

Caring for Newborns and Children in the Community: Planning Handbook

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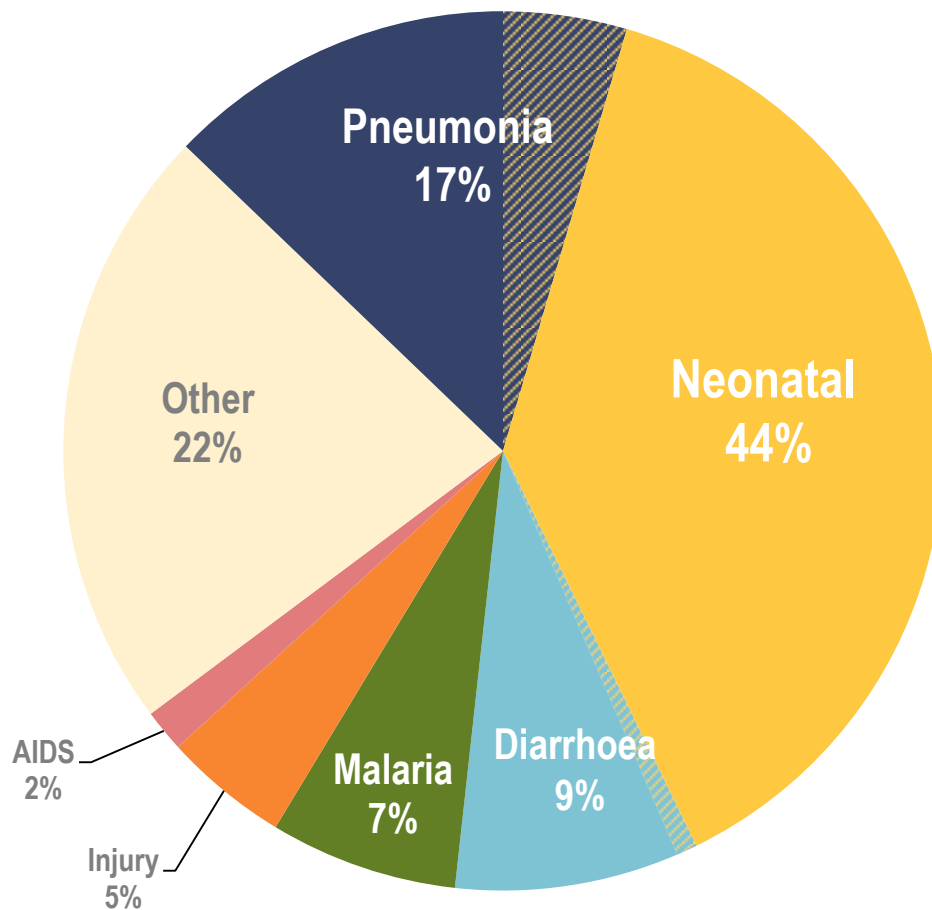
**Integrated Community Case Management (iCCM):
Evidence Review Symposium**
3-5 March 2014, Accra, Ghana

Overview

- Background
- *Caring for Newborns and Children in the Community: Planning Handbook*
- Next Steps

Pneumonia, diarrhoea and malaria are the leading killers of children under age 5; roughly 44% of deaths in children under 5 occur during the neonatal period

Global distribution of deaths among children under age 5, by cause, 2012



Estimates are rounded, and therefore may not sum to 100%.

Source: UNICEF analysis based on IGME 2013, WHO and CHERG 2013.

