

% of trained supervisors that provided routine supervision on data quality and stock management within the last quarter

% of iCCM trained CORPs with no stock outs (of more than 7 days) of key commodities within the last 3 months...



Monitoring and evaluation activities

- Routine collection and collation of service utilisation data occurred monthly
- Coordination platforms established for data review and feedback at the:
 - LGA level between CHEWs and iCCM focal persons
 - State level between iCCM focal persons and State iCCM coordinator/project office
- Sampled register reviews used to identify capacity gaps amongst CORPs and to institute correction
- Periodic mentoring, monitoring and supervision of LGA iCCM focal persons, CHEWs and CORPs by SMoH and RAcE project team
- Data quality assessments with TA from ICF

Project monitoring



Approach and methodology

Demand creation



Demand creation strategy and activities

 Targeted advocacy to key stakeholders: HCH, ED SPHCDA and directors of the SMoH, emirs and district heads and LGA chairmen and religious leaders

• Community mobilisation:

Through community dialogues, community sensitisation and engagement using social mobilisers

• Mass media:

Production of IEC materials for BCC, radio jingles and public announcements to increase demand for and uptake of iCCM services

 Building partnerships: With other related projects and organisations to promote iCCM

Approach and methodology

Health system strengthening and coordination, commodity and logistic supply



Coordination platforms

Members include PMI/USAID, WHO, UNICEF, implementing partners, NPHCDA, Child Health, Nutrition Unit, FMOH

Sub- 1. AC 2. M&E 3. PI	committee leads: RM-UNICEF E - PMI/USAID SRO - WHO	Nationa Co-chaire a	al iCCM Task Force ed by FMoH, NMEP nd NPHCDA	Co SMO inclu LG	o-chaired by SPHCDA OH. Members de Ministry for , Ministry of
	Sub-committed 1. Advocacy, communication and resource mobilisate (ACRM)	ees: Id ion	State iCCM Task F	orce	Chaired by DPHC. Members include IGA
2. M & E 3. Programme implementation and state roll-out (PISRO)		LGA Coordin review meet	ation and ing	iCCM FP, HE, M&EO, OICs	

Commodity and logistic supply

- iCCM commodity logistics was built on the existing system in the state and was state-led. Tools were adapted and printed for use
- State Logistics Officer and iCCM focal persons, CHEWs and officersin-charge of supervising facilities were trained on iCCM Logistics Management Information System
- The RAcE project supported procurement and supply of commodities to the state stores; thereafter distribution plans are developed by the State Logistics Officer with support from project staff
- Periodic monitoring and mentoring of SHF workers on correct iCCM LMIS reporting
- Commodity pipelines were regularly monitored to maintain an unbroken supply chain and inform distribution
- Procurement and distribution of 1,500 medicine boxes for kitting of trained CORPs

Sustainability plan



Niger State Sustainability Roadmap and Transition Plan was developed using a consultative and participatory approach. A TWG was constituted for this purpose

Major thrusts of the roadmap/plan	Transition strategy 1	Transition strategy 2
 Improve quality of iCCM services Increase in access to iCCM services Strengthening linkages between iCCM services and communities Strengthening national systems to support, sustain and scale-up iCCM 	 Capacity building for SMoH and other key stakeholders on program management, planning and budgeting Support MoH in annual operational plan development and budgeting Joint planning and implementation of activities 	 Advocacy for resource mobilisation for iCCM drug supply, service delivery and support activities Hands on mentoring and coaching RAcE will wean off all activities to the state and assume supervisory roles Proposal of state

iCCM structure for the project take over

Challenges and lessons learnt

Challenges and solutions

- The need to ensure good quality continuum of care was identified during implementation; the project trained all supervising CHEWs on IMCI skills
- Involvement of health workers (CORPs supervisors) in multiple activities e.g. immunisation, LLIN campaigns, etc. addressed through better planning and coordination with other programmes
- Poor attitude of health workers towards supervision.
 Close monitoring and supervision of supervisors
- Few female eligible volunteers as CORPs and relocation of some of the few trained due to marriages
- Poor communication network in project communities

Lessons learnt

- CORPs have the capacity to treat malaria, pneumonia and diarrhoea when given adequate supervision
- Provision of iCCM services requires an effective logistic supply system
- ICCM is accepted and well embraced by all project communities
- Sharing best practices across LGAs/communities supports the delivery of quality services and resource mobilisation
- Data management set up at the onset of a project lead to effective data management
- ICCM was accepted and embraced by all project communities

Recommendations

- Meaningful, transparent and empowering engagement should commence for effective community resource mobilisation and sustainability of iCCM
- The success of any intervention does not lie in the resources available but in the resourcefulness of partners and government personnel
- Community sustainability of iCCM lies in the ability of community members to own the programme from the very beginning by carrying out meaningful engagement, sharing community/LGA performance score card, commending positive efforts and allowing the community to take the driver's seat while providing support
- The government of Nigeria and Niger State should use the best practices and lessons learnt from this project to scale up

THANK YOU



FROM NIGER STATE & PARTNERS, NIGERIA

