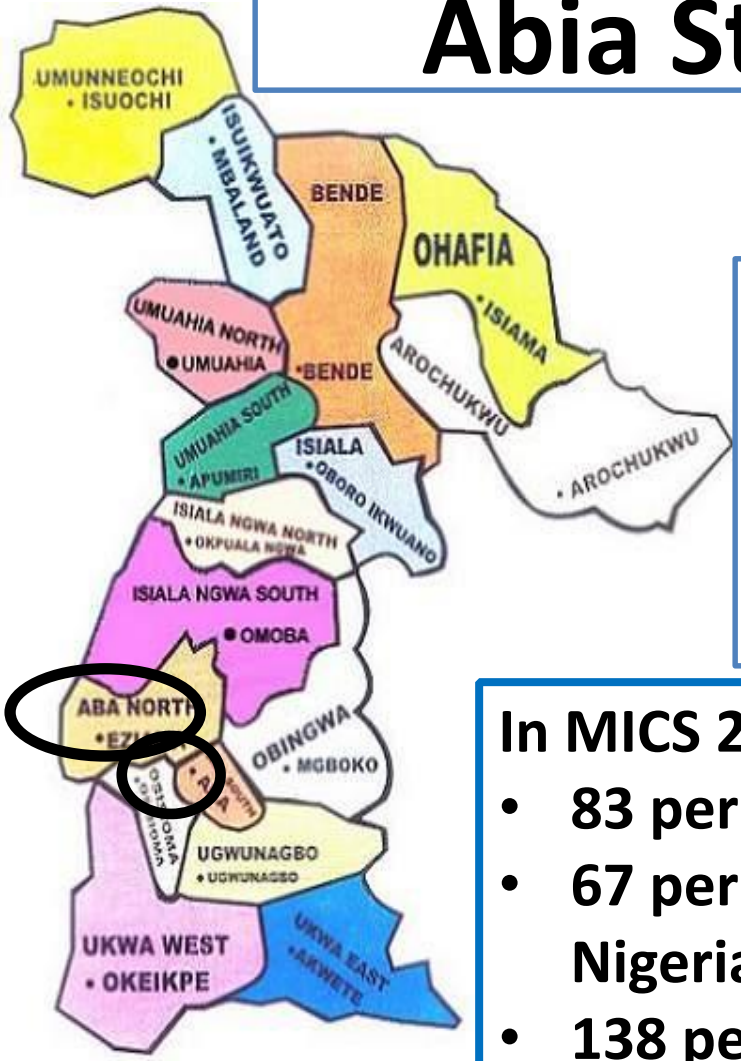
INTEGRATED COMMUNITY CASE MANAGEMENT

IN

ABIA STATE

–On its path to Scale-up and Sustainability

Abia State Demographics



2017 Projected Population :

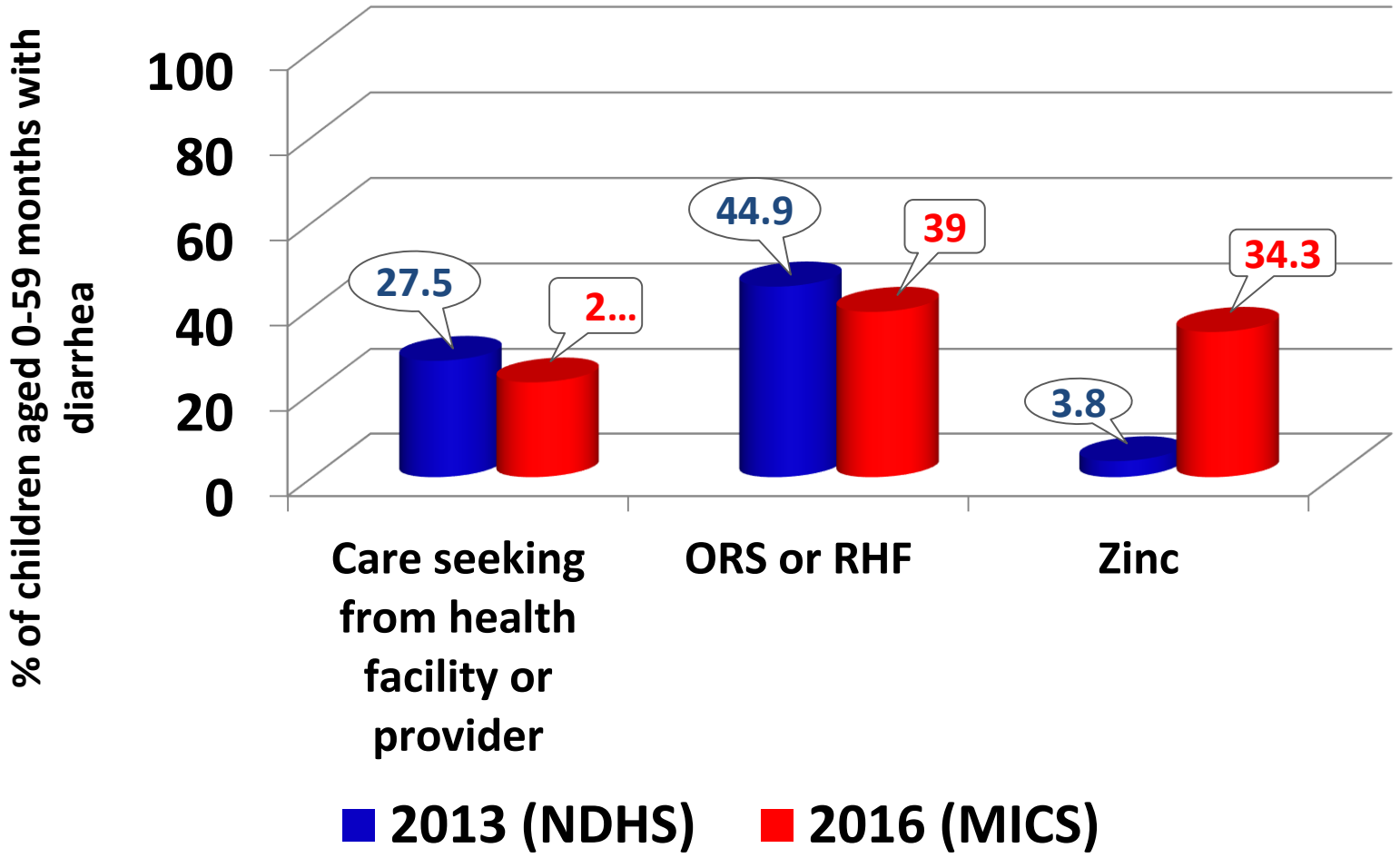
- **Total Population of 3.7 million**
- **Under-5 Population of 759,809**
- **15 out of 17 LGAs are implementing iCCM**

