

ICCM Mapping Exercise

Lessons learned from the South Sudan Experience



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





Purpose of the ICCM mapping exercise

- ❖ **Where** are the CBDs and CBD Supervisors? Where are they not? (geographical coverage)
- ❖ **Where** are the CBDs in relation to Health Facilities? (program complementarity)
- ❖ **Who** are the CBDs and CBD Supervisors? (age, gender, education)
- ❖ **How far** do CBD Sups travel on supervision visits?
- ❖ **How** can spatial analysis improve monitoring?



Data collection procedure

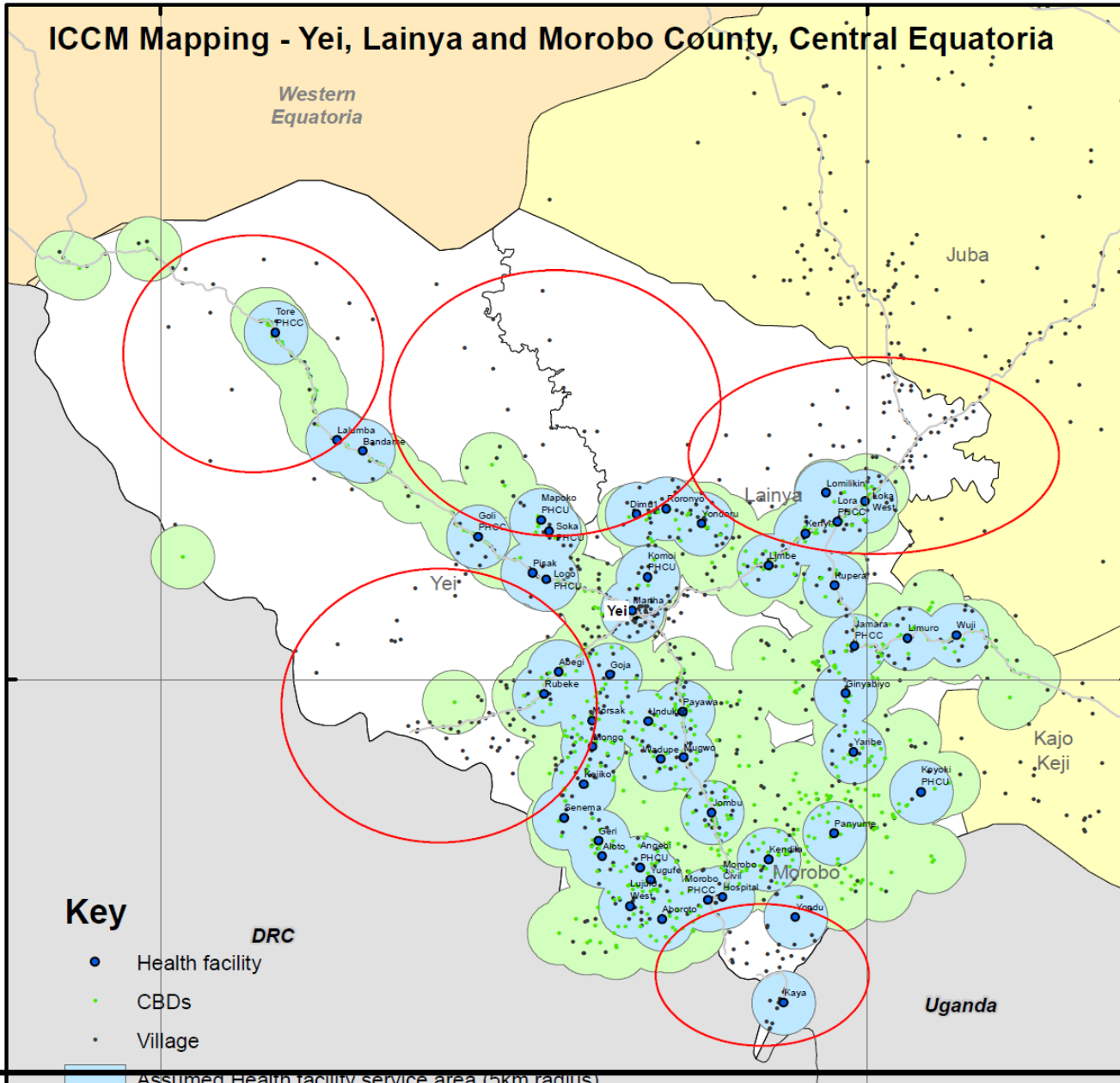
- ❖ **TOOL:** A simple data collection form was developed capturing base data on CBD/CBD Supervisors (age, gender, education/literacy and GPS coordinates). The location of health facilities within the ICCM catchment area was also recorded
- ❖ **TRAINING:** 18 ICCM Field Officers were trained on the use of the data collection forms and GPS units
- ❖ **DATA COLLECTION:** Each Field Officer was assigned the task of mapping CBDs, CBD Supervisors and health facilities within their catchment area (mapping activity combined with supervision activity to minimise costs)
- ❖ **ANALYSIS:** Data collected was quality assured, inputted to an Excel database, and subsequently uploaded to GIS for spatial analysis