Effective, essential interventions for RMNCH



ESSENTIAL INTERVENTIONS, COMMODITIES AND GUIDELINES for Reproductive, Maternal, Newborn and Child Health



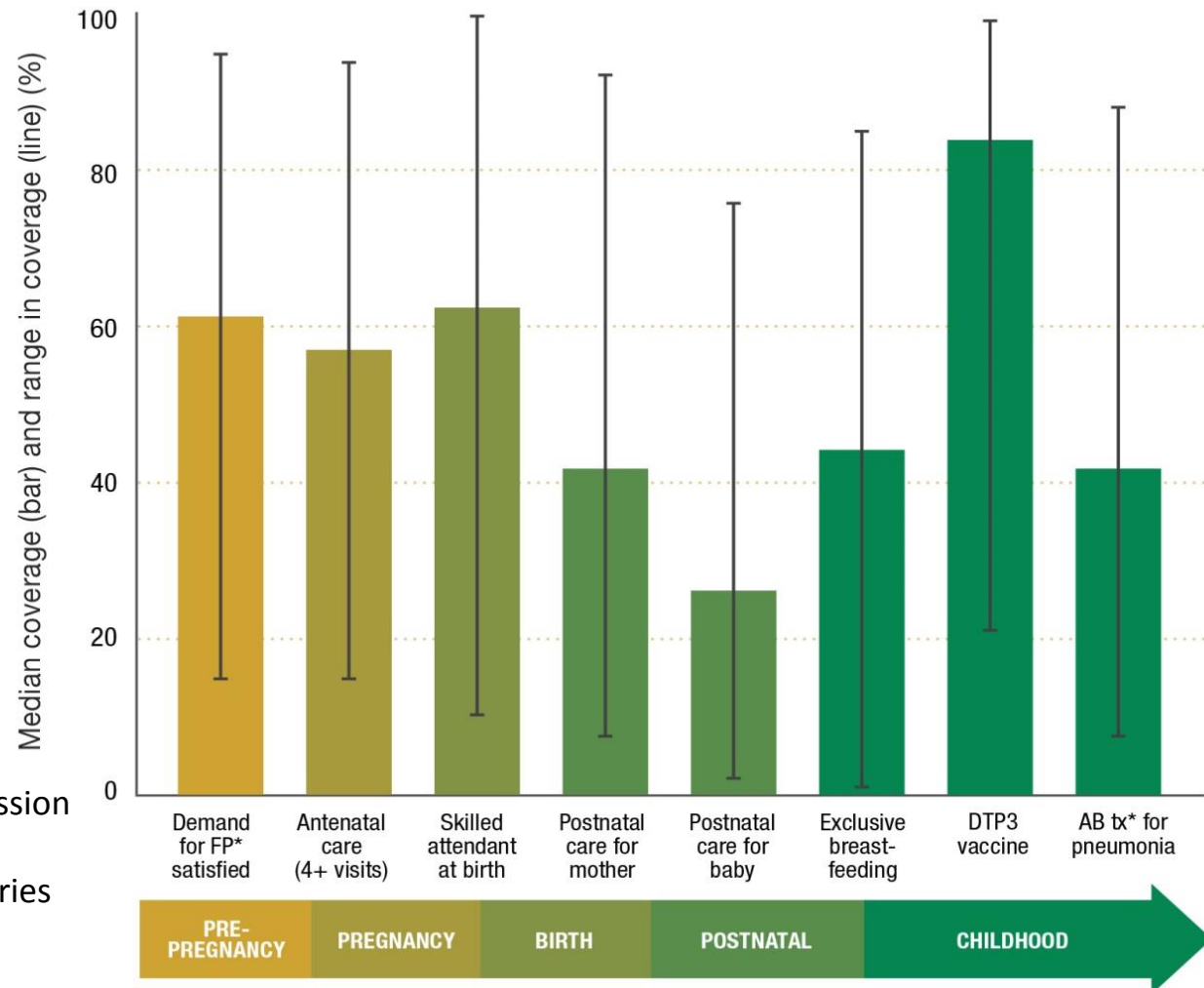
A GLOBAL REVIEW OF THE KEY INTERVENTIONS RELATED TO REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH)