In MICS 2016, U-5 mortality rate:

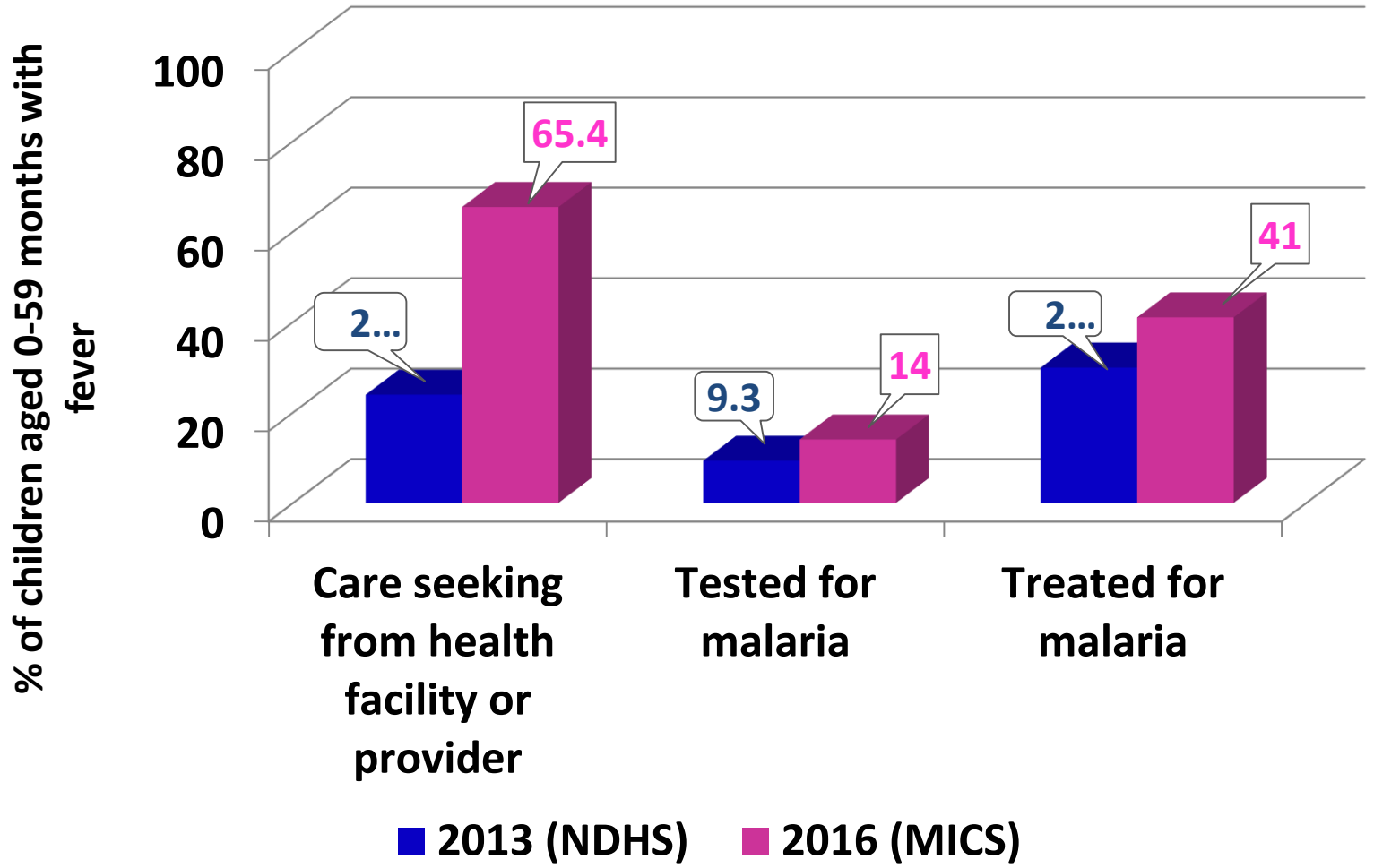
- **83 per 1,000 live births in Abia State**
- **67 per 1,000 live births in South East Nigeria**
- **138 per 1,000 in rural Nigeria**

In Nigeria and by extension, Abia State, Pneumonia, Diarrhoea, and Malaria is the leading cause of death in children younger than 5 years.

