Debrief on iCCM Symposium in Ghana

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MCHIP Maternal and Child Health Integrated Program

OBJECTIVES of SYMPOSIUM

1. Review current state of iCCM implementation to draw out priorities, lessons and gaps for improving child and maternal-newborn health.
2. Assist African countries to integrate and take action on key frontline iCCM findings presented during the evidence symposium around eight thematic areas:

coordination, policy setting, and scale up	M&E and HMIS	costs, cost-effectiveness, and financing	supervision and performance quality assurance
human resources and deployment	supply chain management	impact and outcome evaluations	demand generation and social mobilization

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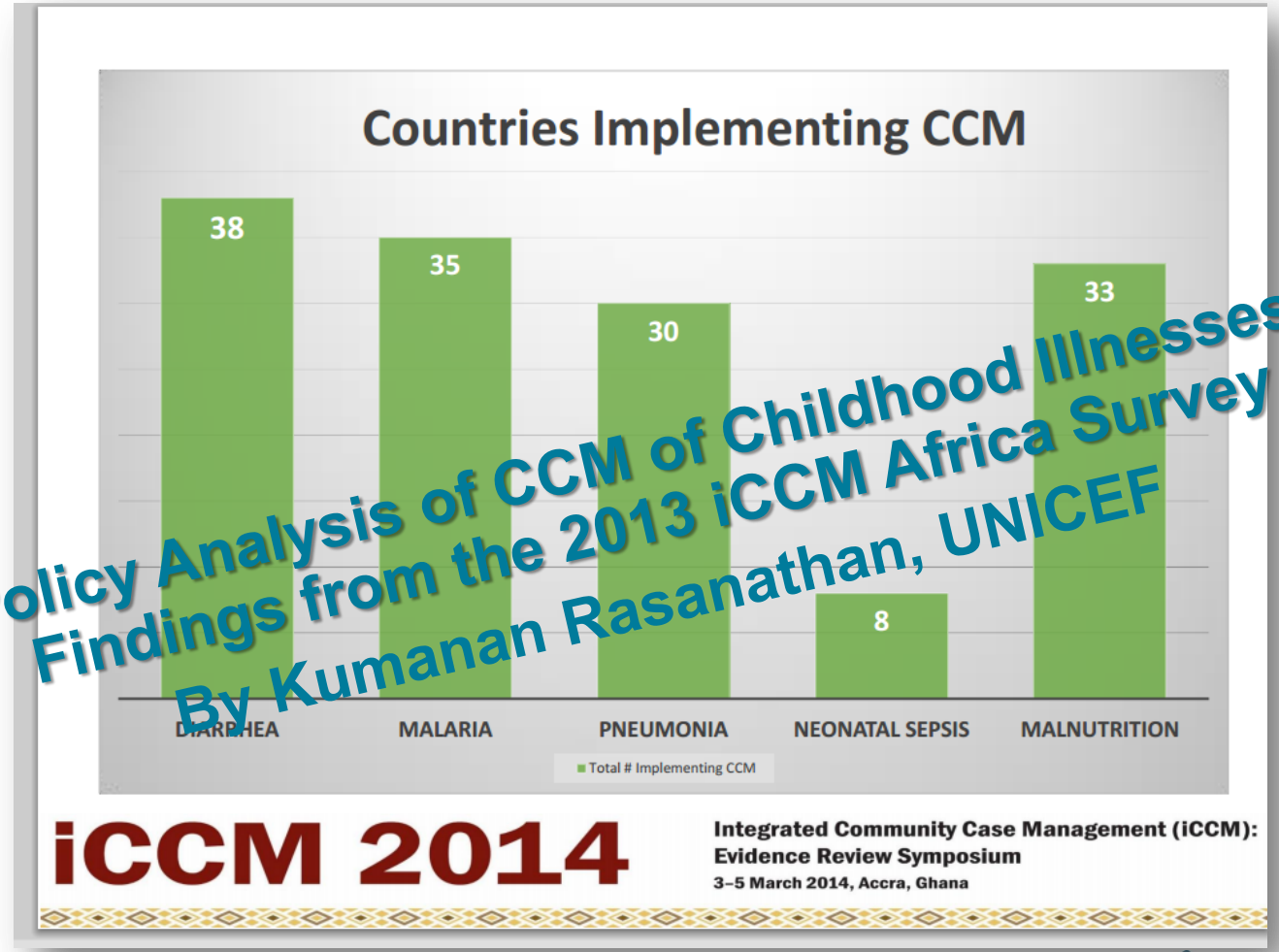
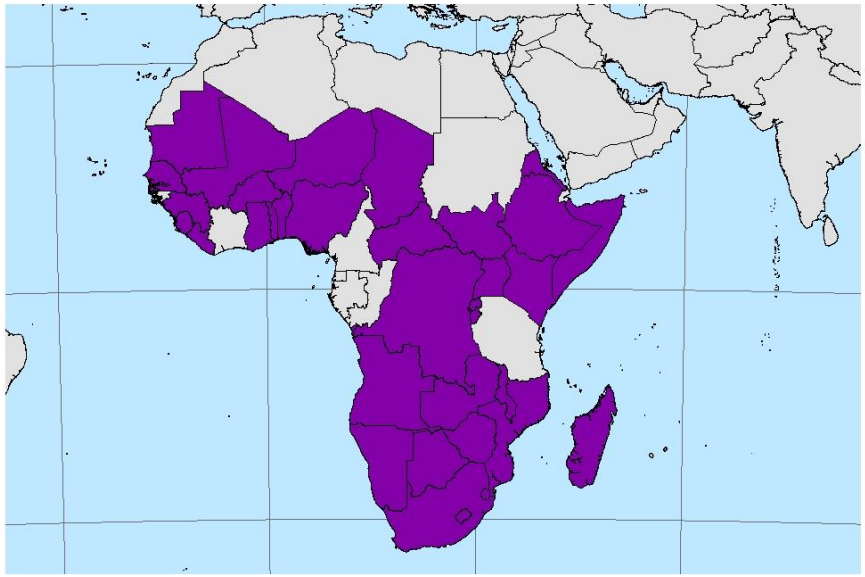
PRESENTATION HIGHLIGHT: Coordination and Policy Setting