Results

- A total of 1,283 out of 1,324 active CBDs were mapped (97%) in Q4 2012.
- All active CBD supervisors were mapped (111)
- 119 Facilities were mapped, of which 107 were operational (had building and staff)



ICCM Mapping - Yei, Lainya and Morobo County, Central Equatoria

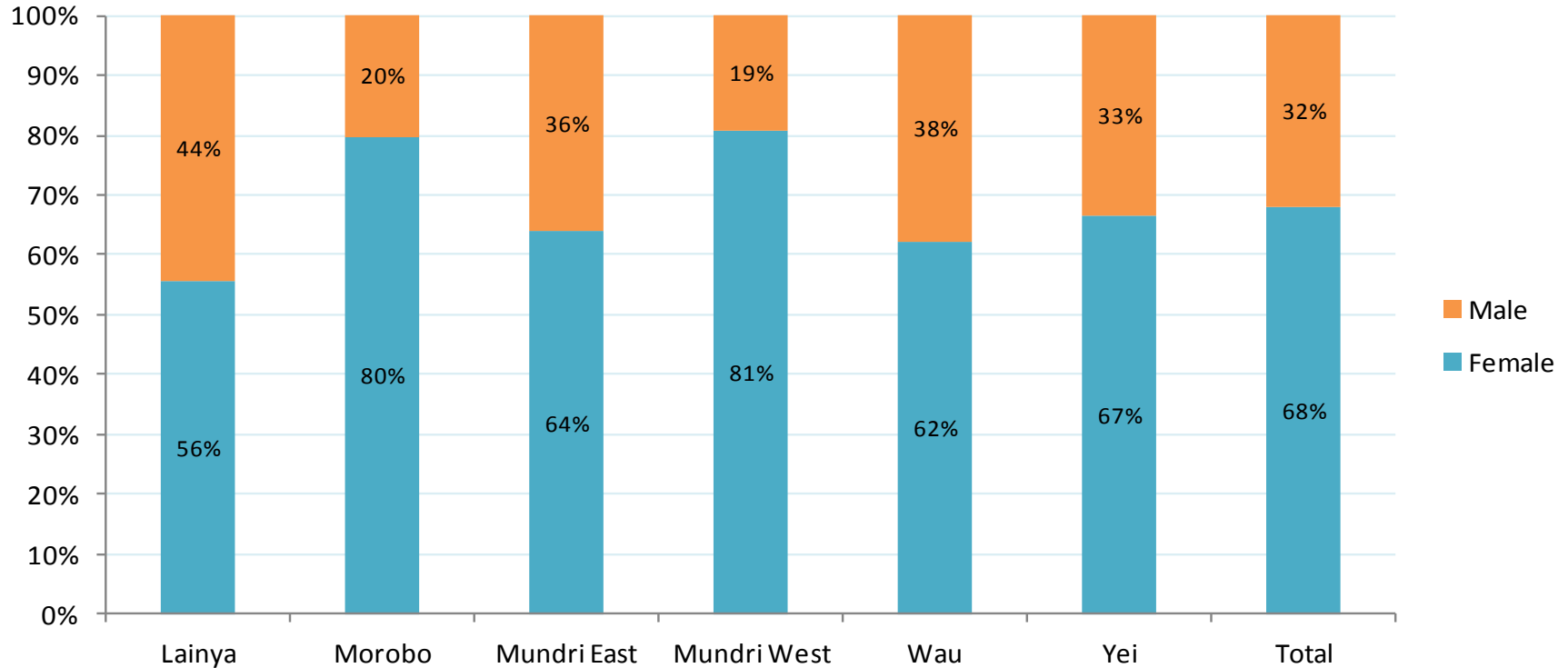


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Results – Gender of CBDs

Gender of CBDs

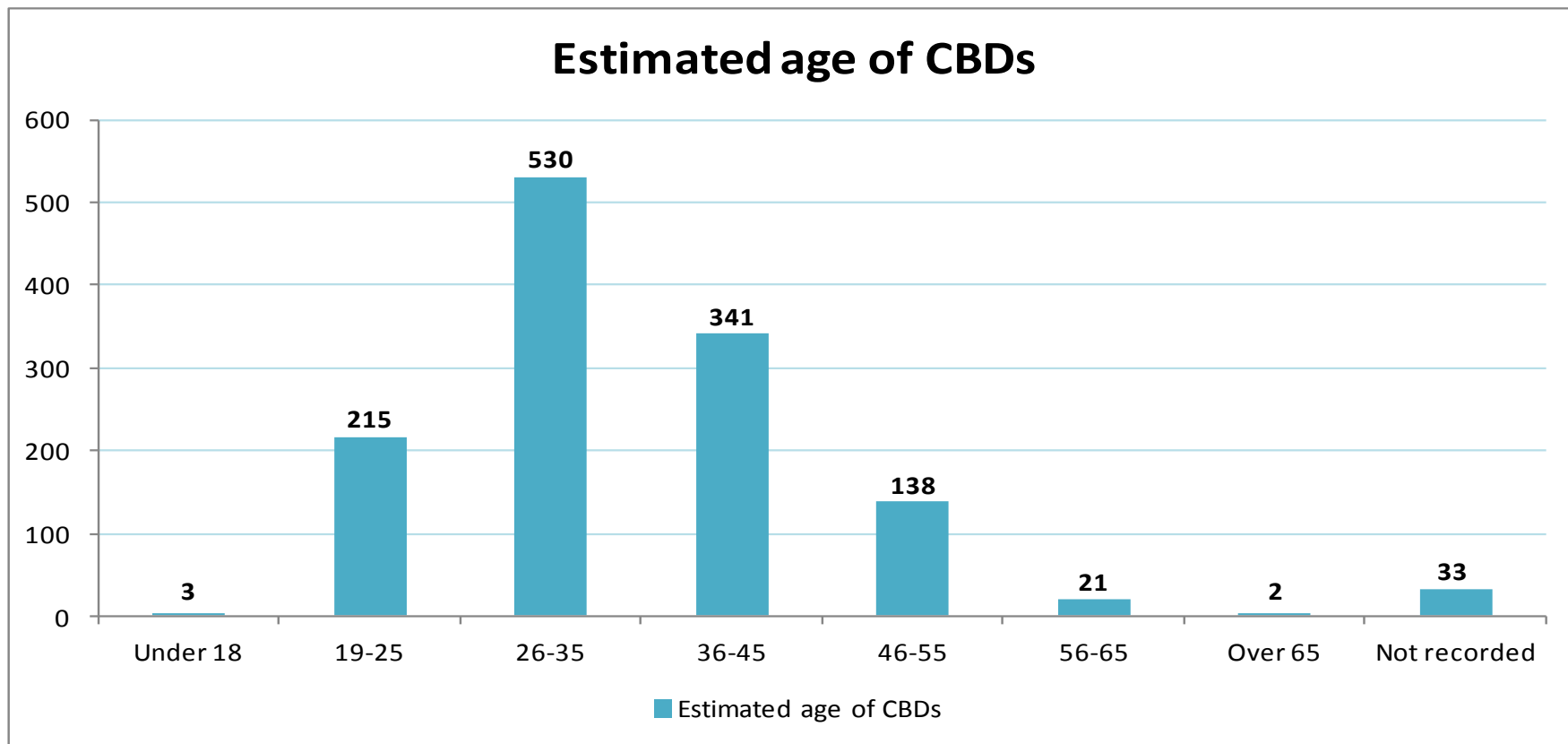


Overall, the ratio of male to female CBDs is approx 3:10. This is a favorable ratio given that women are the main caregivers in the community