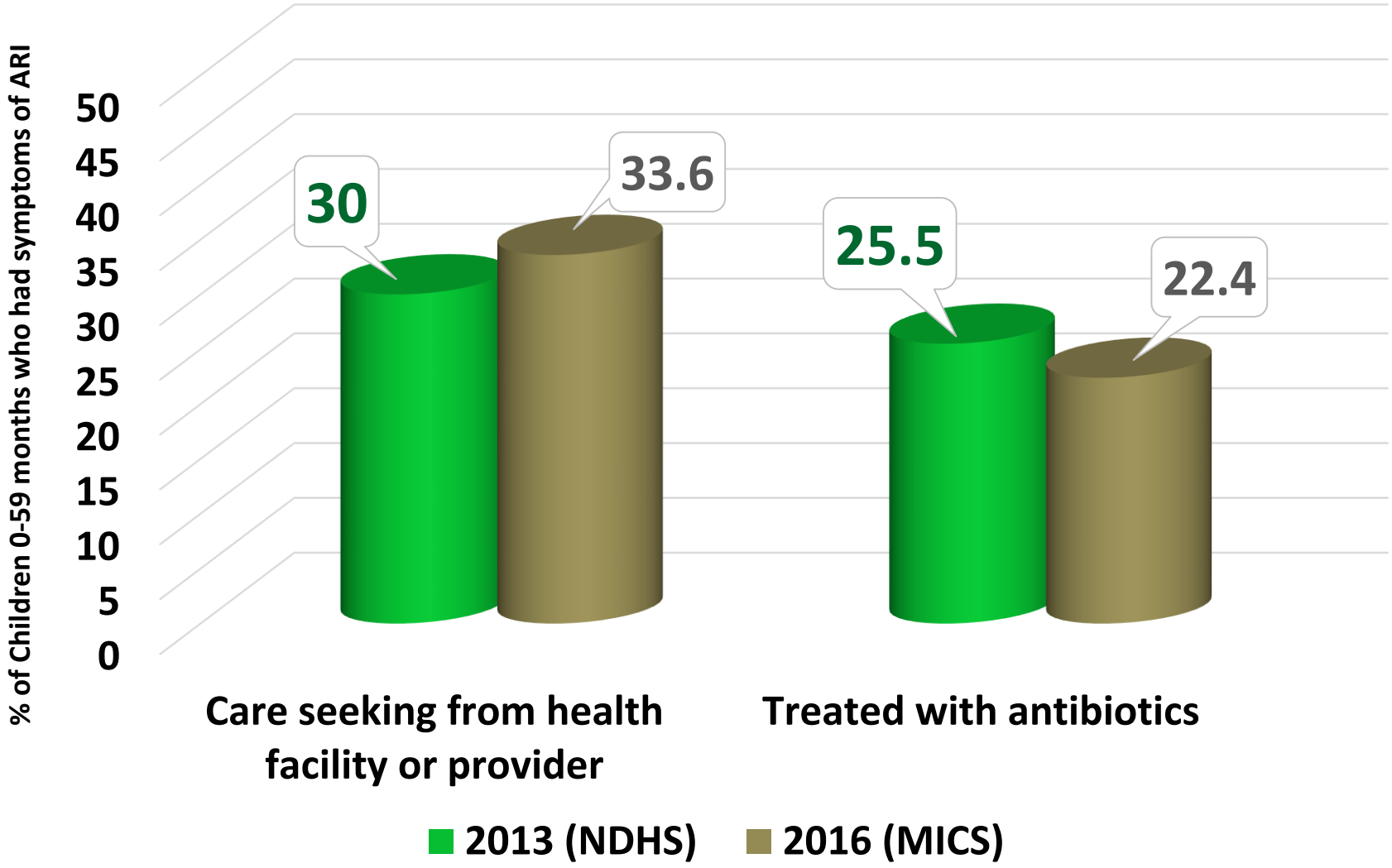
Care seeking and treatment of DIARRHOEA in U-5 (South East)



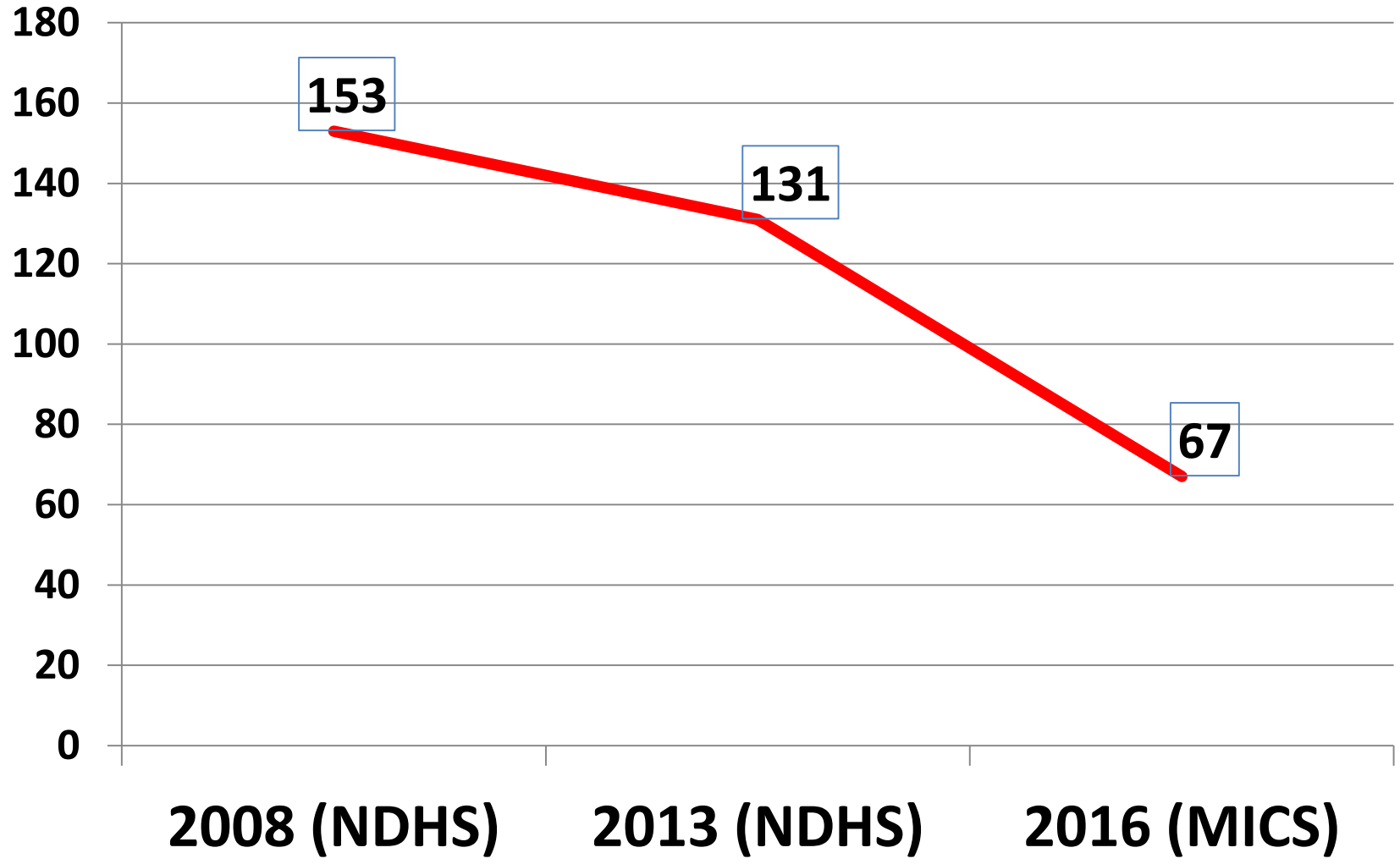
Care Seeking and treatment for MALARIA in U-5 (South East)



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



U-5 Mortality (South East)



