CCMImpact

Lessons learned from CIDA-funded community case management programs in Cameroun, DRC, Malawi and Mali

Learning has been an integral component of CCMImpact programs, and monitoring systems have been put in place to collect data to inform program improvement in line with the pillars – **access, quality, and demand**. Support for regular supervision visits as well as monthly meetings is provided to allow MOH and program staff to review CHW performance, verify reports, and address issues encountered during supervision.

KEY LESSONS LEARNED

QUALITY

MOH support at all levels is vital to program success and sustainability. In DRC, for example, ASF worked with district and provincial authorities to ensure MOH support for joint supervision visits, which improved implementation, particularly in remote areas. In Malawi, CHWs are paid MOH extension agents.

PROGRAM MEDICINES

- Quality control should be considered at each stage of the supply chain. Provision of backpacks for transport and medicine storage chests with a lock improve organization and management of medicines.
- Training modules and supervision checklists should emphasize the importance of monitoring basic quality (such as expiration dates) by CHWs and their supervisors.
- Program medicines should be easy to administer requiring a minimal amount of training, additional supplies, or dose modification for correct treatment.
- CHWs can improve treatment practices by observing the first dose and supporting caregivers to correctly administer.
- Age-specific packaging with illustrated instructions for low-literacy populations, such as 'pharma bags' used for ACTs or pre-packaged treatment kits for ORS/zinc or antibiotics may improve caregiver understanding of correct and complete treatment.
- Dispersible tablets, type of tablet coating, flavoring, and other product specifications to be included at the tendering stage must be validated by MOH, NDRA, and technical partners.
- Qualitative pre-tests of product form, specifications, and instructions with target groups are indispensable to ensuring acceptance and comprehension of news products.

TRAINING

- MOH leadership to develop training guidelines and materials, and to implement training of trainers and participants at all levels is a key element of success and promotes national ownership.
- Practical training exercises, conducted with test cases in the community in addition to classroom instruction with interactive demonstrations, role play, and problem-solving exercises in the national and local languages reinforce comprehension.
- Close supervision following training, and inclusion of post-training assessments helps determine weak areas to reinforce.
- Carefully consider structure. Cascade training allows for more intimate training groups and stronger supervision. However, quality can be variable and harder to monitor, and presents a large demand on personnel capacity if conducted simultaneously.
- Training of trainers should include modules on adult learning and supervision techniques. Information should be prioritized to avoid overwhelming CHWs.

SUPERVISION

- Logistics support for supervision, including bicycles for supervisors and use of program motorbikes for joint supervision visits with MOH and program staff, increases regularity of supervision.
- Sufficient program management staff are needed, particularly where program implementation takes place over a large geographic area and where access and communication are difficult. In DRC, ASF hired additional staff to ensure that one project supervisor was available per axis.
- Joint supervision supports national ownership, program consistency, and sustainability. In Cameroon, for example, district level health and CCM focal points supervise health facility focal points, who in turn conduct monthly supervisory visits of CHWs. ACMS field animators support supervision logistics, follow-up on reporting and troubleshoot specific issues raised, providing a greater program presence and flexibility on the ground.

TOOLS

- Program guidelines, training materials, job aids, and other tools must be aligned with national policy, and preferably national forms can be used (e.g. supervision checklists, medicine stock cards, sick patient forms, medicine delivery invoices, CHW reports).
- Assessment tools must be easy to use and able to withstand difficult conditions in remote areas. Use of alternative respiratory rate timing devices and counting beads, for example, is being explored to support improved pneumonia diagnosis.

