Zambia iCCM Experience

Regional Workshop on Implementation of iCCM
16 – 19 February, 2016
Nairobi
Session 1
Presentation outline

• Overview of iCCM implementation in Zambia
• Global Fund support
• Challenges and Solutions
• Lessons learnt and Recommendations
• Ongoing innovations
Overview of iCCM in Zambia

• Zambia adopted the integrated Community Case Management of childhood illness (iCCM) in May, 2010.
• iCCM encompasses malaria, pneumonia, diarrhoea and malnutrition
• iCCM is implemented in nearly all districts
• iCCM is carried out by community health workers (CHWs) and community health assistants (CHAs). CHAs are on government payroll; CHWs are volunteers
Overview of iCCM in Zambia

- iCCM is enshrined in the child health policy and NCHW strategy. The Child Health Unit (MOH) coordinates both government and partner support.
- iCCM supervision is at national and subnational levels.
- iCCM data forms part of HMIS, but disaggregated.
A total 4,002 CHWs & 833 HC supervisors have been trained in 58 districts
Global Fund Support

• Zambia signed the grant agreement with the Global Fund on 9 January 2015
• MoH and Churches Health Association of Zambia (CHAZ) are the principal recipients
• Global Fund support toward iCCM covers training, supervision and malaria commodities
Global Fund Support

• Global Fund coverage; MoH – 4 provinces. CHAZ – 3 provinces

• In 2015 Global Fund supported MoH train 340 CHWs and 160 health workers. Between 2016 and 2017 MoH plan to train 3,600 CHWs and 480 health workers
# Global Fund Support

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Total national iCCM need 2015 - 2017</td>
<td>49,983,884</td>
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<td>GF Allocation funding</td>
<td>7,510,100</td>
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<td>GF Incentive funding</td>
<td>12,100,000</td>
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<td>Total GF support toward iCCM (2015 – 2017)</td>
<td>19,610,100</td>
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<td>Funding gap</td>
<td>30,373,784</td>
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Progress To Date

• A total 4,002 CHWs and 833 health workers (supervisors) have been trained in 58 districts (out of 106 districts)
• IMCI TWG is in place to coordinate iCCM activities
• Policies in place to support iCCM (child health policy, CHW strategy, iCCM implementation plan)
Challenges

• Very slow pace of CHAs training and deployment
• Poor supportive supervision of CHWs
• Lack of standardized incentives package for CHWs
• Poor record keeping by CHWs and health facilities
• Unreliable commodity supply to CHWs (non-malaria)
Solutions

• Fast track the training and deployment of CHAs
• Strengthen data collection and monthly reporting of iCCM.
• Incorporate iCCM indicators in HMIS disaggregated from HF data
• Standardize non-monetary incentives among partners for CHWs
• Strengthen supervision of CHWs by HF staff
• Strengthen drug supply to CHWs e.g. create drug kit for CHWs
Lessons Learnt and Recommendations for Other Countries

• There is need for a stronger and active coordination (Regular communication-meetings and updates)

• Clear iCCM policy is essential to promote ownership at all levels, especially the local HC.

• Regular supervision and reliable supplies motivate CHWs
Innovations: iCCM Study

Study objective
To determine the effect of improving supply of iCCM commodities and enhancing supportive supervision through DHIS2.0 and mHealth on access to appropriate treatment for iCCM diseases

Study Period
Study implementation commenced in March 2015 and is expected to end in June 2016
Innovations: iCCM Study

Study Design
Cluster randomized controlled trial that will compare the appropriate treatment of malaria, diarrhea, and pneumonia in children under the age of 5 between CHWs implementing iCCM following two different models; one following current MoH practices (control) and the second with enhanced inventory management and supervision using mHealth (intervention)
Thank You