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

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

iCCM Site Identification Strategy

Mapping

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

Facility Asssessment

- 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

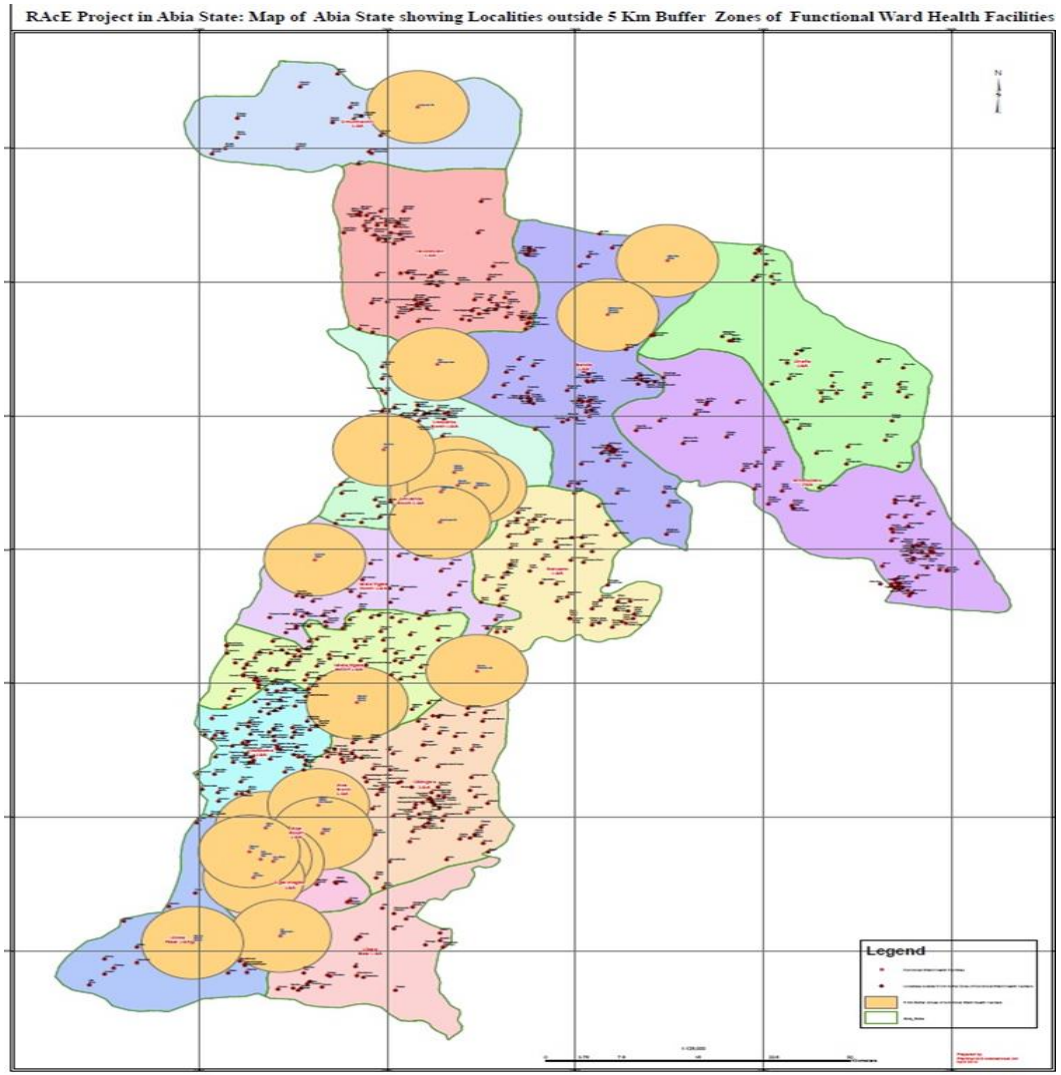
- 22 reference health facilities identified

iCCM Site Identification Strategy (Mapping)

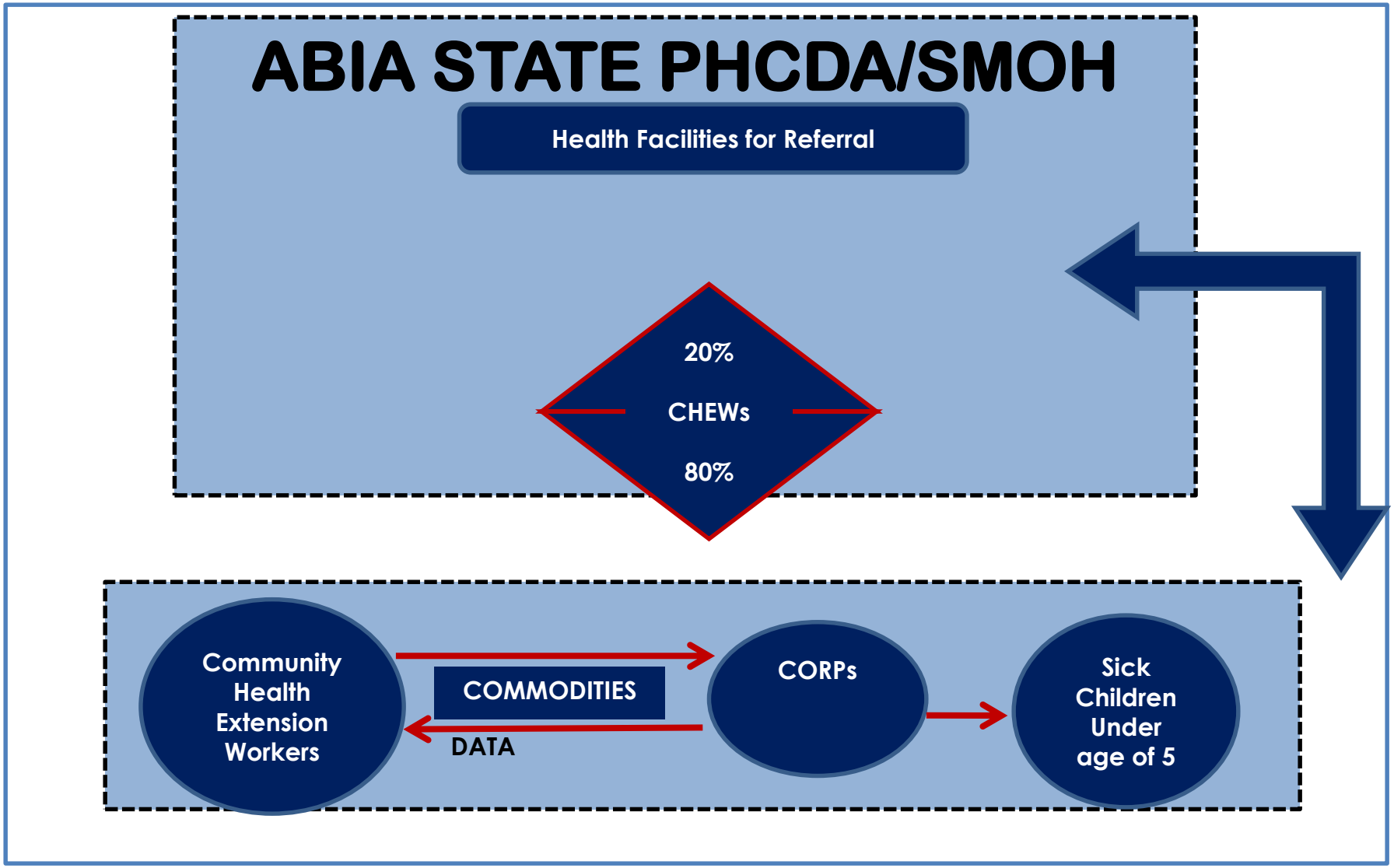
- Mapping of Functional Health Facilities and communities to select sites