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Results – Age of CBDs

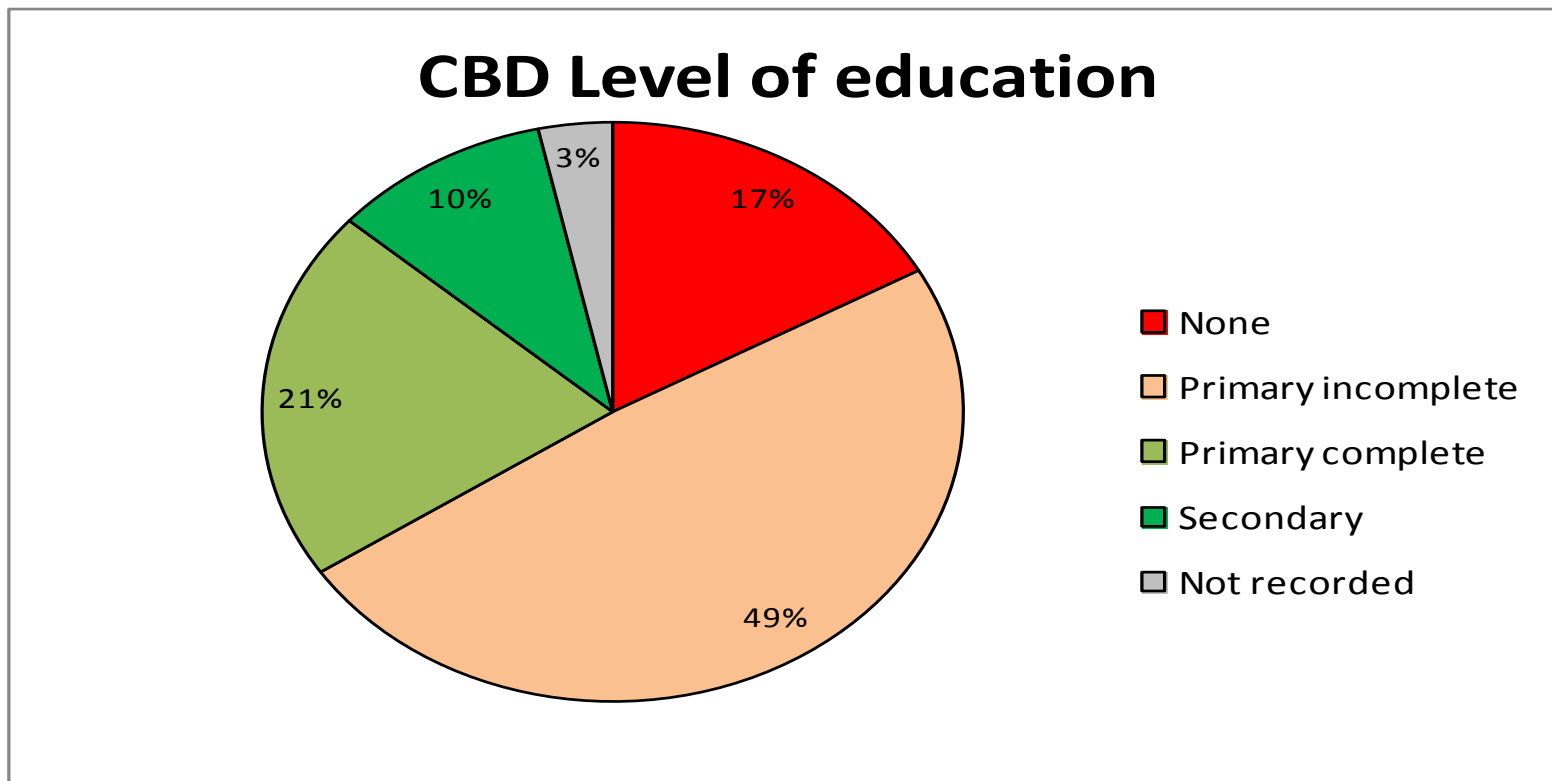


The optimal age cohort of CBDs is assumed to be 26-35, given that there is a higher drop-out rate in the younger cohort, and the older cohorts tend to be of lower literacy