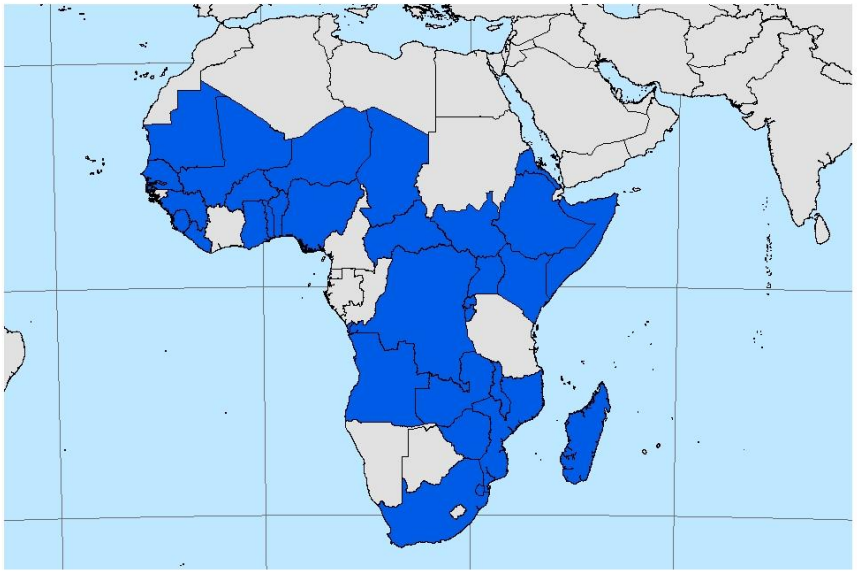
Policy Analysis of CCM of Childhood Illnesses: Findings from the 2013 iCCM Africa Survey