•Total population of implementation area: 1,065,740 .

•Target population: 202,998 children 2 to 59 months.



Abia RAcE Programme Implementation Model



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*

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

Training dates	Number of trained CHEWs	Number of certified CHEWs
2nd March to 7th March 2014	71	67
8th Sept. to 13th Sept 2014	64	64
13th April to 18th April 2015	30	30
Total	165	151

Mode of training

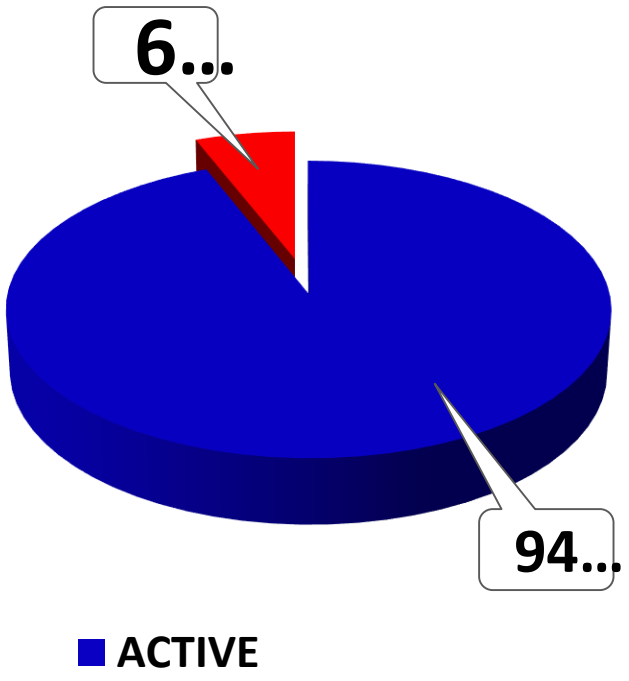
- 6 days of iCCM training- Classroom sessions and Clinical sessions and 3 days of supervisory training
- Guided by the national iCCM agenda.
- Materials used: Facilitators' guide, CHEWs/CORPs training manual, chart booklet
- Class size of 35 (Average) with 6 facilitators