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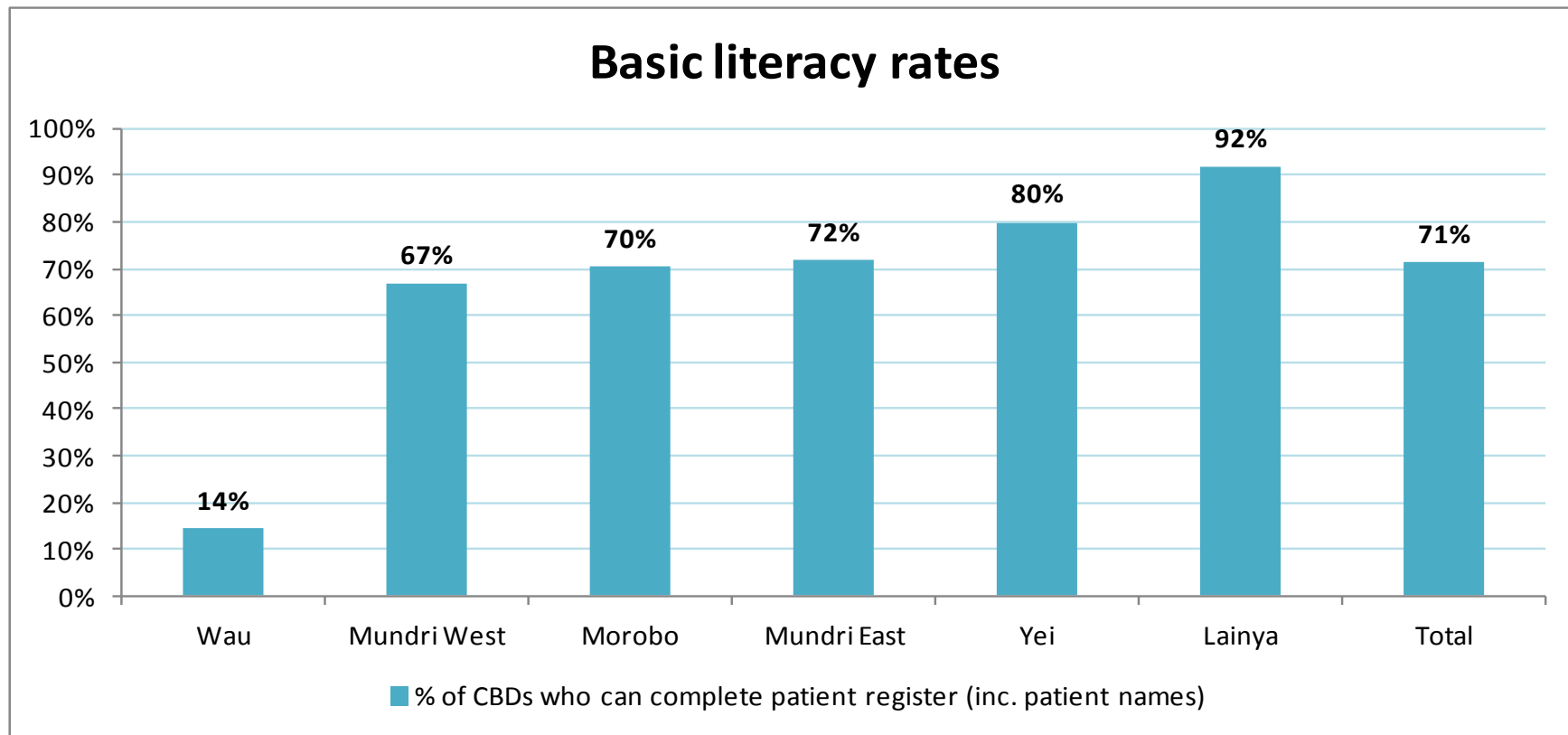
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Results – CBD education level



At least 4 out of 5 CBDs have been exposed to education. The capability with regards to record keeping of those not exposed to education will be further explored

