WHO RAcE

iCCM Sustainability

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Dissemination meeting

24 – 27 October 2017

Outline

- Sustainability planning rationale

- Sustainability planning process

- Roadmap priorities

- Roadmap progress

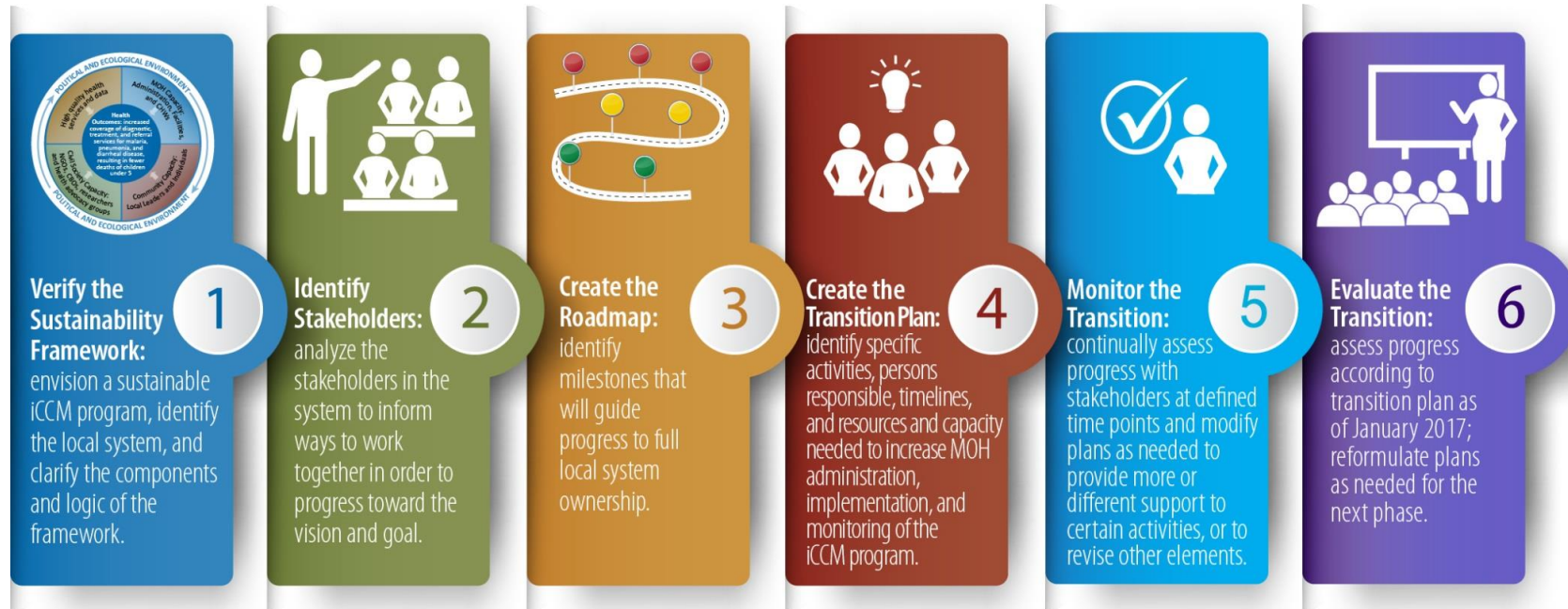- Next steps

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Why plan for sustainability?

- Plans for health programmes:
    - Inputs -> process -> outputs -> outcomes

- **Reality: complex**
    - Multiple dimensions, interdependent actors and conditions, looped causes and effects, unpredictability and unforeseen events
    - "Policy resistance"