Categories of certified CHEWs

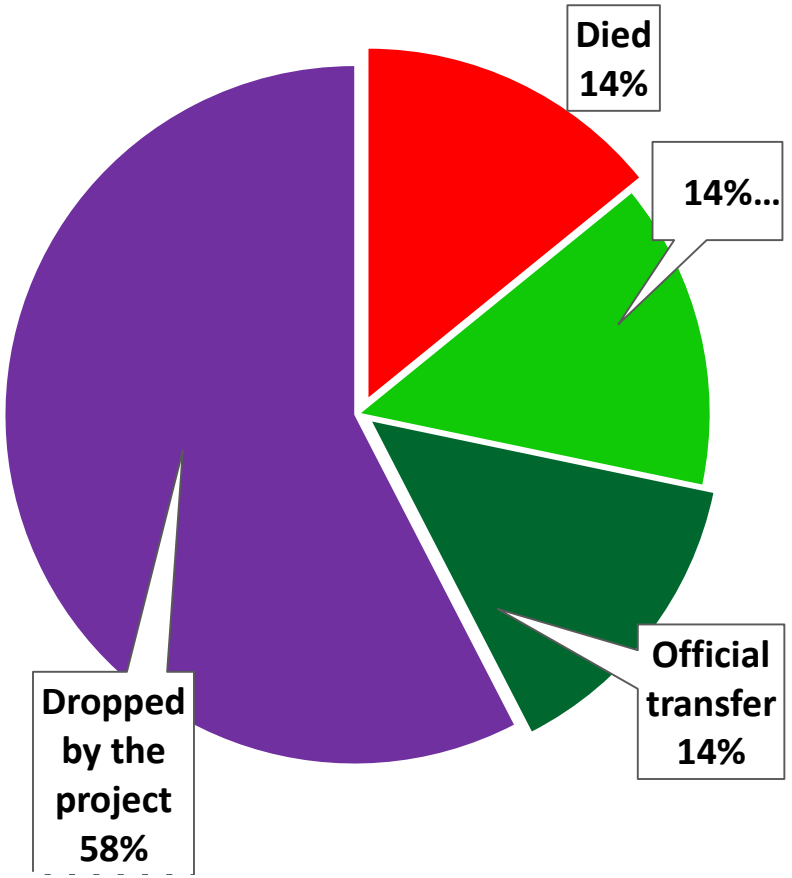
- Senior CHEWs: 129
- Junior CHEWS: 22

Active & Inactive CHEWs

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



Categories Of Inactive CHEWs



Training Of CORPs

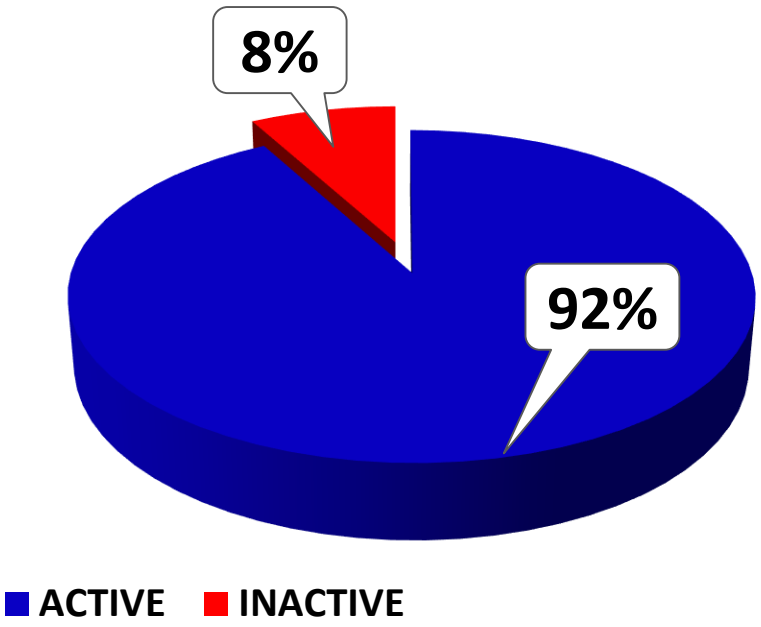
Training dates	Number of trained CORPs	Number of certified and kitted CORPs
November – December 2014	480	436
April - May 2015	388	378
May 2015	595	547
Total	1463	1361 (10 CORPs were dropped immediately after the training)

Mode of training

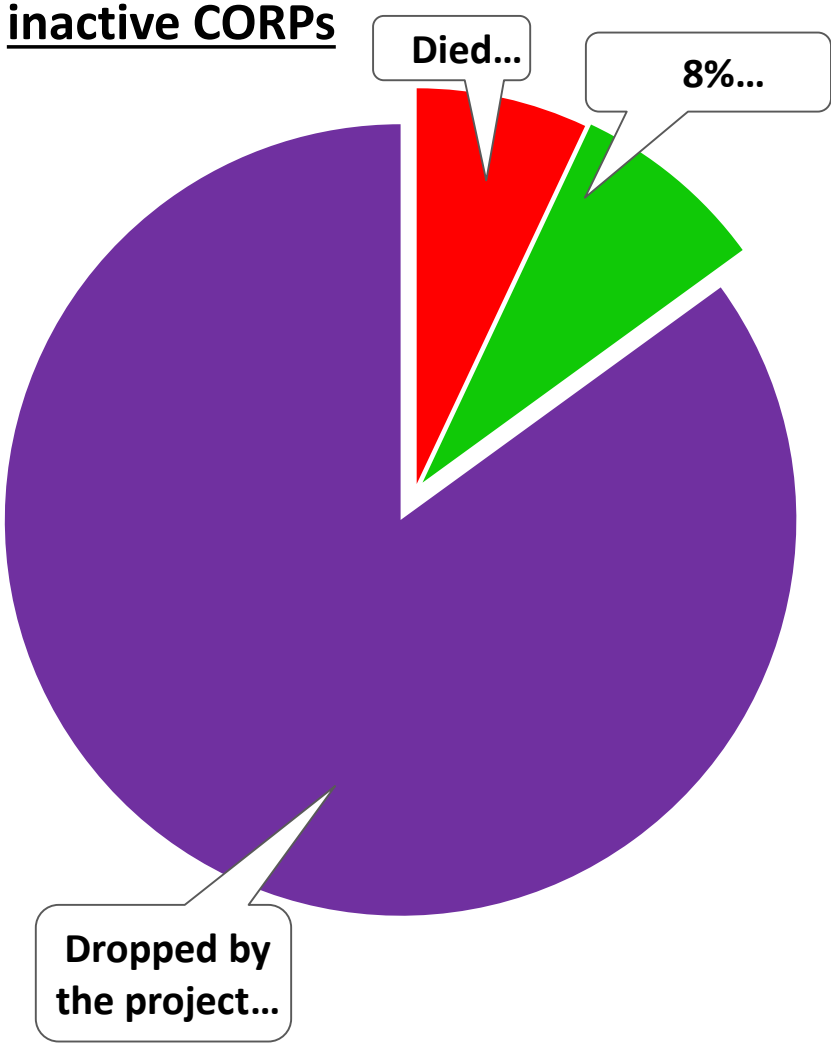
- 6 days of iCCM training- Classroom sessions and Clinical sessions
- Clinical sessions were carried out in government hosptials with high case load until strike, sick children were then mobilized within their communities for clinical sessions.
- Guided by the national iCCM agenda.
- Materials used: 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