By Kumanan Rasanathan, UNICEF

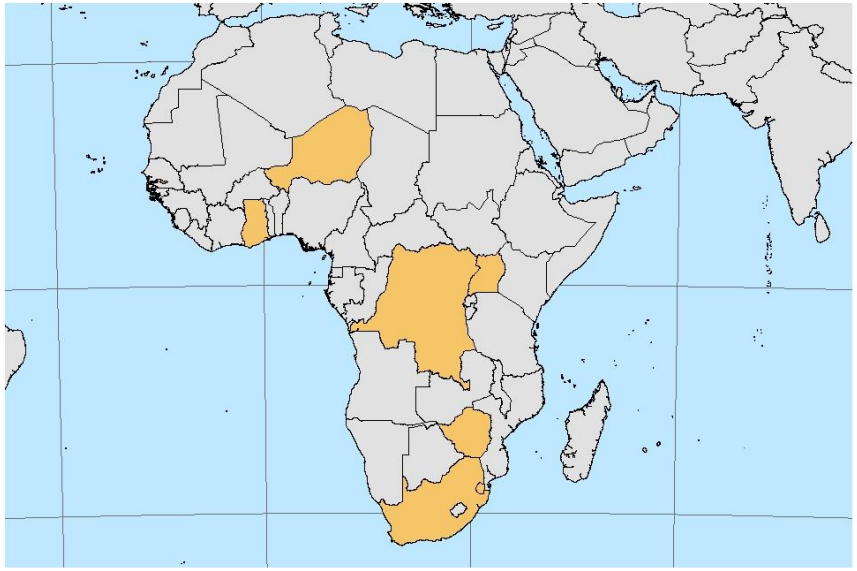
Countries in Africa Region Implementing CCM Diarrhea



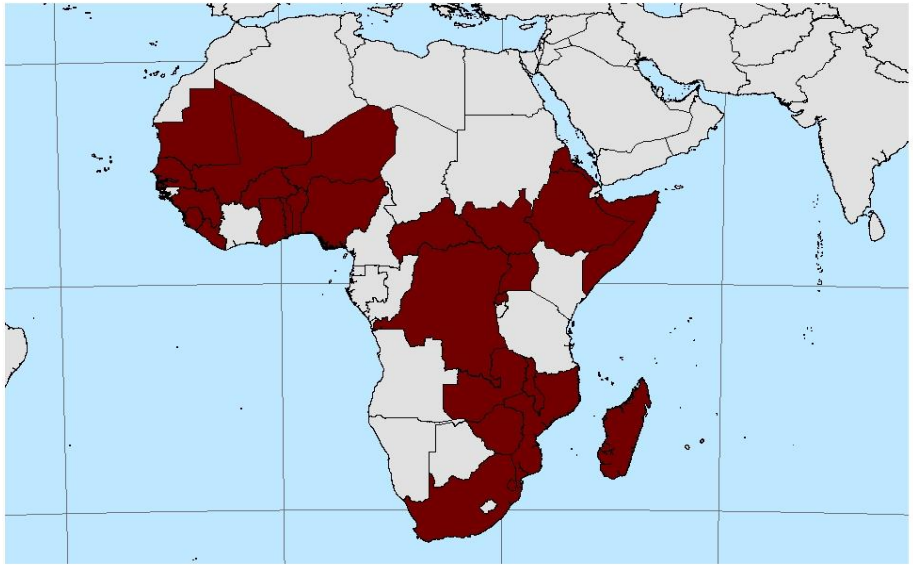
Countries in Africa Region Implementing CCM Malaria



Countries in Africa Region Implementing CCM Neonatal Sepsis



Countries in Africa Region Implementing CCM Pneumonia



Conclusion and gaps of survey

- Encouraging progress in CCM expansion since 2010
- Key remaining questions:
  - Definition
  - Scale of implementation
  - Quality
  - Financing and costs
  - Sustainability