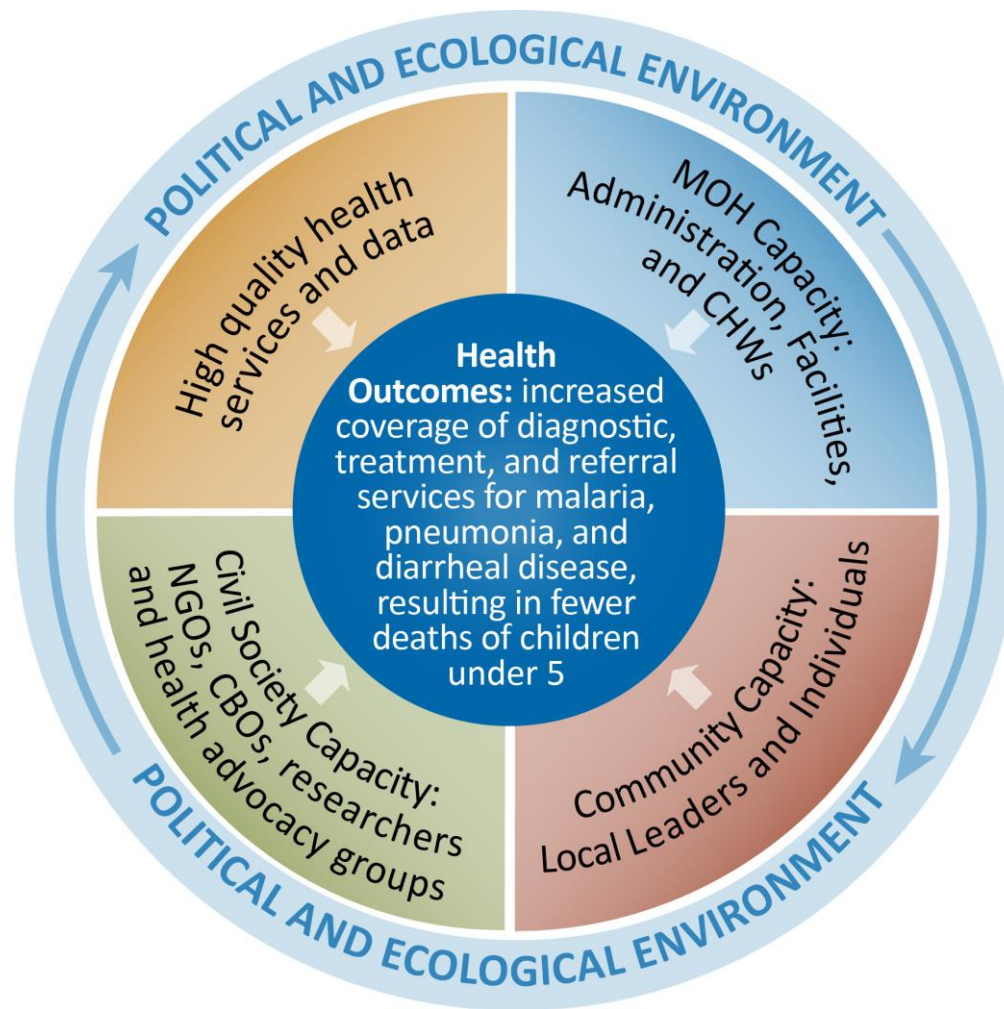- Health programmes (health systems) need to be resilient