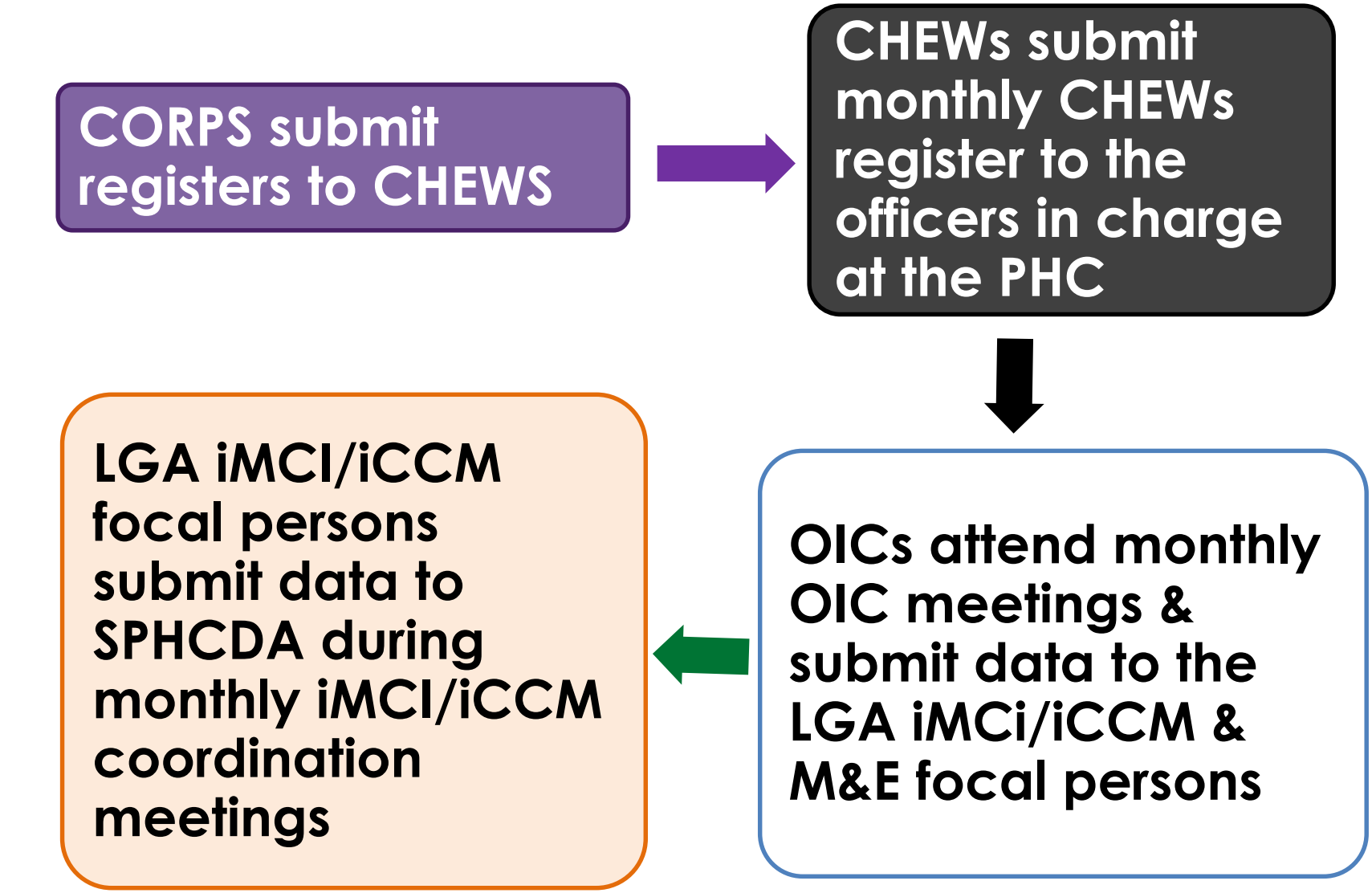
Supervision Of CORPs

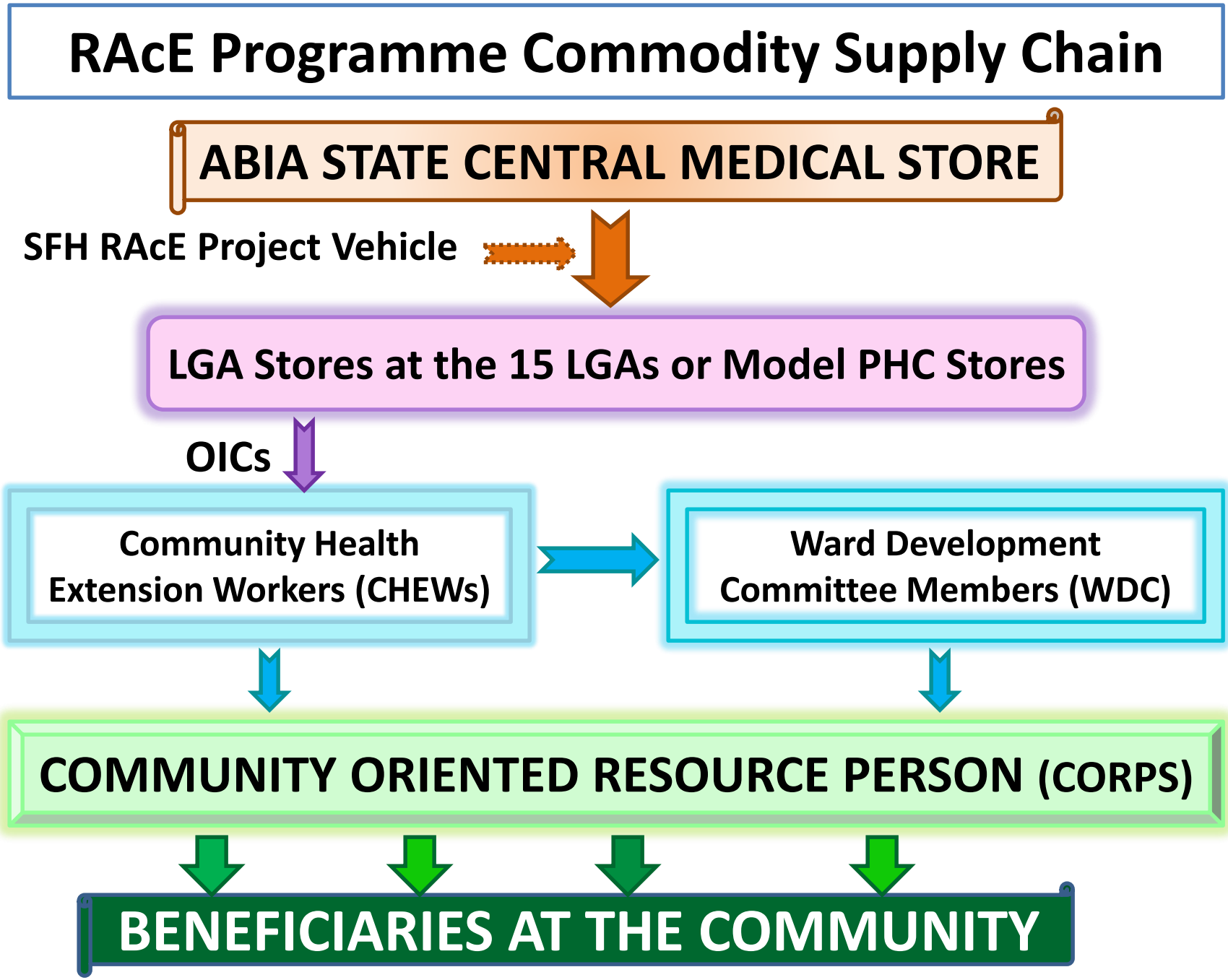
- Each CORP is expected to receive a monthly supervision to review:
  - CORPs registers on cases managed & referred
  - Stock availability.
- CHEWs also observe the CORP consultations with clients to provide feedback and ensure continuous improvements.
- A joint supervisory visit by the State Team and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