| Postnatal (newborn) | | | | |
|--|---|---|---|---|
| Immediate thermal care | ✓ | ✓ | ✓ | |
| Initiation of exclusive breastfeeding (within first hour) | ✓ | ✓ | ✓ | |
| Hygienic cord and skin care | ✓ | ✓ | ✓ | |
| Neonatal resuscitation with bag and mask (professional health worker) | ✓ | ✓ | - | |
| Case management of neonatal sepsis, meningitis and pneumonia | ✓ | ✓ | - | |
| Kangaroo mother care for preterm and for less than 2000g babies | ✓ | ✓ | - | |
| Management of newborns with jaundice | ✓ | ✓ | - | |
| Surfactant to prevent respiratory distress syndrome in preterm babies | ✓ | - | - | |
| Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome | ✓ | - | - | |
| Extra support for feeding small and preterm babies | ✓ | ✓ | - | |
| Presumptive antibiotic therapy for newborns at risk of bacterial infections | ✓ | - | - | |
| Childbirth | | | | |
| Induction of labour for prolonged pregnancy | | ✓ | - | - |
| Prophylactic uterotonics to prevent postpartum haemorrhage | | ✓ | ✓ | ✓ |
| Active management of third stage of labour to prevent postpartum haemorrhage | | ✓ | ✓ | - |
| Management of postpartum haemorrhage (e.g. uterotonics, uterine massage) | | ✓ | ✓ | ✓ |
| Caesarean section for maternal/foetal indication | | ✓ | - | - |
| Prophylactic antibiotics for caesarean section | | ✓ | - | - |
| Postnatal (mother) | | | | |
| Family planning | | ✓ | ✓ | ✓ |
| Prevent and treat maternal anaemia | | ✓ | ✓ | - |
| Detect and manage postpartum sepsis | | ✓ | ✓ | - |
| Screen and initiate or continue antiretroviral therapy for HIV | | ✓ | ✓ | - |
| Postnatal (newborn) | | | | |
| Immediate thermal care | ✓ | ✓ | ✓ | |
| Initiation of exclusive breastfeeding (within first hour) | ✓ | ✓ | ✓ | |
| Hygienic cord and skin care | ✓ | ✓ | ✓ | |
| Neonatal resuscitation with bag and mask (professional health worker) | ✓ | ✓ | - | |
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Intervention Coverage

Wide range
in coverage
levels for
virtually
all
interventions

Coverage levels for selected Commission indicators of intervention coverage, median and range for priority countries with data available, 2007-2012



Community based care for increasing access to services

- Optimal coverage of high impact interventions will not be achieved by health facility-based interventions alone
- Delivery of selected interventions at the community improves health outcomes
- WHO/UNICEF state of the art packages for ***Caring for Newborns and Children in the community:***
 - *Caring for the Newborn at Home*
 - *Caring for the Child's Healthy Growth and Development*
 - *Caring for the Sick Child*

Evidence shows that:

- Home visits by CHWs during pregnancy and in the first week after birth can make a significant difference in reducing neonatal mortality.
- CHWs can play a key role in helping caregivers implement appropriate home care practices for healthy growth and development of their offspring.
- Community-based treatment of diarrhoea, pneumonia and malaria can significantly reduce childhood mortality

WHO/UNICEF Joint statements

Diarrhoea



Pneumonia



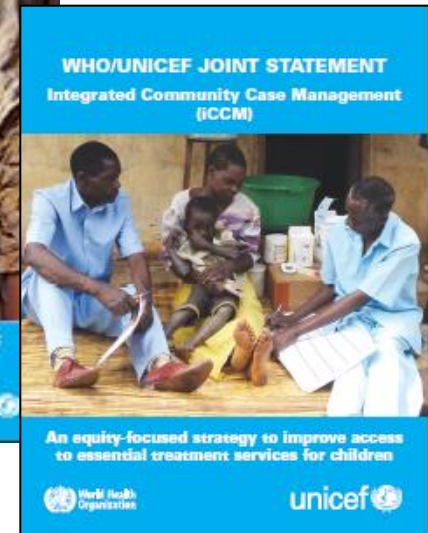
Severe acute malnutrition



Home visits for newborn care



Integrated community case management



Experience shows that:

- Integrated delivery makes sense. For example, CHWs who deliver curative interventions are more credible when they deliver preventive and promotive interventions
- Task sharing among different cadres of CHW (e.g., older female newborn workers and younger male sick child workers) can deliver interventions across the continuum of care
- Motivated, remunerated, supported CHWs can expand the scope of life-saving interventions that they deliver