Sustainability Planning Process: Launch

- WHO meeting with key stakeholders from RAcE countries in Abuja, June 2016

  - Sustainability theory and application to iCCM

  - Draft Sustainability Framework for iCCM

  - RAcE Programme expectations for sustainability planning

  - Plans for sustainability planning workshops in each RAcE Project area

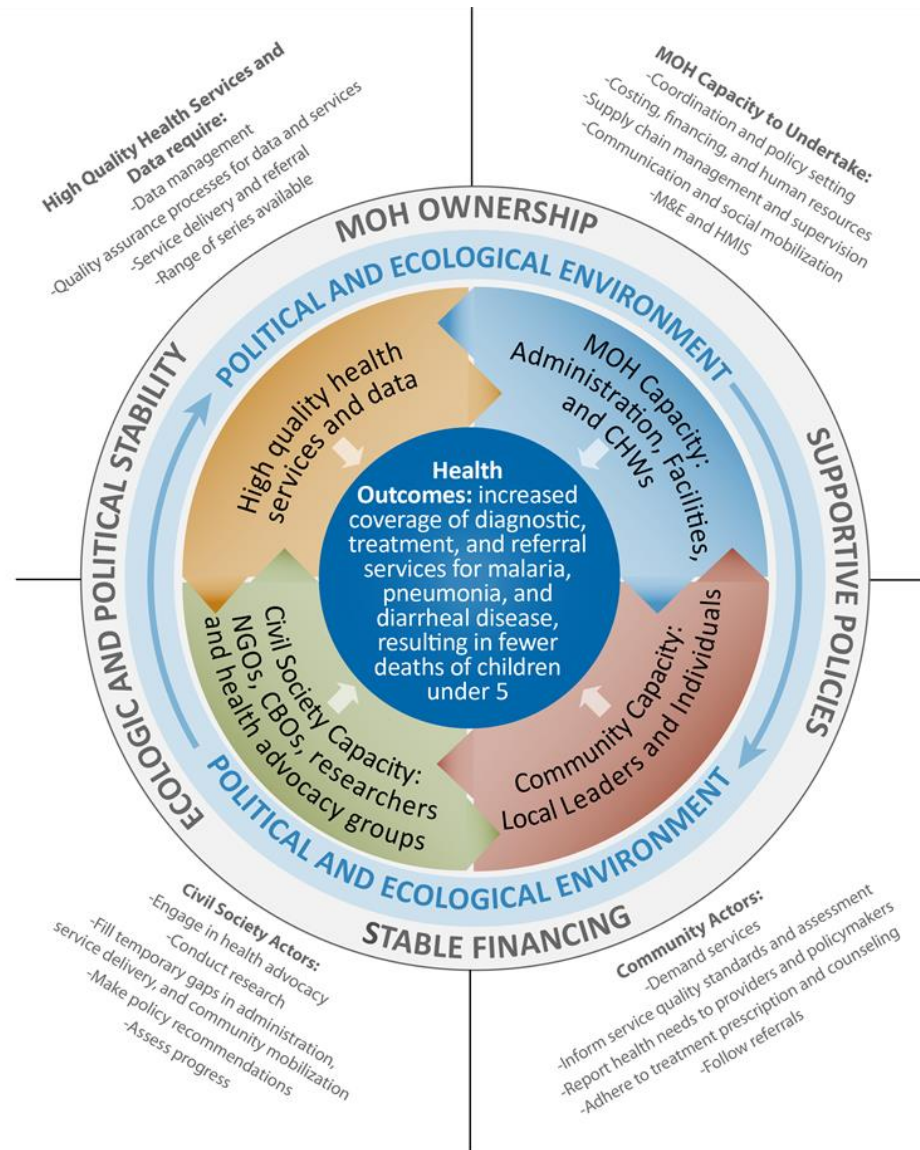 - Stakeholder mapping, by level of influence and level of interest

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Steps in Sustainability Planning for RAcE Projects

Verify the Sustainability Framework: envision a sustainable iCCM program, identify the local system, and clarify the components and logic of the framework.

1

Identify Stakeholders: analyze the stakeholders in the system to inform ways to work together in order to progress toward the vision and goal.

2

Create the Roadmap: identify milestones that will guide progress to full local system ownership.

3

Create the Transition Plan: identify specific activities, persons responsible, timelines, and resources and capacity needed to increase MOH administration, implementation, and monitoring of the iCCM program.

4

Monitor the Transition: continually assess progress with stakeholders at defined time points and modify plans as needed to provide more or different support to certain activities, or to revise other elements.