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ACCESS

SUPPORTING CHW MOTIVATION AND RETENTION

- Choosing a CHW who is a permanent resident of his or her community helps ensure accessibility and improves community acceptance of and support for the CHW. In Mali, for example, this community recognition of the CHWs importance is an important motivating factor and anecdotal reports show CHW commitment to doing a good job and 'not letting my community down.' In Malawi, CHWs receive a $50 monthly stipend. They travel to intervention areas on scheduled days and work at the referral health facility during part of each week, which poses challenges for ensuring access to treatment within 24 hours of onset of symptoms.
- Regular support supervision from program staff and MOH authorities also provides encouragement and reinforces the importance of CHW contributions to the health system.
- In DRC, Mali, and Cameroun CHWs receive a small stipend which allows them to attend monthly meetings.
- When recruiting CHWs, consider candidates that are most likely to remain in their catchment area. In Cameroon, for example, CHW retention has been high even in the absence of any formal incentive structure, however young CHWs are the most likely to leave their post as a result of a move due to marriage or new employment.

MAINTAINING CONTINUOUS SUPPLY OF PROGRAM MEDICINES

- A stock pull system more accurately reflects demand and, with use of a buffer stock, minimizes the risk of stock-outs.
- Support for CHWs to attend regular meetings at health facilities encourages timely reporting of stock data & requests.
- Reporting and monitoring structures for drug stocks should be simple, output oriented, tested and in place prior to program implementation. All CHWs and staff reporting on these numbers should be trained to use the system. In DRC, ASF supported the development of a stock bin card system for inventory control, including program medicines.
- Using the existing MOH supply chain structure where available develops sustainability, and with program support to identify and resolve bottlenecks, ensures that stocks are maintained on the ground. In Mali, for example, PSI uses the national medical supply chain. CHWs re-supply during their monthly meetings at health facilities, and supervisors carry additional supplies in case of unexpected stock-outs in between the monthly meetings.

INFORMED DEMAND

- It is important to engage with implementing communities from the inception of the project and build strong relationships with local authorities, community based organizations, and other prominent individuals to ensure community buy-in. In Mali, local leaders support CHWs during community education sessions. In Malawi, village health committees and teams of local women responsible for community mobilization are important vehicles to generate demand and ensure that communities are aware of services offered by the CHW.
- Training modules should include adult learning, advocacy, IPC, and community mobilization techniques. Trainers should ensure sufficient practice, role play and observed community interaction to reinforce CHW capacity and correct weaknesses observed. In DRC, 396 promotional health agents were recruited and trained, one per community site, to specifically support education and outreach.
- In order to ensure comprehension and motivate adoption of improved treatment seeking behaviors, communication materials and key messages must be tailored to the target group, address their concerns, and reach them with images and language they understand and identify with. Consulting with MOH and partner communication experts, looking to past interventions, and conducting qualitative pre-tests are key to developing messaging and materials which is context-specific and generates demand.
- The absence of ACTs at program launch in DRC (due to delays during the tax exemption process) led to a reduction in consultation of CHWs. It is important to ensure that all products are available at program launch. If that is not possible, program launch plans should take into consideration careful messaging to ensure that populations understand what to expect and CHWs should be fully trained in addressing issues that can arise.

MONITORING FOR CONTINUOUS IMPROVEMENT

- M&E is a priority during both project design and implementation. It is important to assess program capacity and budget sufficient resources for data collection, entry, management, analysis, and reporting, including an individual exclusively responsible for managing data.
- It is essential to train CHWs and their supervisors extensively on the correct use of reporting forms to reduce errors. Ensure that reporting forms are simple and output oriented, and test forms prior to their adoption, for their successful application.
- Monitoring use of program medicines against registers of cases treated is an important verification of rational drug use according to program guidelines.
- Ensuring data accuracy and timeliness requires inputs on multiple levels. In DRC, for example, the CCMImpact program :
  - Provides a small financial incentive to defray transport costs for CHWs to attend monthly meetings at the health area level, which is paid once completed reports are received
  - Trained health area focal points to provide mentorship and coaching to CHWs to improve reporting practices
  - Increased the number of field coordinators who support active data collection as needed
- Use of electronic data reporting has the potential to produce faster and more consistent program reports. In Cameroon, ACMS began piloting VOGLO, to collect program data through SMS from mobile phones, with MedicMobile technology, in February 2012.

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