

# **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

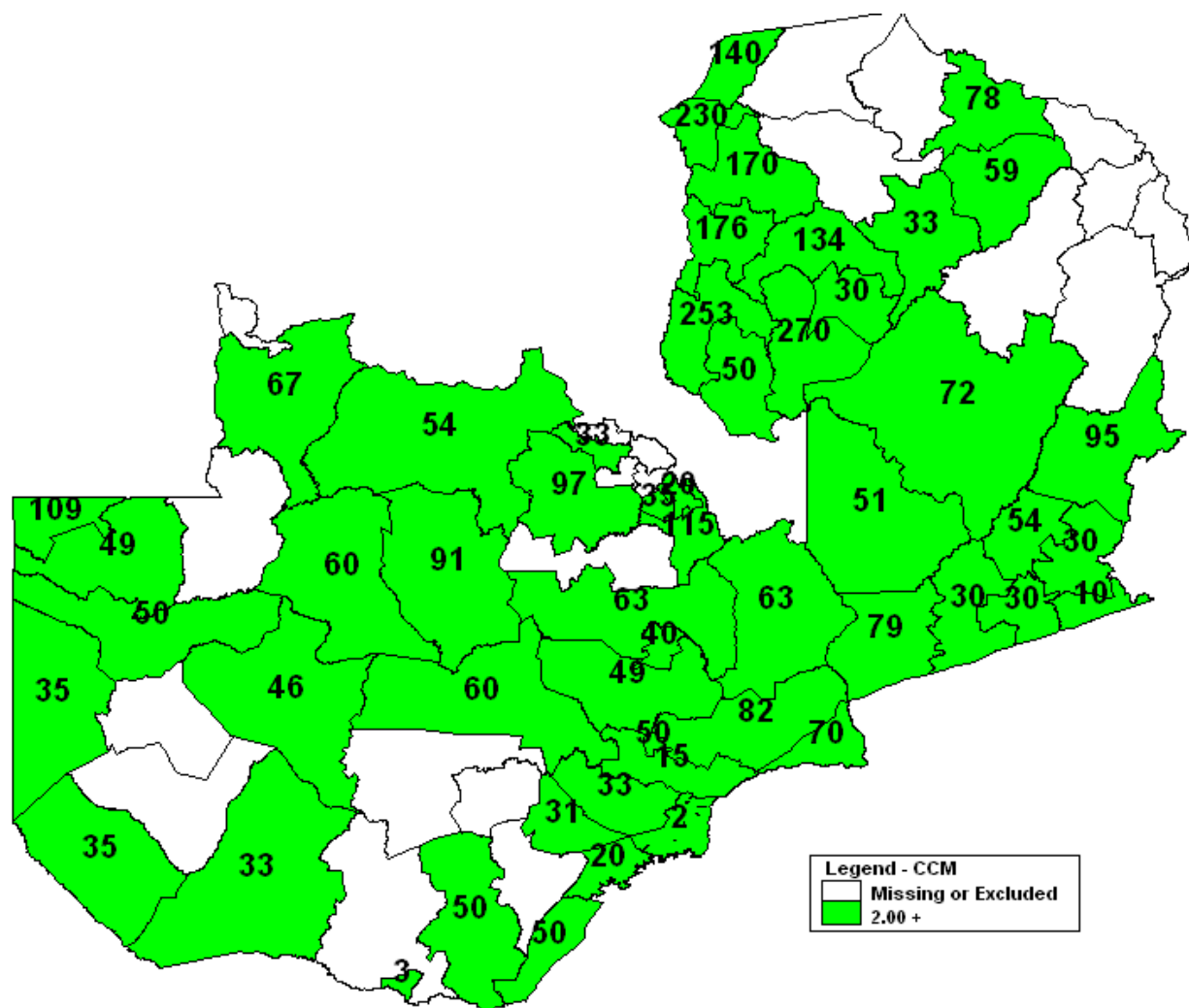
- Zambia adopted the integrated Community Case Management of childhood illness (iCCM) in May, 2010.
- iCCM encompasses malaria, pneumonia, diarrhoea and malnutrition
- iCCM is implemented in nearly all districts
- iCCM is carried out by community health workers (CHWs) and community health assistants (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



## iCCM – Number of CHWs by district as of 31 December, 2015



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

Description	Amount
Total national iCCM need 2015 - 2017	49,983, 884
GF Allocation funding	7,510,100
GF Incentive funding	12,100,000
Total GF support toward iCCM (2015 – 2017)	19,610,100
Funding gap	30,373,784



# 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**