5

Evaluate the Transition: assess progress according to transition plan as of January 2017; reformulate plans as needed for the next phase.
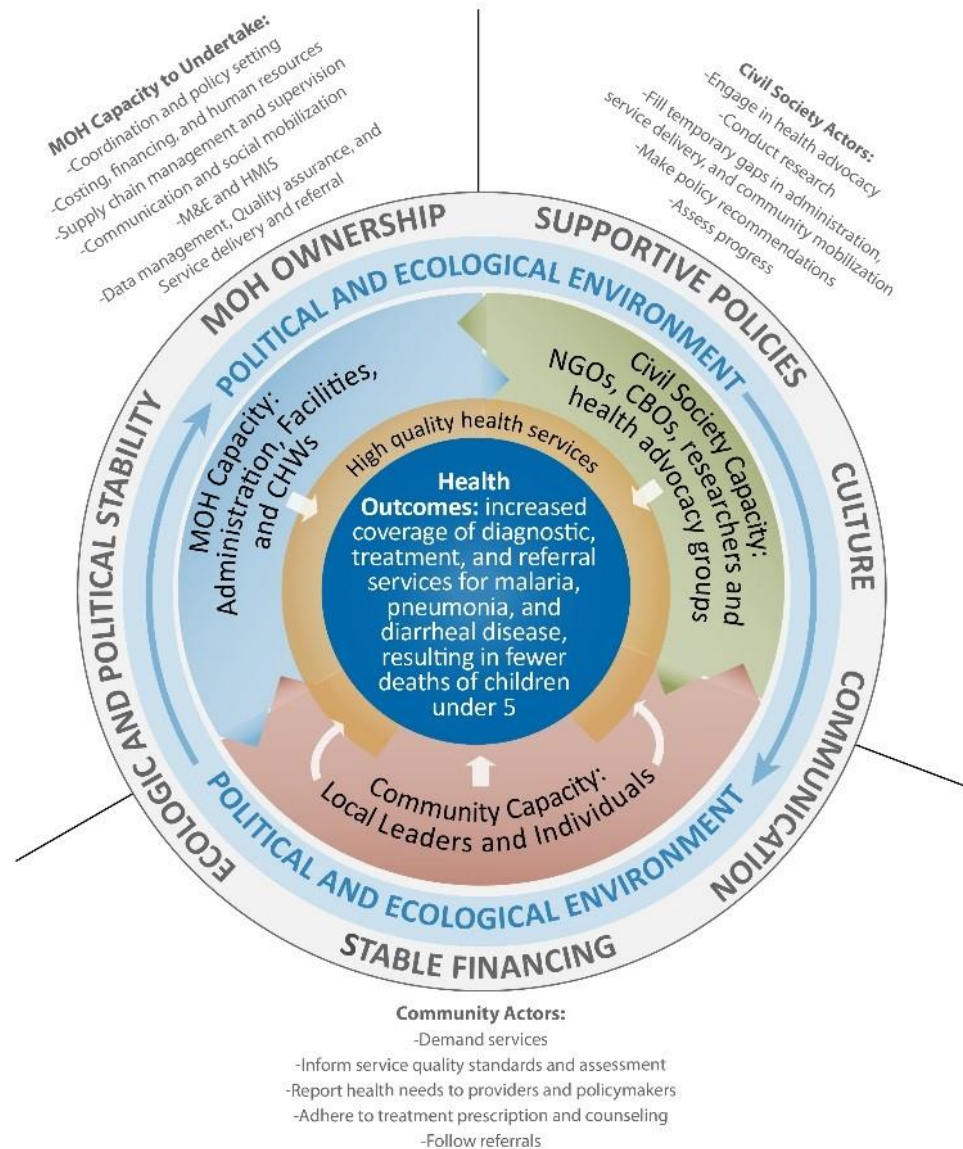
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The Sustainability Framework for iCCM: Draft

The Sustainability Framework for iCCM

The Sustainability Framework for iCCM: Malawi adaptation

MOH Capacity to Undertake:
-Coordination and policy setting
-Costing, financing, and human resources
-Supply chain management and supervision
-Communication and social mobilization
-M&E and HMIS
-Data management, Quality assurance, and Service delivery and referral

Civil Society Actors:
-Engage in health advocacy
-Fill temporary gaps in administration, service delivery, and community mobilization
-Conduct research
-Make policy recommendations
-Assess progress

MOH OWNERSHIP

SUPPORTIVE POLICIES

POLITICAL AND ECOLOGICAL ENVIRONMENT

ECOLOGIC AND POLITICAL STABILITY

CULTURE

COMMUNICATION

POLITICAL AND ECOLOGICAL ENVIRONMENT

STABLE FINANCING

MOH Capacity: Administration, Facilities, and CHWs

High quality health services

Civil Society Capacity: NGOs, CBOs, researchers and health advocacy groups

Health Outcomes: increased coverage of diagnostic, treatment, and referral services for malaria, pneumonia, and diarrheal disease, resulting in fewer deaths of children under 5

Community Capacity: Local Leaders and Individuals

Community Actors:
-Demand services
-Inform service quality standards and assessment
-Report health needs to providers and policymakers
-Adhere to treatment prescription and counseling
-Follow referrals

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Sustainability Planning Process: Country meetings