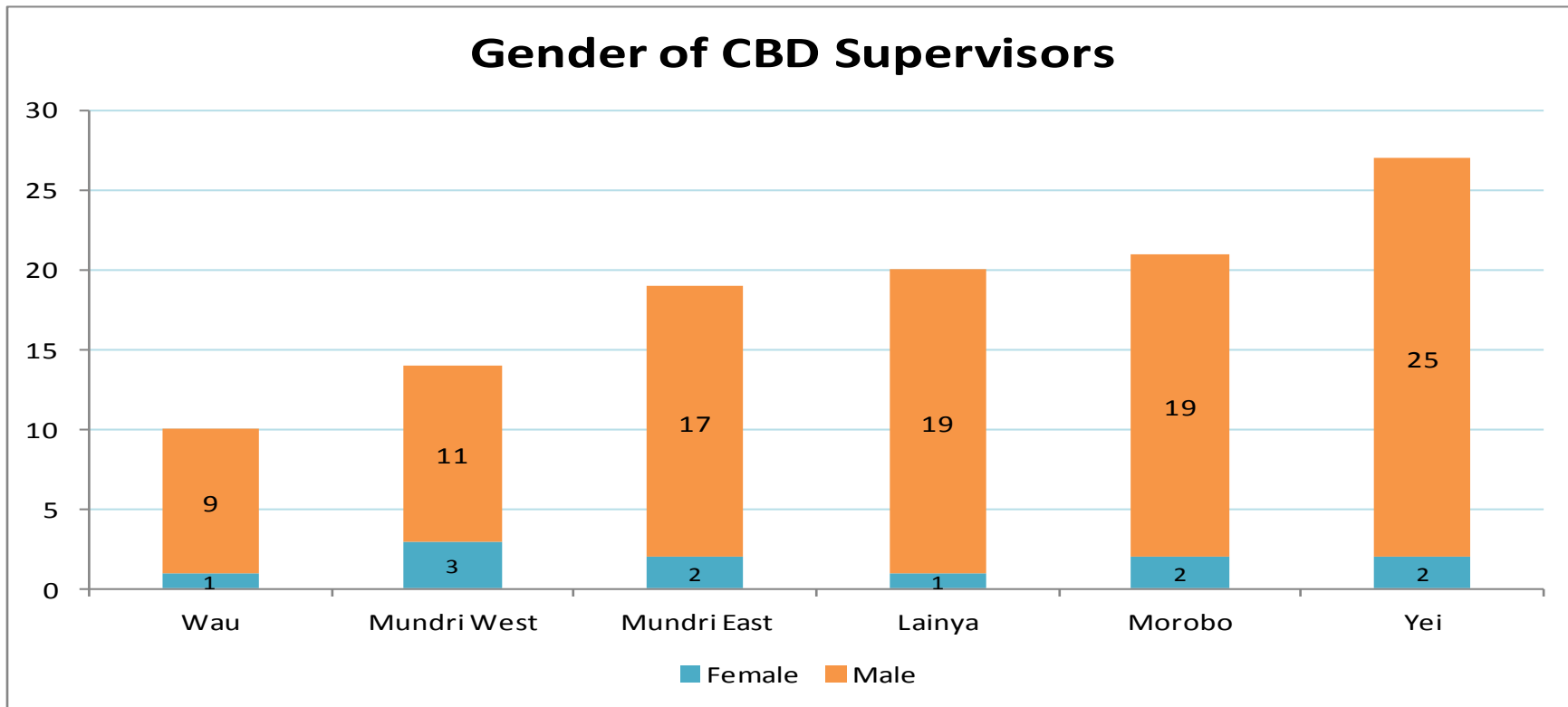
Results – CBD basic literacy rates



Literacy rates are favorable in 5 out of 6 counties with ICCM activity. The low literacy rates in Wau have to be taken into account with regards to supervision activity, given that these CBDs may require additional support completing patient registers

