

# **icCM and Emergencies in Nigeria**

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# Background

- Boko Haram insurgency in the North East Zone of Nigeria has displaced many people from their home areas and ended up in camps in Adamawa, Borno and Yobe states as Internally Displaced Persons (IDPs).
- Over 2 million IDPs currently live in camps or hosting communities, the majority are in the IDPs camps.
- Almost 20% of these people are children under five years of age.
- Though health facilities are in these camps they were not adequate and provision of health service was and still is needed not only in the camps but even when the IDPs go back to their original Local Government Areas(LGAs).

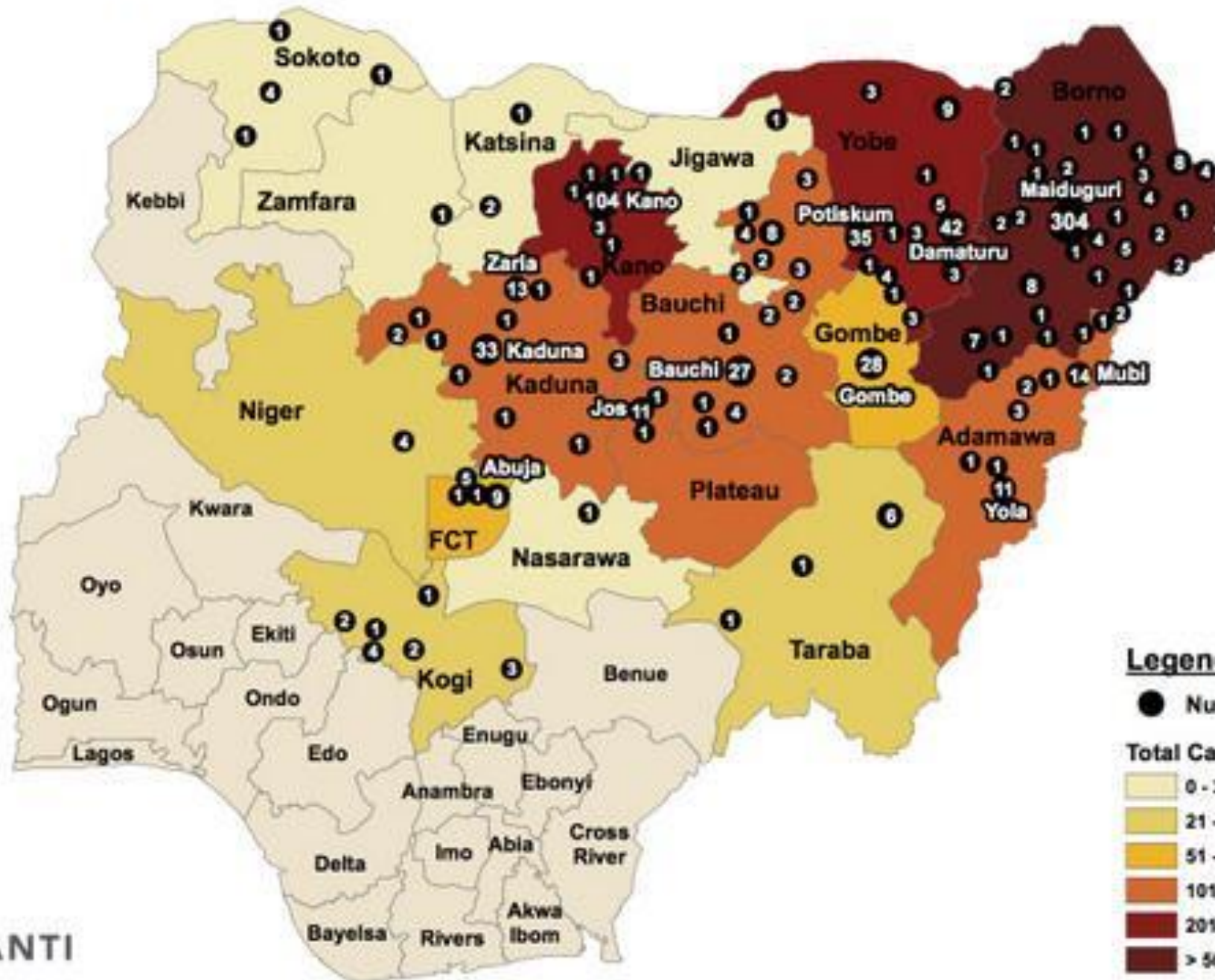




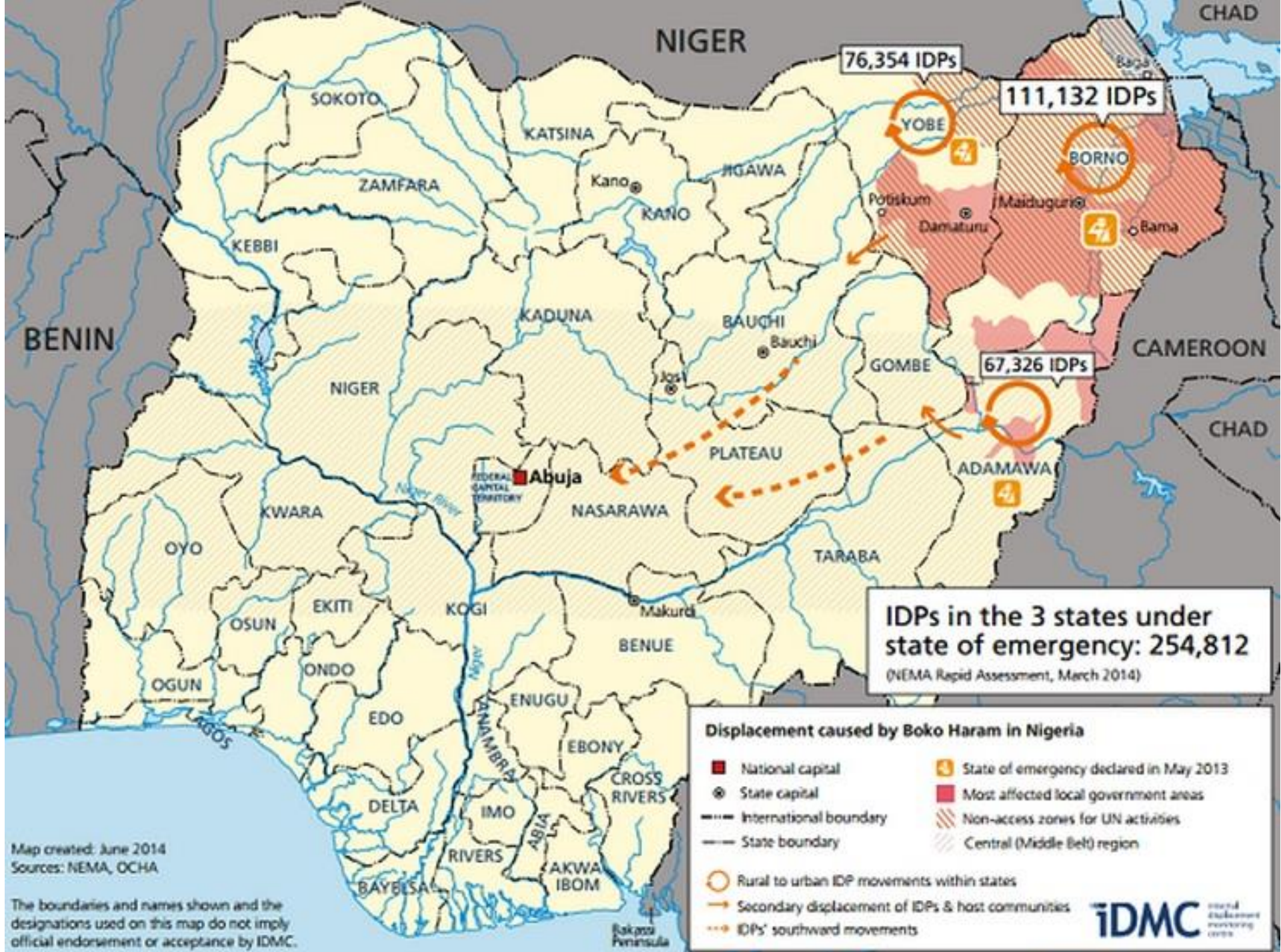
# Nigeria



# Boko Haram-attributed Attacks in Nigeria Since July 2009







# WHO Response

- Guided by the lessons learnt in RAcE Project in Abia and Niger States that it is possible to use community members to treat common childhood illnesses,
- WHO with the support from the USAID decided to establish some interventions which deal with three childhood diseases in the IDPs Camps and hosting communities in Adamawa, Borno and Yobe states in 2015.
- One of the key interventions is Integrated Community Case Management of Childhood Illness (ICCM) which targets the management of Pneumonia, Diarrhoea and Malaria.
- In addition is the community IMCI whose main aim is to promote the 19 Key household and community practices that have a bearing on the health and development and the mother was included.