- Visioning activity

- Sustainability theory and application to iCCM

- Begin roadmap development

- Begin transition planning

- Technical Working Group

Group work in Niger

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Roadmap Priorities

- Policy and coordination of external stakeholders, including funders

- Supply chain management

- Service delivery and referral system

- Communication and social mobilization

- Internal planning and coordination

- Supervision

- Quality assurance for services

Roadmap Status

- Approved in each country or state prior to February

- Periodically reviewed and updated by TWGs or Task Forces: living documents

- Updated after review of synthesis report and survey results at dissemination meetings in DRC, Malawi, Abia State and Niger State

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Roadmap progress: Democratic Republic of Congo

- **Vision:** *D'ici fin 2030, zéro décès lié au Paludisme, à la Diarrhée et à la Pneumonie des enfants de moins de cinq (5) ans grâce à la mise en place d'un système durable de PEC-C à tous les niveaux avec le concours de tous les partenaires impliqués*

- **Progress:**
  - Health zones integrated iCCM coverage plans into the health zone operating plans.
  - All health zones had computers, the tools they needed to compile data, and management tools.
  - Provincial MOH organizes training sessions and conducts supervision.
  - IRC encouraging community ownership of the programme, and working with government partners on ordering, storing and distributing commodities and supplies.

- **Status**
  - MOH anticipates more funding to continue progress with iCCM implementation
  - Roadmap updated in July

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Roadmap progress: Malawi

Vision: By 2021, all children under the age of 5 in hard-to-reach areas who suffer from pneumonia, diarrhea, and malaria will receive prompt treatment around the clock from an HSA who is: trained, equipped, resourced, supervised, mentored, and practicing iCCM; residing in the catchment area with a good house, adequate drugs supply, clinic structure, and functional referral system; using data for planning and decision making; within a knowledgeable and supportive community and an enabling political environment, to attain ZERO avoidable under 5 deaths.
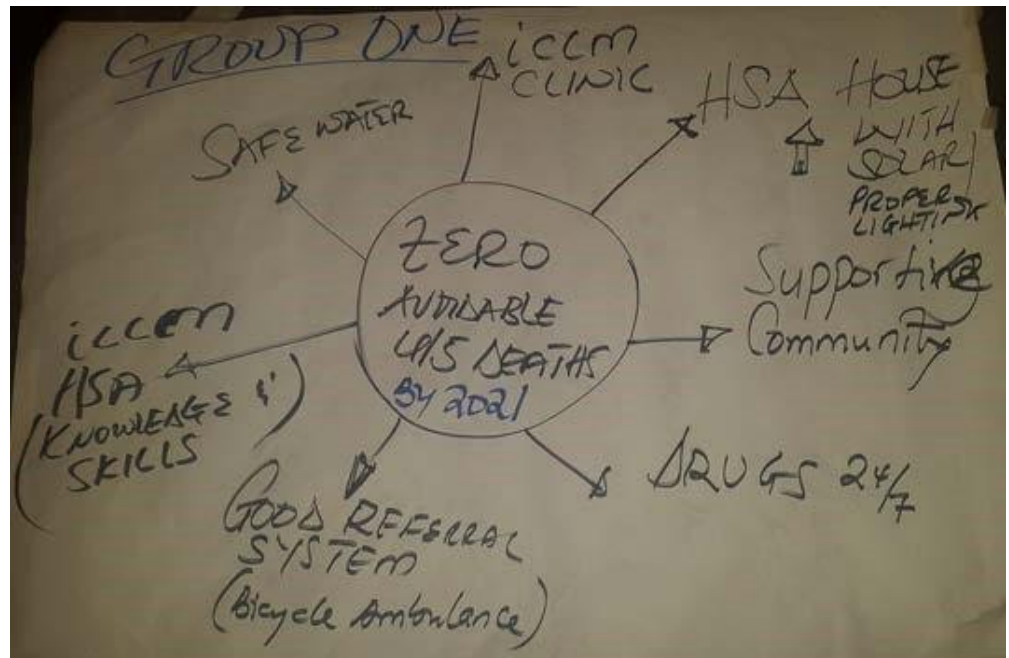
Roadmap progress: Malawi

- **Progress:**
  - Identified communities where HSAs are not resident
  - Government procured some iCCM commodities
  - Community support HSAs: molding bricks for HSA houses
  - HSA refresher trainings completed
  - Ongoing data review meetings and training-of-trainers completed in data quality assessments