WHO/UNICEF Packages for Caring for Newborns and Children in the Community

Caring for the newborn at home

- Promotion of ANC and skilled care at birth
- Care in first week of life
- Recognition and referral of newborn with danger signs
- Special care for low-birth-weight babies

Caring for the sick child in the community

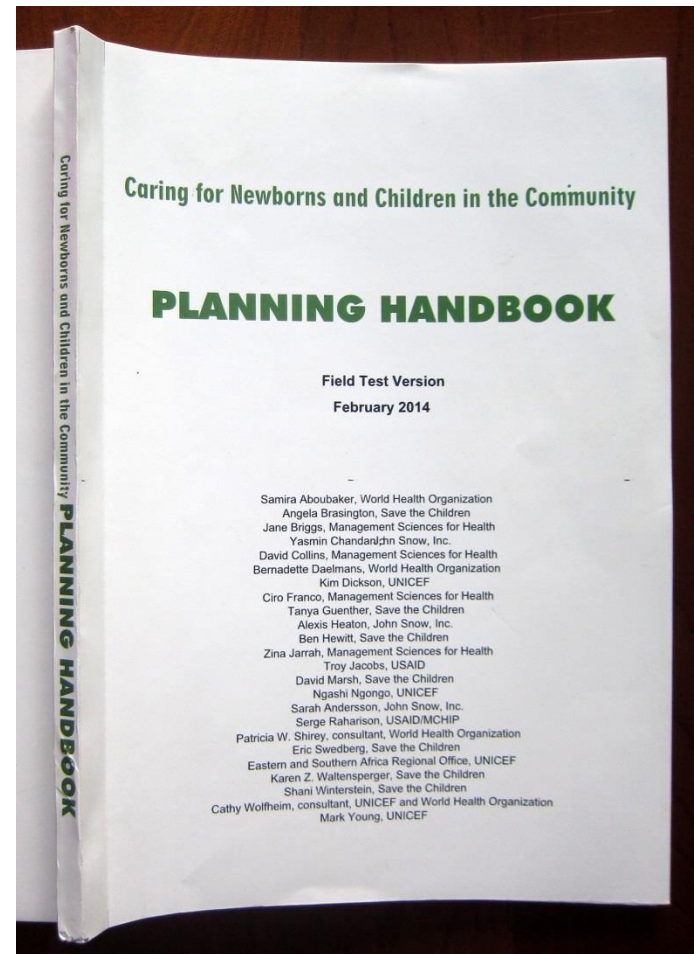
- Referral of children with danger signs and severe acute malnutrition
- Treatment in the community
 - Diarrhoea
 - Fever (malaria)
 - Pneumonia

Caring for the child's healthy growth and development

- Care-giving skills and support for child development
- Infant and young child feeding
- Prevention of illness
- Family response to child's illness

Planning Handbook

- Product of the iCCM Task Force: developed by WHO and UNICEF in collaboration with Save the Children, USAID and many others
- For national and district managers and planners of community-based programmes for maternal and child health.



Purpose

- **Inform** managers and planners about the three community-based packages, their benefits and requirements
- Guide managers in **selecting** the best mix of community-based interventions and packages to scale up or introduce in their country
- **Guide** managers through key issues and decisions in planning and implementing the packages in the context of current country activities

Contents (1)