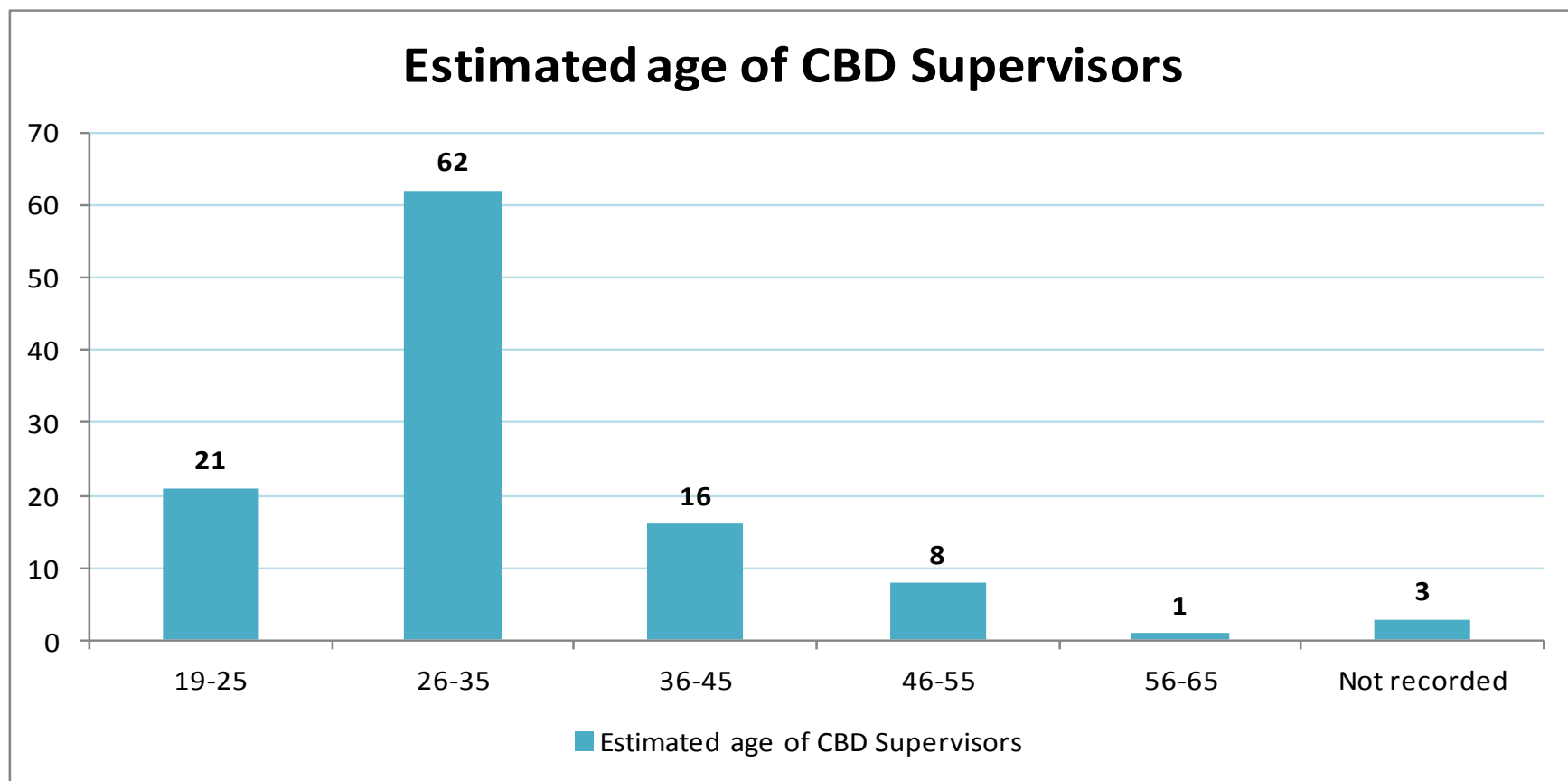
Results – CBD Supervisor gender

Gender of CBD Supervisors



Only 10% of CBD supervisors are female. This may be due to higher literacy amongst males as well as cultural considerations. The feasibility of improving the gender balance should be explored prior to recruitment of new supervisors