- **Status:**
  - Government unable to recruit HSAs
  - Amoxicillin is not on government list of commodities, so sourced externally
  - Sporadic supervision due to lack of transportation
  - Roadmap updated in August

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Roadmap progress: Mozambique

- **Vision**: Reduced mortality among children under five years of age by expanding coverage of quality services through a strengthened primary health system. The following elements need to be addressed in the roadmap in order to reach our vision:

  - A sufficient number of APEs in each community who are motivated and supervised

  - An integrated and institutionalised APE curriculum

  - The introduction of the APE component in the health professional's iCCM curriculum

  - The existence of a regular supply system of essential medicines through the national procurement and supply chain system using the *via classica* approach

  - iCCM programme requirements integrated into and sustained by the State Budget

  - Data from the APEs integrated into the national health information system to enable decision making

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Roadmap progress: Mozambique

- **Progress:**
  - MISAU has a strong vision to maintain and strengthen the iCCM programme
  - Key APE policies are in place; roadmap work informed national APE Strategy
  - History of coordinating, planning and training with partners
  - MISAU leadership made specific budgetary proposal to Ministry of Finance

- **Status:**
  - Limited resources and capacity to manage, implement and finance iCCM service delivery
    - Training and supervision
    - Supply chain
    - Data management

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Roadmap progress: Niger

- **Vision**: Between now and 2026, make integrated care for malaria, pneumonia, and diarrhoea available to all children younger than five, in a sustainable and equitable manner in all communities in Niger through motivated community health workers.

- **Progress**:
  - Advocacy meetings in villages to discuss support for RComs; commitment from community leaders
  - *Committees de Gestion Scolaire* (COGES) were trained on supply chain management of medicines and materials
  - Referral and counter-referral system in place; plan to train health facility officers to improve management of counter-referrals

- **Status:**
  - Supervision of RComs is a challenge, given transportation needs
  - Mobilisation of funding at the State level; further discussions to be held
  - State budget will support continued community mobilization through radio
  - iCCM indicators to be integrated into the health management information system

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Roadmap progress: Abia State, Nigeria

- **Vision**: State government and stakeholders (community institutions, volunteers, local and international partners) will provide the resources (funds, environment, policy and capacity) to end preventable deaths of children 0-59 months due to malaria, pneumonia and diarrhoeal diseases by 2030.

- **Progress**:
  - SMOH was trained in data management and use
  - Refresher trainings for CORPs, CHEWs and LGA focal persons completed and SMOH has tools and capacity to conduct future training
  - Coalition of key actors prioritizes building civil society partnerships for: recruiting and supervising CORPs and CHEWs, changing caregivers' behaviour and distributing commodities

- **Status**:
  - Incentives programme under development
  - Fundraising activities planned with specific donors
  - Plans to implement social mobilisation and community partnership initiatives are under development with Village Development Committees
  - Roadmap updated in July