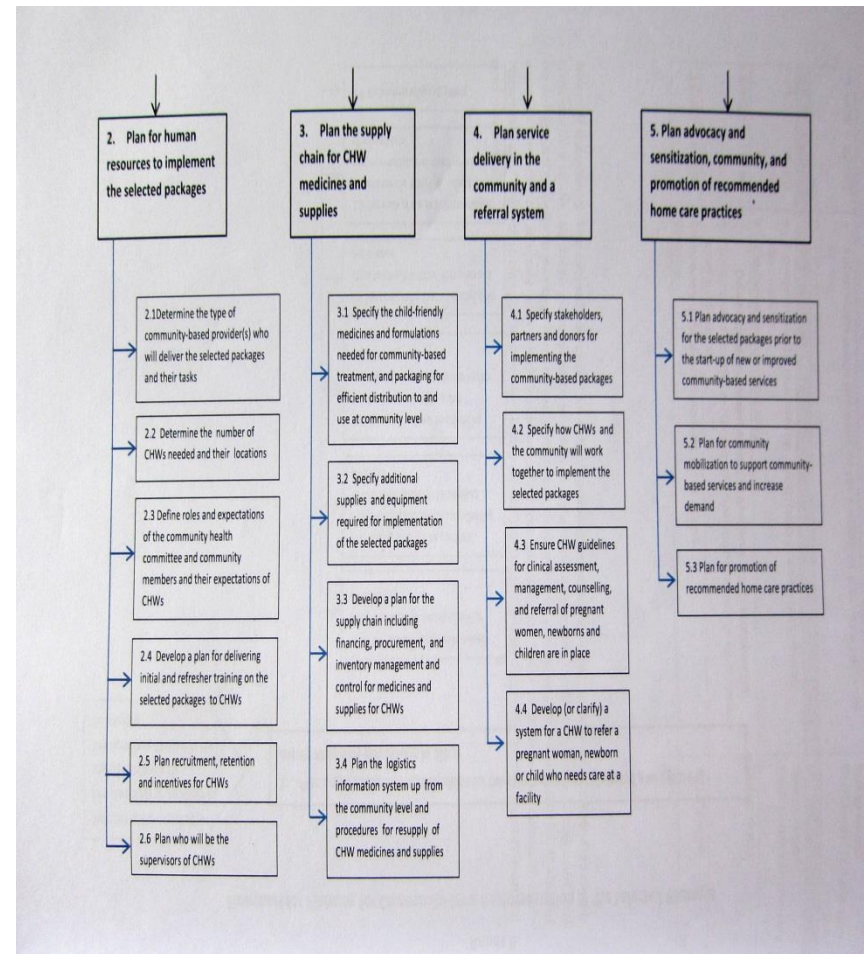
- Details the three (generic) recommended packages: CHW tasks, benefits, required medicines, equipment, supplies
- Describes a process for reviewing maternal, newborn and child health situation in the country
- Describes a process for selecting the community-based packages to implement that will help to improve newborn and child survival and health

Contents (2)

- Provides a framework to draft an implementation plan built around key health system components (with illustrative outline included)
 - Organization, coordination and policy setting
 - Human resources
 - Supply chain management
 - Service delivery and referral
 - Advocacy, sensitization, community mobilization
 - Supervision and quality assurance
 - Monitoring, evaluation and research
 - Costing, financing and budgeting

Contents (3)

- Each component has
 - Situation description with illustrative questions
 - 3-7 steps to detail key aspects of the component
 - 5-10 pages of technical notes on various approaches, for example
 - How to calculate the workload to deliver each package for a population of 1000
 - How to use maps to plan deployment
 - Pros and cons of different supervision models



Methodology

- Workshop based, interactive
- Led by facilitators knowledgeable on all three WHO/UNICEF standard packages for *Caring for Newborns and Children in the Community* with programme experience
- Requires good preparation to summarize current maternal and child health status and implementation efforts in the country (and region and globally)
- A mix of plenary presentations, facilitated group work, and report-outs with standard templates

Challenges

- Assuring that the right people participate
- Assuring that the national situation, including implementation strength, is well described
- Assuring that the three packages are fully understood
- Managing time to yield a satisfactory intermediate outcome and generating excitement and resources to complete the plan

Status

- Pretested in Liberia 3-8 February 2014
- Workshop format and process appreciated as unique and of added value, informing recent Road Map
- Valuable feedback for improving Handbook
 - Need to ensure most if not all participants familiar with all 3 WHO/UNICEF packages
 - Need for more country data for discussion and decision making
 - Need methods to assess content and quality of ongoing CHW activities against the recommended packages
- Plan to field test and finalize by mid 2014