ICCM Mortality Impact Assessment and Results Across Countries

Agbessi Amouzou
Saul Morris
Larry Moulton
David Mukanga

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Background

- ICCM implemented by many countries as strategy for reducing mortality and accelerating progress toward MDG 4
- There is currently little evidence on mortality impact of large ICCM programs in Africa
- Few impact evaluation studies have been recently conducted and are mostly under analysis for publication
- It is critical at this stage to review the state of the evidence, lessons learned to date and way forward

Studies Identified

Country	Name of Country PI.	Partner support	Study year
Burkina Faso	Sodiomon B. Sirima	GRAS/TDR	2010-2013
Cameroon	Megan Littrel	PSI	2009-2012
Ethiopia	Agbessi Amouzou	JHU	2011-2013
Ghana	John Gyapong	GHS/TDR	2006-2009
Sierra Leone	Theresa Diaz	UNICEF	2010-2012
Uganda (Central)	Geoffrey Namara	UNICEF/MC	2010-2011
Uganda (Western)	Geoffrey Namara	MC	2009-2012
Zambia	Helen Counihan	MC	2010-2012

Lessons Learned

- Mortality impacts in recently implemented programmes vary considerably, from a (statistically significant) 76% reduction in mortality, to a (non-significant) 43% increase
- Mortality measurement requires large sample sizes, especially on short period and medium to low level mortality

Lessons Learned

- In general it will take no less than two years to reasonably expect to detect measurable mortality impact
- Undertake mortality impact measurement only when conditions on program utilization and coverage levels are met.
- When mortality is measured, companion data on utilization, coverage, point of treatment and contextual factors must also be collected

PRESENTATION HIGHLIGHT: Human Resources

Motivating CHWs Through the Micro-Franchise Model
By Nena Sanderson, Living Goods

CHPs carry products that drive impact and sustainability

Treatment

ACT
ORS/ Zinc
Amoxicillin
De-worming
Pain, cough & cold

Prevention

Fortified foods
Vitamin A, Iron, Zinc
Contraceptives
Water treatment
Insecticide treated nets