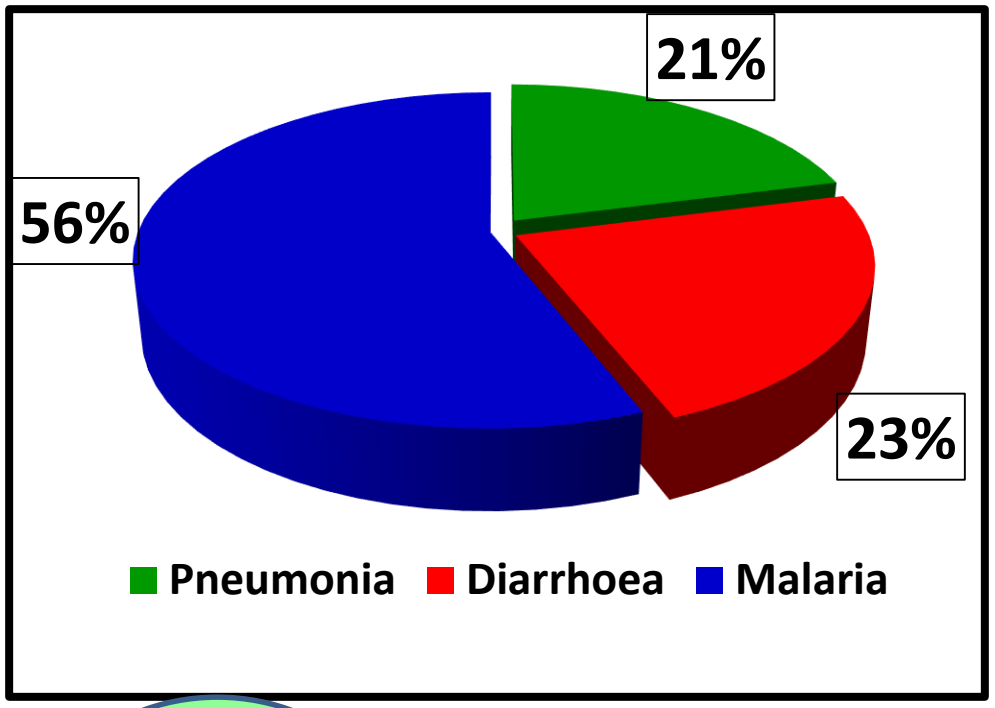
iCCM Programme Data Flow




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

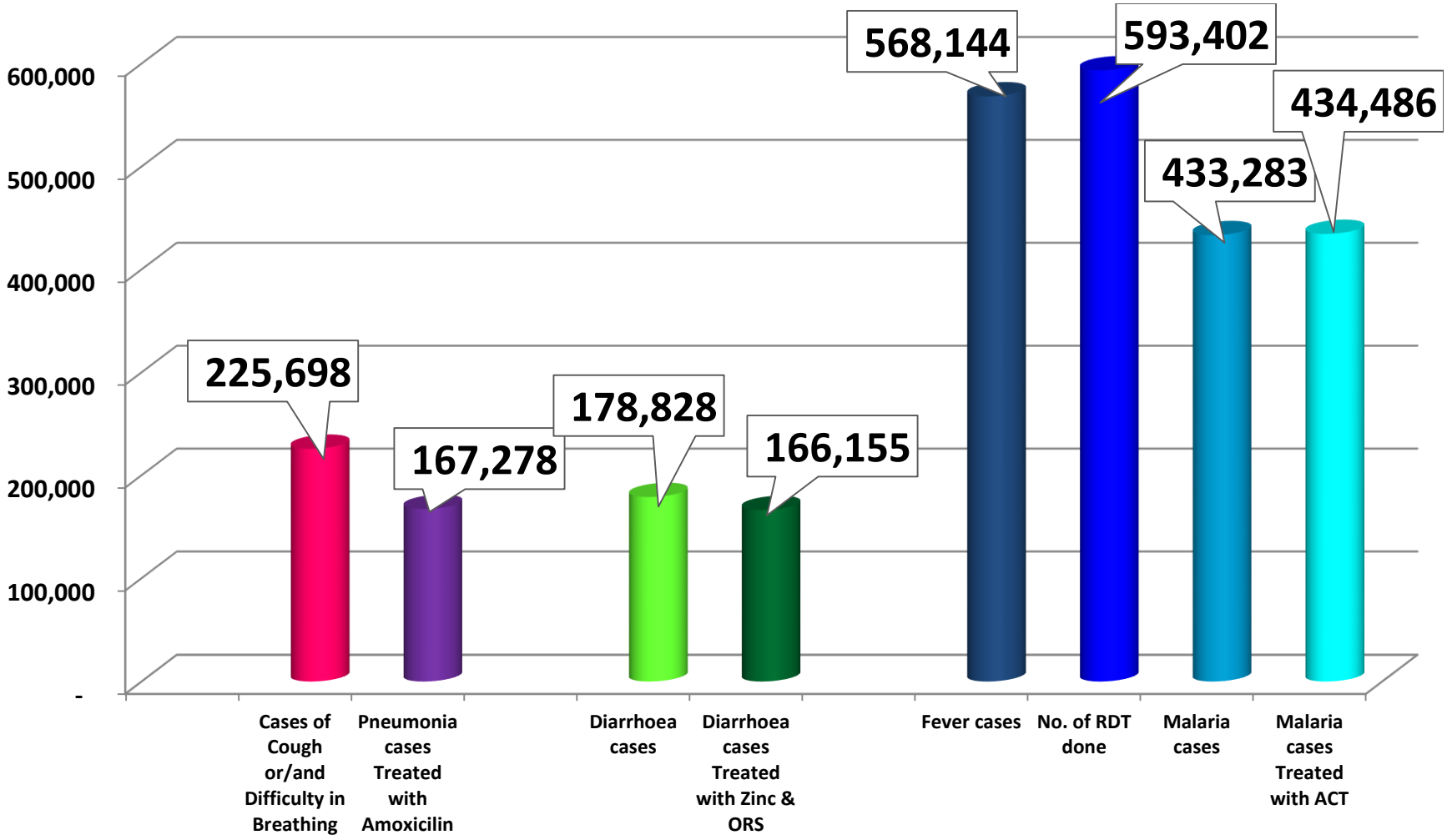
RECOVERY RATE

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