INTEGRATED COMMUNITY CASE MANAGEMENT IN ABIA STATE

—On its path to Scale-up and Sustainability
In Nigeria and by extension, Abia State, Pneumonia, Diarrhoea, and Malaria is the leading cause of death in children younger than 5 years.

2017 Projected Population:
- Total Population of 3.7 million
- Under-5 Population of 759,809
- 15 out of 17 LGAs are implementing iCCM

In MICS 2016, U-5 mortality rate:
- 83 per 1,000 live births in Abia State
- 67 per 1,000 live births in South East Nigeria
- 138 per 1,000 in rural Nigeria
Care seeking and treatment of DIARRHOEA in U-5 (South East)

- Care seeking from health facility or provider: 27.5% (2013) vs. 2...% (2016)
- ORS or RHF: 44.9% (2013) vs. 39% (2016)
- Zinc: 3.8% (2013) vs. 34.3% (2016)

% of children aged 0-59 months with diarrhea

2013 (NDHS)  2016 (MICS)
Care Seeking and treatment for MALARIA in U-5 (South East)

% of children aged 0-59 months with fever

- Care seeking from health facility or provider:
  - 2013 (NDHS): 2...
  - 2016 (MICS): 65.4

- Tested for malaria:
  - 2013 (NDHS): 9.3
  - 2016 (MICS): 14

- Treated for malaria:
  - 2013 (NDHS): 2...
  - 2016 (MICS): 41

2013 (NDHS) 2016 (MICS)
Care seeking and treatment of Acute Resp. Infection in U-5 (Rural Nigeria)

<table>
<thead>
<tr>
<th>Year</th>
<th>Care seeking from health facility or provider</th>
<th>Treated with antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 (NDHS)</td>
<td>30</td>
<td>25.5</td>
</tr>
<tr>
<td>2016 (MICS)</td>
<td>33.6</td>
<td>22.4</td>
</tr>
</tbody>
</table>

% of Children 0-59 months who had symptoms of ARI
Policy framework for iCCM
Policy Framework for iCCM

The overarching policy guide for iCCM implementation in Nigeria are

✓ National Health Policy
✓ National Child Health Policy

• National iCCM implementation guideline (2013)

• National Council of Health approval of iCCM scale-up (2016)
Policy Framework for iCCM

• Other key policy documents, Strategies and Plans has iCCM component embedded in it:
  • Nigeria National Malaria Strategic Plan 2014-2020
  • National Strategic Health Development Plan II framework
  • State Strategic Health Development Plan II framework
iCCM in the RAcE context
**Abia RAcE Programme Goals And Objectives**

**Goal**

**Reduction Of Child Mortality**

**Expected Outcome**

Increased appropriate case management of malaria, diarrhea, and pneumonia among children ages 2-59 months

**Objectives**

1. Increased access to appropriate case management of the 3 main childhood illnesses
2. Enhanced quality of services delivered by Govt healthcare workers
3. Increased knowledge & acceptance of community level interventions & essential iCCM medicines
4. Informed Social & Policy environment enabled
iCCM Site Identification Strategy

Mapping
- 17 LGAs mapped, 15 LGAs established as iCCM eligible areas

Facility Assessment
- 220 Ward Health Centres Assessed

Community Identification
- 646 communities identified as hard to reach

Community Selection
- 479 hard to reach communities selected as implementation site

Identification of HF
- 22 reference health facilities identified
iCCM Site Identification Strategy (Mapping)

- Mapping of Functional Health Facilities and communities to select sites
  
  - Total population of implementation area: 1,065,740.
  - Target population: 202,998 children 2 to 59 months.
Abia RAcE Programme Implementation Model

Abia State PHCDA/SMOH

Health Facilities for Referral

20% CHEWs

80%

Community Health Extension Workers

COMMODITIES

DATA

CORPs

Sick Children Under age of 5

Abia RAcE Programme Implementation Model
Human Resources for iCCM

As stated in the National ICCM guideline:

• Community Resource Persons (CORPs) provide the iCCM services in the community.

• Junior Community Health Extension Workers (JCHEWs) supervise the CORPs
Who is a CORP in Nigeria?

- CORPs are community-based health workers and they are currently providing various health-related services within the community. They include:
  - Community-Directed Distributors (CDDs);
  - Role Model Caregivers (RMC);
  - Village Health Workers (VHW)
  - Trained Community Integrated Management of Childhood Illness (CIMCI) implementers;
  - Private sector resource persons such as the Patent Proprietary Medicine Vendors [PPMVs] (So far 295 PPMVs have been trained in Ebonyi on iCCM).
CORPS SELECTION IN ABIA STATE

RAcE project team meet with the LGA Health Secretaries sharing with them the criteria for CORPs selection, list of implementing wards and the number of CORPs to be selected per wards

Health Secretaries and Social Mobilization officers meet with the Ward Development Committee (WDC) Chairmen and Community leaders on criteria for CORPs selection

iCCM eligible communities with their Community leaders and WDCs select CORPs based on set criteria
Criteria for CORPs Selection

- A member of the community;
- Respected in the community;
- Resident in the community;
- Of good standing;
- Able to read and write;
- Aged between 18 to 65 years;
- Accessible
- Willing to do the work

*Preferably female*
I

Incentives

• Monetary incentive
  – The CORPs receive approximately 17 dollars per month for transportation during follow up.

