

# **iCCM programmes and care-seeking and utilization in sub-Saharan Africa: an evidence review**

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# Background

- iCCM programmes require attention to supply and demand to ensure appropriate utilization
- Factors influencing demand include
  - Financial barriers
  - Non-financial barriers
  - Caregiver perspectives on quality of care

# Research questions

- In African contexts where CHWs provide iCCM, do these programmes increase demand, or do they merely replace facility-based care?
  - Sub-questions focus on care-seeking, treatment utilisation, timeliness, adherence
- Which factors influence utilisation of iCCM?

# Methods

- Published literature between 1 January 2000 to 31 December 2013 (sub-Saharan Africa only)
- Review of relevant findings from the new studies reviewed for the Symposium

# Included studies

## Research question 1 (*Does iCCM increase demand?*)

- 18 papers representing 11 studies in 11 countries

## Research question 2 (*What factors are important?*)

- 14 papers representing 9 studies in 6 countries

# Findings

- Generating demand is not simple, quick changes in behaviours not easy
- iCCM programmes can increase care-seeking (including timeliness and appropriateness)
- iCCM programmes can replace facility-based care, care from other sources (drug shops, traditional healers)
- Some programmes struggle with caregiver demand for unnecessary treatment

# Findings (2)

More information needed to understand:

- the relationship between CHW gender and acceptability of services
- how to improve caregiver understanding of the differences between simple cough and cold and pneumonia
- how to better use existing data sources to capture local demand/barriers to iCCM
- how mHealth can help family members recognize disease, seek care and adhere to treatment

# Conclusions

## Good strategies

- Involve communities in selecting CHWs
- Make community members aware of CHW skills and training; of appropriate treatments
- Ensure CHWs can treat for more than one disease and have consistent drug supply
- Ensure local availability and appropriate density of CHWs
- Provide CHWs with diagnostic tools such as rapid diagnostic tests (RDTs), pre-packaged medicines (with pictures, if possible)
- Comprehensive social mobilization efforts



# Conclusions (2)

## What does not work

- Charging fees
- Referring non-malarial fever/non-severe pneumonia to facilities (instead of making treatment available in the community)
- Lack of sensitization of the community (including key decision-makers within households) about the availability of CHW services

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