Abia State Group Work
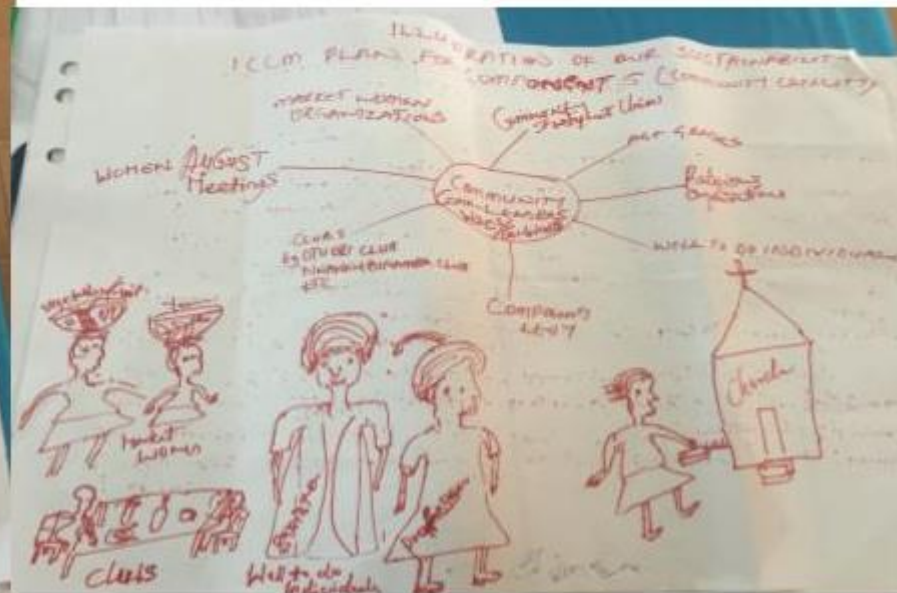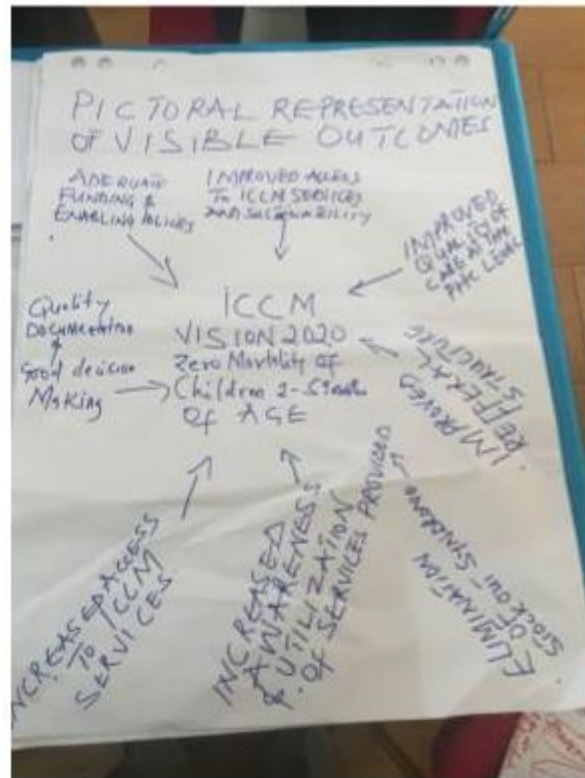
Roadmap progress: Niger State, Nigeria

- **Vision**: To implement iCCM in Niger State through institutionalising sustainable support systems to reduce by 95 percent preventable deaths due to malaria, pneumonia, and diarrhoea in children between 0-59 months of age, especially those in hard-to-reach communities, by 2030.

- **Progress**:
  - Quarterly hands-on mentoring sessions for all CORPs and CHEWs were conducted jointly
  - SMOH trained in data management
  - Contributions to SMOH 2018 Operational Plan

- **Status**:
  - Some communities provide incentives for CORPs and others do not
  - Engagement of Ward Development Committees and Village Development Committees in commodity management uncertain, but needed
  - Roadmap updated in August

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Niger State Group Work

Conclusions: how this process changed implementation

- **Sustainability Framework**
  - Facilitated holistic approach to implementation and future planning, in some places encouraging engagement with civil society and communities that may not have occurred, and identifying opportunities for advocacy with other sectors
  - Large group of stakeholders agreed on a single vision

- **Technical working groups**
  - Brought together different sectors, different districts, regularly to discuss and update the roadmap

- **Implementation**
  - Fostered deliberate coordination between NGOs and MOH so that skills and systems were transferred

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Conclusions: what was achieved

- Broad agreement on a sustainability framework for iCCM

- Comprehensive planning process incorporated elements and participation from all levels of the health system, and fostered national or state ownership

- Parts of RAcE Programme successfully transferred to local ownership and implementation

- Roadmaps identify key activities and benchmarks needed to sustain iCCM programmes

- Roadmaps provide guidance for future resource allocation to iCCM, under leadership of TWGs or Task Forces

Next steps

- Re-convene TWGs or Task Forces and update the roadmaps at end of RAcE Project implementation
  - Define roles and responsibilities of members to ensure continued provision of technical guidance and advocacy

- Ensure that roadmaps inform the next phase of iCCM implementation

- Formally assess the sustainability of the iCCM programmes

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Acknowledgments

- ICF's RAcE Sustainability Team: Lwendo Moonzwe, Reeti Hobson, Sharon Arscott-Mills, Jerri Husch, Dan Anson, Mariam Wahab, Santos Alfredo, Jean-Caurent Mantshumba, Misheck Luhanga, and Moumouni Absi

- Country/state TWGs: MOH, grantees, WHO, others

- WHO Secretariat

- Global Affairs Canada