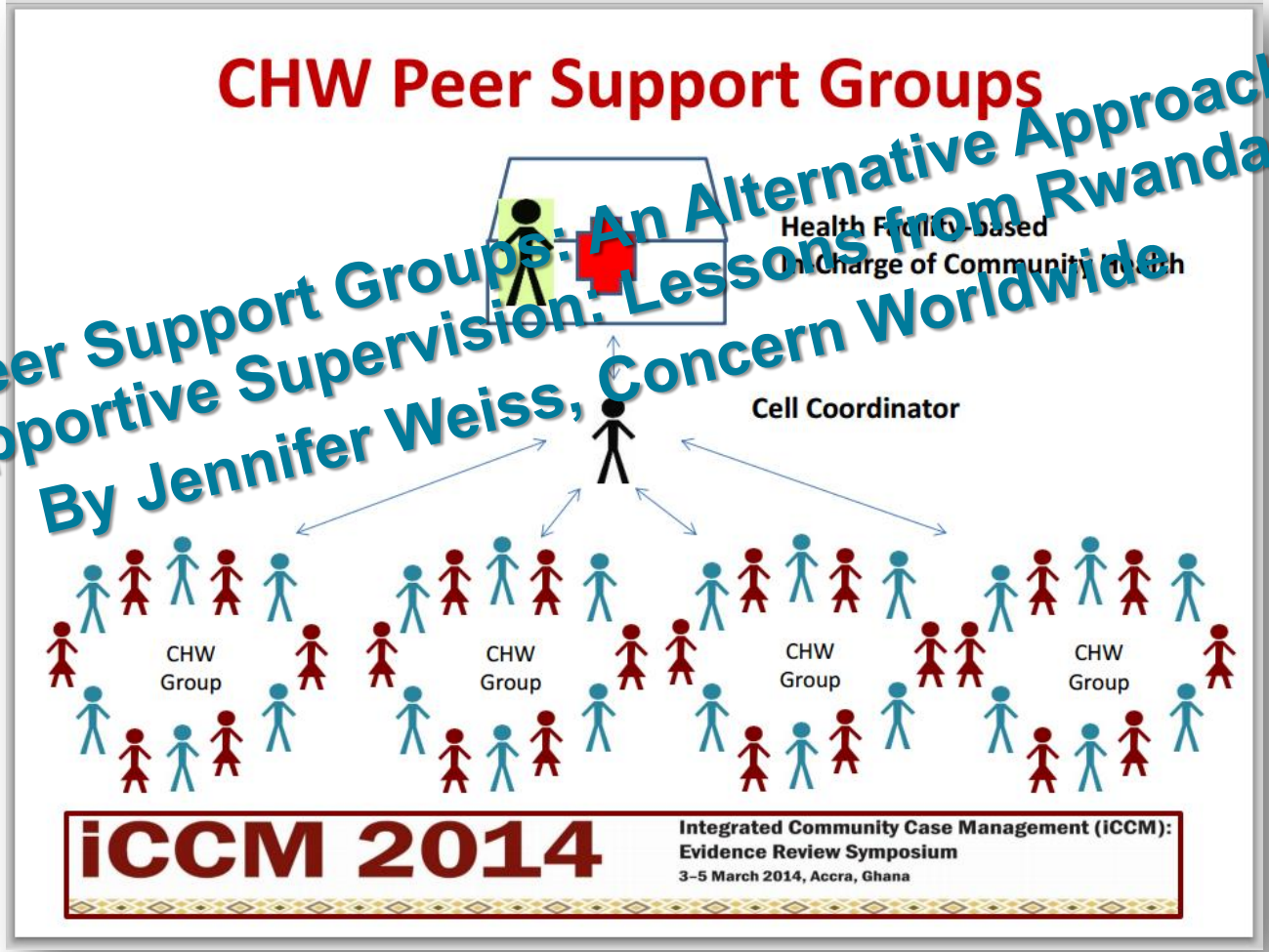
Pro-Poor Durables

Solar lamps / chargers
Clean burning cook stoves
Water filters

Consumer Goods