**ICCM**  
**Integrated Community Case**  
**Management of childhood**  
**Illness**

**cIMCI**  
**Integrated Community Case**  
**Management of childhood**  
**illness.**





# Method

- In the first place, Community Resource Persons (CORPs)-in other countries they are called Community Health Workers- were selected based on the recommendations within the national ICCM implementation guideline.
- The CORPs were selected on the basis that they were living in the IDPs Camps or Hosting Communities, they could speak, read and write in English and that they were willing to volunteer to work as agents who could implement ICCM in the IDP camps and hosting communities.
- The CORPs received a two week training on cIMCI and ICCM and were given a medicine/supplies kit on successful completion of the training.
- In addition, Community Health Extension Workers (CHEWs) working in the nearest Primary Health Facilities were also identified and trained on IMCI, ICCM and in addition received a training to function as ICCM Supervisors.





# Methodology

- The CORPS and the CHEWS were provided with transport money for their supervisory and reporting duties. Supervisory visits were instituted for the supervisors to visit the CORPs monthly and Joint Supervisory Visits (SMOH, WHO, CHEWS) to be conducted quarterly.
- Monthly Review Meetings for Corps- deal with challenges faced
- Quarterly review meetings CORPs, Supervisors, and SMOH, WHO
- Supervision of CORPs during the Hard To Reach Out Reach Activities.









# IDPs



# IDPs Camp in Maiduguri









# RDT FOR MALARIA



# Assessing for Malnutrition





# Promoting the 19 key household and community practices.





# **CORP and SUPERVISOR Monthly**



# Joint Supervision

Care giver, child, CORP. SMOH and WHO/WCO







# Results

- So far, 780 CORPs with 100 supervisors across Adamawa, Borno and Yobe are providing health service to sick under five children living in more than 30 IDPs camps and hosting communities.
