

CCM Detailed Implementation Plan: Outline



1. Project Summary in a paragraph
 - a. Site
 - b. # beneficiaries
 - c. Years
 - d. Results Framework in a narrative
 - i. Goal (<5 mortality reduced)
 - ii. Strategic Objective (use of curative interventions [specify] increased)
 - iii. IR-1 (access) increased
 - iv. IR-2 (quality) demonstrated
 - v. IR-3 (demand) knowledge of danger signs increased
 - vi. IR-4 (enabling environment) increased
 - vii. Main strategies
 - e. Partners
 - i. General statement of who's doing what, specifically
 1. Communities
 2. CHWs
 3. MOH
 4. Save the Children
 5. Academic institution
 6. Etc.
 - f. Budget
 - g. Cost/beneficiary
2. Situation Analysis
 - a. Secondary data (national or impact area)
 - i. Use
 1. Of pneumonia case management
 - a. Pneumonia treatment ratio
 2. Of ORS
 3. Of antimalarials for fever
 4. Of skilled birth attendant (proxy for access to treatment for neonatal sepsis)
 5. Patterns of care-seeking for ARI-needing assessment, fever, diarrhea
 6. Matrix of "Lancet interventions" vs. delivery strategies
 - ii. Access
 1. MOH definition of access
 2. Proportion with low access
 3. Seasonal variations
 - iii. Quality
 1. Data

- iv. Enabling Environment
 - 1. Policy environment:
 - a. CHWs vs. antibiotics;
 - b. zinc for diarrhea
 - c. Fee for service
 - 2. Health System
 - a. Public
 - i. Cadres, training, deployment, especially
 - 1. Community health workers
 - 2. Matrix of CHWs x interventions delivered
 - ii. Supervision
 - iii. Forms, HIS tools, job aids
 - b. Private sector
 - i. Allopathic
 - ii. Traditional, etc.
 - b. Primary data
 - i. Household survey
 - ii. Health services assessment
 - iii. Group interviews with mothers, etc.
 - 1. Definition of “access”
 - 2. “Pathway to survival”
 - a. Terminology
 - b. Danger signs
 - c. Home care
 - d. Patterns of decision-making and care-seeking
 - e. Parameters of perceived quality
 - f. Compliance
 - iv. Key Informant Interviews with providers
 - c. Synthesis
3. Interventions, strategies, and sub-strategies
 - a. Interventions
 - i. Drug, dose, frequency, duration
 - b. Strategies and sub-strategies
 - i. CCM (obviously)
 - ii. Facility-based case management
 - 1. Sub-strategies to assure quality
 - 2. Sub-strategies to assure availability
 - iii. Quality
 - 1. Sub-strategies
 - iv. Demand creation
 - 1. Sub-strategies (i.e., routine BCC sub-strategies, and less common strategies, like conditional cash transfer, etc.)
 - v. Environment enabled at community level
 - 1. Sub-strategies

- vi. Environment enabled at policy level
 - 1. Sub-strategies

4. Impact Area

- a. Maps, showing health facilities, all communities, main roads and major geographical landmarks
- b. “Geographic triage” sketched on map, with assumptions for each boundary
 - i. Health facility catchment area
 - ii. CCM appropriate area
 - iii. CCM inappropriate area (too far for phase 1)
- c. Matrix of eligible communities (from CCM appropriate area above) x selection criteria
- d. Matrix of communities selected
 - i. Populations (total and <5)
 - ii. Distance from health facility
 - iii. # CCM workers
 - 1. Estimated case load per CCM worker
 - iv. Facility affiliation
- e. Front-line facilities
 - i. Staffing: planned and deployed
 - 1. Training
 - 2. Supervision
 - ii. Availability
 - iii. Second line facility
 - iv. Transport
 - 1. from communities to front-line facilities
 - 2. from front-line facilities to second-line facilities

5. Training Plan

- a. Schedule

Course	Trainees (#)	Trainers (#)	# Days	Date	First vs. Refresher
Orientation of MOH					First
Training CHW Trainers					First
Training Health Workers					First (or refresher)
Training CCM Workers					First
Training CHW Trainers					Refresher
Training in BCC					First
Etc.					

- b. Training materials
 - i. Manuals
 - ii. WHO videos, photos, etc.
 - iii. URC CS-ROM
 - c. Competencies
 - i. Competency assurance methods
6. Supply
- a. Drugs
 - i. Numbers
 - ii. Source
 - iii. Control
 - iv. Re-supply
 - b. Equipment, job aids, supplies
 - i. Numbers
 - ii. Source
 - iii. Control
 - iv. Re-supply
 - c. Innovative technology (#, use)
 - i. Cell-phones
 - ii. PDAs
 - iii. Flip ® video-cameras
7. Standards of care
- a. CHW per drug box
 - i. Rotation of box or duty
 - b. Storage norms
 - c. Fee for service
 - i. Accommodations for extreme poverty
 - d. Home visit protocol
 - i. Timing (for condition)
 - ii. Content
 - e. Treatment flow-charts and protocols, especially
 - i. For fever
 - ii. For diarrhea
 - iii. Counting respiratory rate
 - 1. time-piece (type[s])
 - 2. how many times
 - iv. “Plan B” for refused or non-feasible referral
 - f. Register and other record-keeping
8. Supervision
- a. Frequency
 - b. Content
 - i. Especially quality of case management
 - c. Tools

- d. Locus
9. Referral
 - a. “Facilitated” or not (cash, child-care, first dose, transport, accompanying, etc.)
 - b. Forms and equipment (pañoleta)
 10. Demand creation
 - a. Table of messages, target audiences, channels, and tools
 11. Community Role
 - a. Selection of CHW
 - b. Accountability
 - c. Supportive institutions or arrangements
 - i. Transportation, etc.
 12. Operations Research
 - a. Matrix of questions x audience (SC vs. MOH vs. international)
 - b. Partners
 - i. National
 - ii. International
 - c. Protocols
 13. Partnerships
 - a. MOU with MOH
 - b. Technical Advisory Group
 14. Results Monitoring Plan
 - a. Matrix of result level, name of indicator, definition, source of information, frequency, and cadre to collect
 - b. Illustrative data display
 - c. Illustrative decisions made
 - d. Consistency with existing indicators
 15. Evaluation Plan
 - a. With/without population-based survey (before, after, both, neither)
 - b. Scale
 - c. Sustainability
 - d. Explanations for change
 - e. Cost, cost/effect
 - f. Equity
 16. Advocacy Plan
 - a. Likely messages
 - b. Data and experience needed
 - c. Meetings and presentations planned

d. Documentation and dissemination planned

17. Brief description of DIP Workshop

- a. Dates, venue
- b. Attendees
- c. Main outcomes and decisions

18. Personnel and Management Plan

- a. Job descriptions
- b. CVs of key personnel
- c. Organigram

19. Technical Assistance Needs

- a. SC
 - i. Who
 - ii. When
 - iii. What
- b. Consultants' names and roles

20. Tool Summary

- a. Matrix of all CCM tools, # planned, users
- b. Means to control outdated versions

21. Workplan

- a. More detailed for first 6 months
- b. Less detailed for life of project

22. Budget