Efficient Cooking Fuels
Sanitary pads
Diapers
Soap

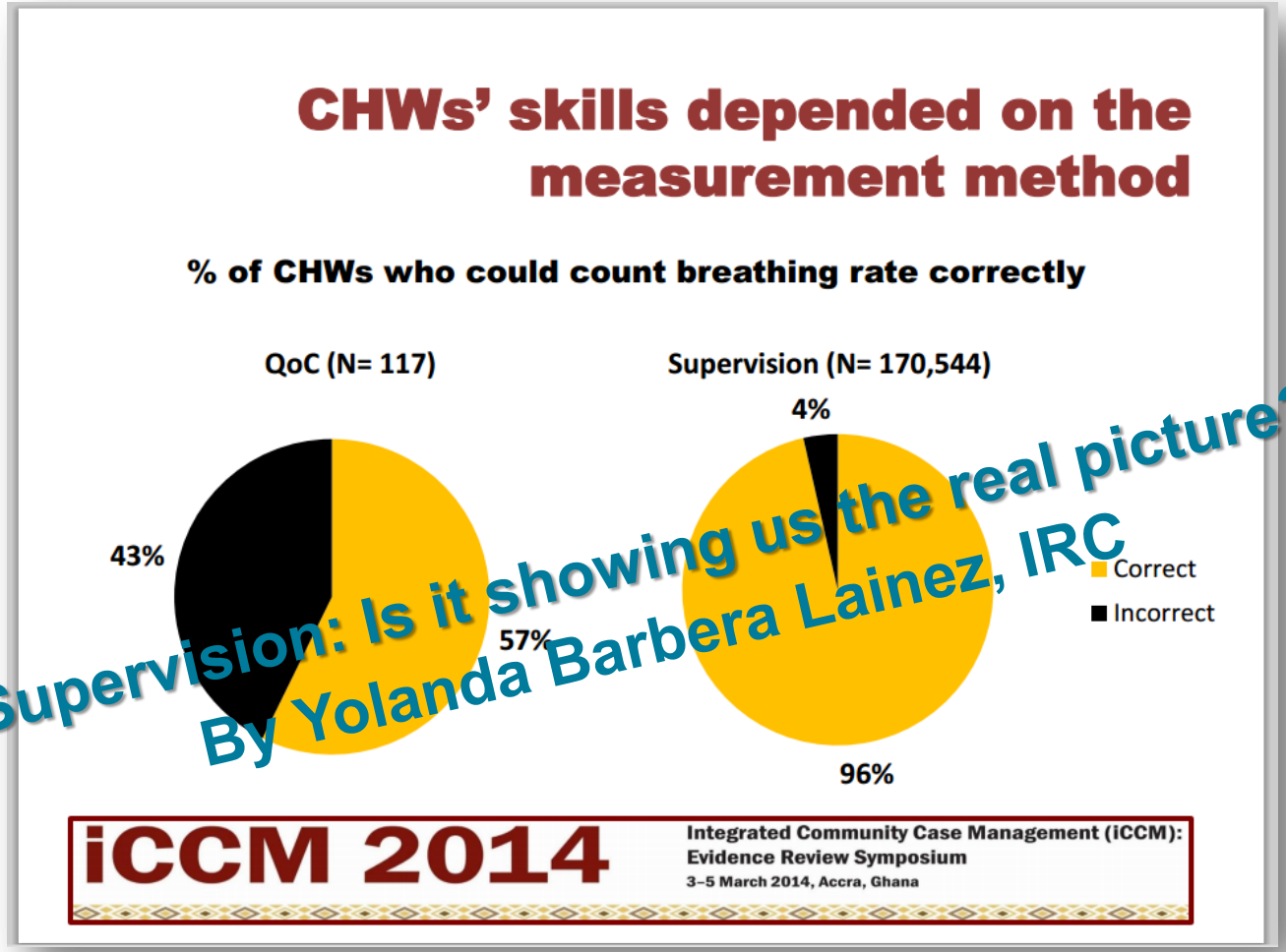
PRESENTATION HIGHLIGHT: Supervision & Quality Assurance