- For Instance, between January 2017 and June 2017, 250,000 sick under 5 children have received appropriate treatment for pneumonia, diarrhoea and Malaria.
- Sick newborns and children with severe acute malnutrition had also been identified and referred appropriately.
- Immunization status of every sick child is checked. Children who are not up-to-date on their routine immunization are referred.
- The CORPs also provide other life saving interventions in the context of the humanitarian Crisis at hand: Immunization, Health Promotion, disease detection and referral.
- The supervisory/monitoring visits have revealed that these interventions are being carried out effectively and information is well documented and reported to be included in the State Health Information System.
- The communities have been very grateful that the interventions have been brought to their homes, free of charge and dispensing quality medicines.





# Conclusion

- Because of the positive impact of iCCM and cIMCI in saving lives of sick under-five children during the insurgency and emergency crisis, the interventions are currently being expanded to reach more under-served communities in the three states.(27 accessible LGAs except for 3 not accessible).
- The effectiveness of these interventions depend on well-trained community member as community health workers, uninterrupted supply of commodities and regular supervision to ensure quality of service by engaging and empowering the communities to be responsible and take ownership in order to improve their health.
- The lessons learned from the RAcE project were catalytic for many things including the introduction of iCCM in Emergency/Humanitarian Crisis situations.



# Thank You



## THE JOY of WHO