• Non-Monetary incentive
  – Social prestige
  – Community approval
  – Support during farming season
  – Farm produce
  – Exemption from community dues and levies.
TRAINING
SUPERVISION
M&E
SUPPLY CHAIN
### Training Of Community Health Extension Workers

<table>
<thead>
<tr>
<th>Training dates</th>
<th>Number of trained CHEWs</th>
<th>Number of certified CHEWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2(^{nd}) March to 7(^{th}) March 2014</td>
<td>71</td>
<td>67</td>
</tr>
<tr>
<td>8(^{th}) Sept. to 13(^{th}) Sept 2014</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>13(^{th}) April to 18(^{th}) April 2015</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>165</strong></td>
<td><strong>151</strong></td>
</tr>
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### Mode of training
- 6 days of iCCM training- Classroom sessions and Clinical sessions and 3 days of supervisory training
- Guided by the national iCCM agenda.
- Materials used: Facilitators' guide, CHEWs/CORPs training manual, chart booklet
- Class size of 35 (Average) with 6 facilitators

### Categories of certified CHEWs
- Senior CHEWs: 129
- Junior CHEWs: 22
Active & Inactive CHEWs

- 142 active CHEWs out of 151 trained CHEWs
- Reasons: Death, retirement, dropped by the project.

Categories Of Inactive CHEWs
- Died 14%
- Official transfer 14%
- Dropped by the project 58%
- 6
## Training Of CORPs

<table>
<thead>
<tr>
<th>Training dates</th>
<th>Number of trained CORPs</th>
<th>Number of certified and kitted CORPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>November – December 2014</td>
<td>480</td>
<td>436</td>
</tr>
<tr>
<td>April - May 2015</td>
<td>388</td>
<td>378</td>
</tr>
<tr>
<td>May 2015</td>
<td>595</td>
<td>547</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1463</strong></td>
<td><strong>1361</strong> (10 CORPs were dropped immediately after the training)</td>
</tr>
</tbody>
</table>

### Mode of training

- 6 days of iCCM training - Classroom sessions and Clinical sessions
- Clinical sessions were carried out in government hospitals with high case load until strike, sick children were then mobilized within their communities for clinical sessions.
- Guided by the national iCCM agenda.
- Materials used: Facilitators' guide, CHEWs/CORPs training manual, chart booklet
- Class size of 35 (Average) with 6 facilitators
Active & Inactive CORPs

- 1239 active CORPs out of 1351 trained CORPs at inception.
- Reasons: Death, relocation, dropped by the project.

Categories of inactive CORPs

- Died...
- 8%...
- Dropped by the project...
Supervision Of CORPs

• Each CORP is expected to receive a monthly supervision to review:
  • CORPs registers on cases managed & referred
  • Stock availability.
• CHEWs also observe the CORP consultations with clients to provide feedback and ensure continuous improvements.
• A joint supervisory visit by the State Team and the LGA iCCM Focal Person to the CHEW & CORP
Demand Creation

- Stakeholders sensitization meeting to ensure buy-in at State, LGAs and communities.
- Social Mobilisation is conducted using the following strategies:
  - Advocacy visits to community leaders.
  - Community sensitization activities.
iCCM Programme Data Flow

CORPS submit registers to CHEWS

CHEWs submit monthly CHEWs register to the officers in charge at the PHC

OICs attend monthly OIC meetings & submit data to the LGA IMCI/iCCM & M&E focal persons

LGA IMCI/iCCM focal persons submit data to SPHCDA during monthly IMCI/iCCM coordination meetings
RAcE Programme Commodity Supply Chain

ABIA STATE CENTRAL MEDICAL STORE

SFH RAcE Project Vehicle

LGA Stores at the 15 LGAs or Model PHC Stores

OICs

Community Health Extension Workers (CHEWs)

Ward Development Committee Members (WDC)

COMMUNITY ORIENTED RESOURCE PERSON (CORPS)

BENEFICIARIES AT THE COMMUNITY
ACHIEVEMENTS
Treatment numbers from inception
Nov 2014 to Aug 2017

**Total No. of Children Aged 2-59 months Seen**
803,764

- **Pneumonia**: 56%
- **Diarrhoea**: 23%
- **Malaria**: 21%

**RECOVERY RATE**
97%

82% of all cases seen were followed up.
Treatment numbers from inception
Nov 2014 to Aug 2017

Vertical axis: number of children from 2-59 months
Programme and Health System Contribution

• Capacity building of Health care workers
• Increased access to health services
• Broadened access to vital health data for evidence based and targeted policy making
Policy contribution

• National Health Policy (2016) describes a vision of UHC for all Nigerians, SDG 3.2 (Reduction of U-5 mortality) and SDG 3.8 (Achieve universal health coverage). iCCM supports this vision by:
  • Increasing access to quality essential health-care services
  • Increasing access to safe, effective and quality essential medicines for U-5
  • Offering financial risk protection to the poor household in the rural area through free health services to U-5
Contribution to national iCCM vision and scale-up

The success of RAcE has demonstrated the potential of iCCM, leading to the National Health Council formally endorsing the scale-up of iCCM nation-wide.
Thank You