CHW Peer Support Groups: An Alternative Approach to Supportive Supervision: Lessons from Rwanda

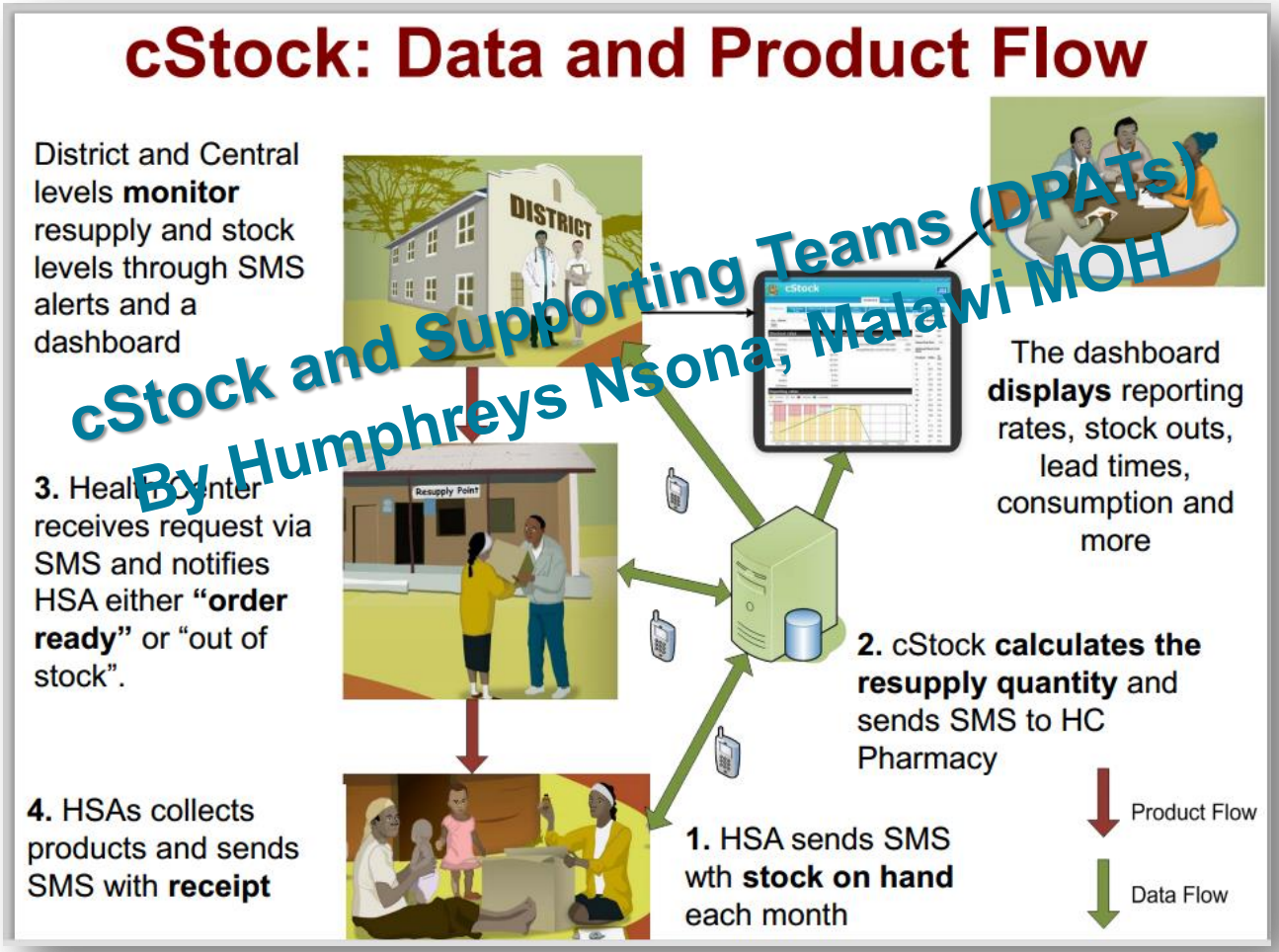
By Jennifer Weiss, Concern Worldwide

PRESENTATION HIGHLIGHT: Supervision & Quality Assurance

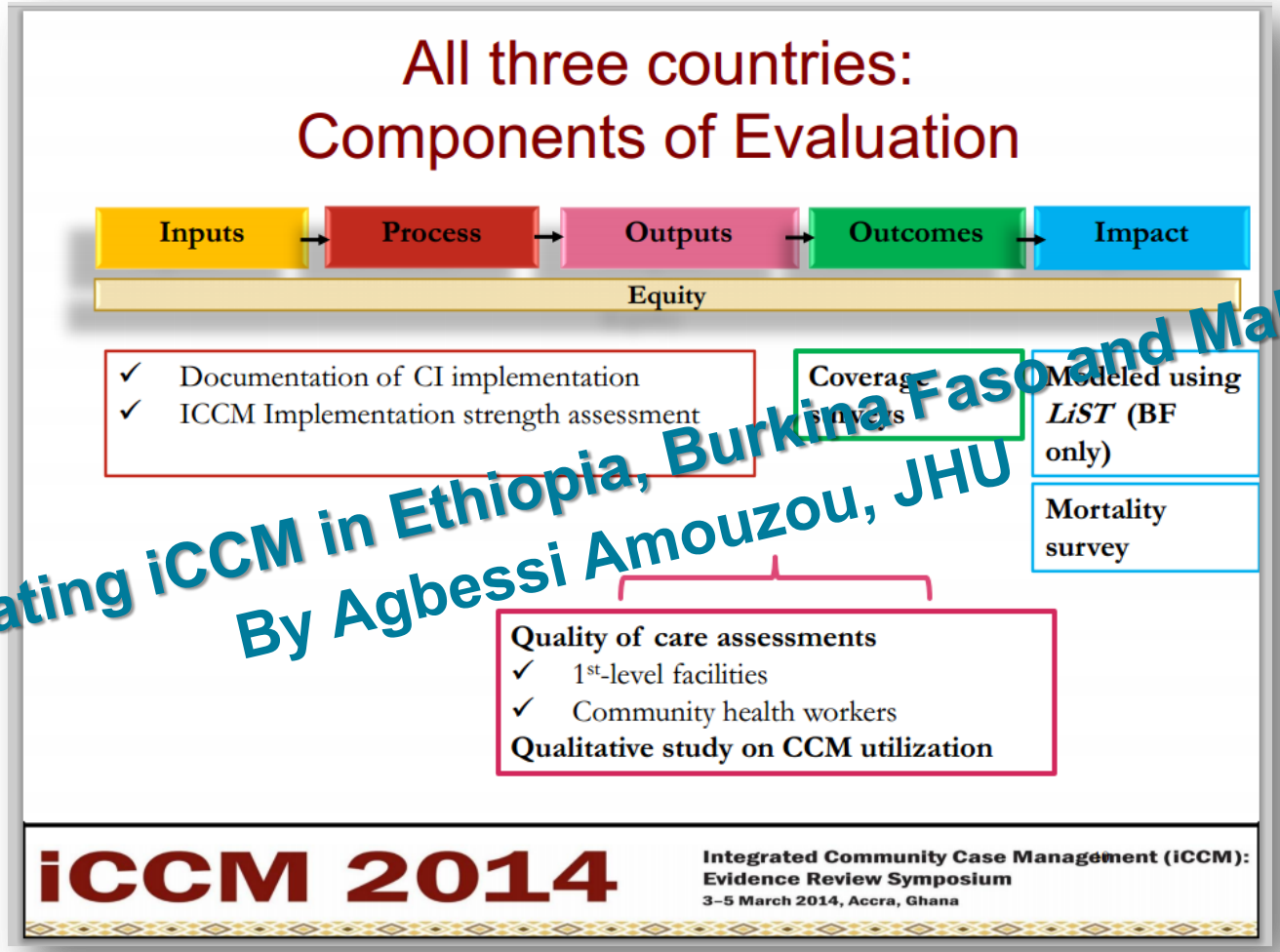


Supervision: Is it showing us the real picture?
By Yolanda Barbera Lainez, IRC

PRESENTATION HIGHLIGHT: Supply Chain Management



PRESENTATION HIGHLIGHT: M&E and HMIS: Evaluation Panel



Evaluating iCCM in Ethiopia, Burkina Faso and Malawi
By Agbessi Amouzou, JHU

PRESENTATION HIGHLIGHT:
Demand Generation & Social Mobilization

Community Involvement: National CHW Program in Mozambique

By Teresa Mapasse, Mozambique MOH; Erica Wetzler, Save the Children; Teresa Cerveau, Malaria Consortium

KEY MESSAGES from SYMPOSIUM

1. Increase utilization of iCCM to be more cost efficient and to ensure maximum impact

2. Use routine reporting data to assess progress and only conduct endline evaluations of impact after being at scale (i.e., 80% of providers trained and equipped) with high utilization for at least 1 year

iCCM RECOMMENDATIONS

- National government leadership is essential.
- iCCM must be integrated in national health systems and seen as a priority means of delivering care, and embedded as a costed element of national health sector plans, with a clear budget line.
- Integration is key among all health-related programs at community level (water and sanitation, nutrition, etc.).
- Coordination mechanisms should extend beyond health to include other sectors (e.g., finance).
- Advocacy on the iCCM model is still paramount to its dissemination.

iCCM RECOMMENDATIONS, Cntd.

- There is no single model of HR management for community based interventions.
- Charging fees decreases utilization.
- High supervision rates increase quality, utilization and motivation.
- Having fewer stock outs increases utilization.

- Providing treatment for malaria, pneumonia and diarrhea combined increases utilization of services for each illness.

iCCM RECOMMENDATIONS , Cntd.

- Using rapid diagnostic tests (RDTs) decreases unnecessary malaria and pneumonia treatments.
- Private public partnerships should be explored as vehicles for iCCM implementation.
- New technologies such as Rapid SMS, mHealth, and mTRAC can facilitate monitoring and management.
- iCCM programs must be well documented, periodically reviewed and evaluated in order to guide implementation at scale.

Thank you!

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