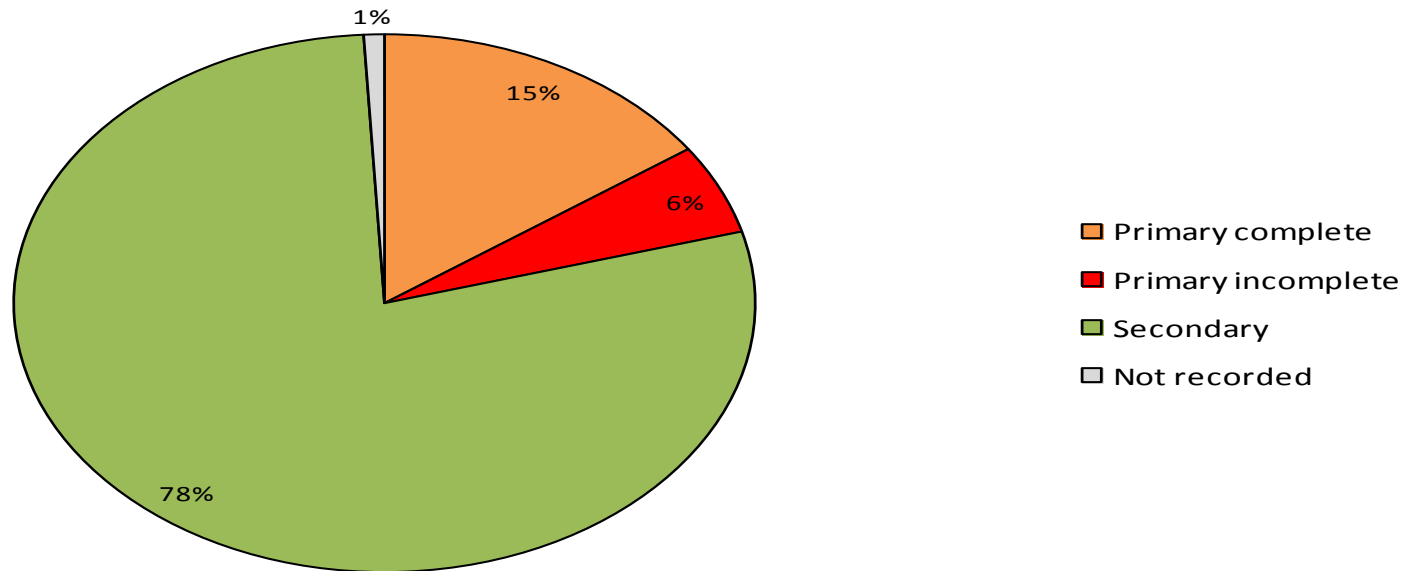
Results – CBD Supervisor age



The optimal age cohort of CBD Supervisors is assumed to be 26-35, particularly given that there is a higher drop-out rate in the younger cohort

Results – CBD Supervisor Education

CBD Supervisor level of education



Over three quarters of CBD Supervisors have Secondary education. This is a minimum requirement during recruitment. CBDs are occasionally promoted to supervisors without meeting this requirement, based on performance

Clustering of CBDs near health facilities

A significant number of CBDs are positioned within 5km of health facilities:

- **Western Bar el Ghazal** – 79% of CBDs are positioned within 5km of health facilities
- **Central Equatoria** – 77% of CBDs are positioned within 5km of health facilities
- **Western Equatoria** – 58% of CBDs are positioned within 5km of health facilities

Strategy to improve coverage

	Central Equitoria	Western Equitoria	Western Bar el Ghazal	Total
Number of CBDs mapped	646	539	90	1275
Active CBDs not mapped	29	10	2	41
Total CBDs	675	549	92	1316
Number of mapped CBDs within 5km of HFs	499	310	71	880
Assumed number of unmapped CBD within 5km of HFs	22	6	2	30
Total number of CBDs within 5km of HFs	521	316	73	910
% of mapped CBDs within 5km of HFs	77%	58%	79%	69%
% of all CBDs within 5km of HFs	77%	58%	79%	69%
Proposed allocation of new CBDs	+ 150	115	35	300
Total inc new CBDs	825	664	127	1616
% of all CBDs within 5km of HFs if new CBDs are outside HF coverage	63%	48%	57%	56%
Proposed reduction in CBDs within 5km of HFs	- 72	30	10	112
% of all CBDs within 5km of HFs if new CBDs are outside HF coverage plus assumed reduction in current CBDs within HF coverage	54%	43%	49%	49%

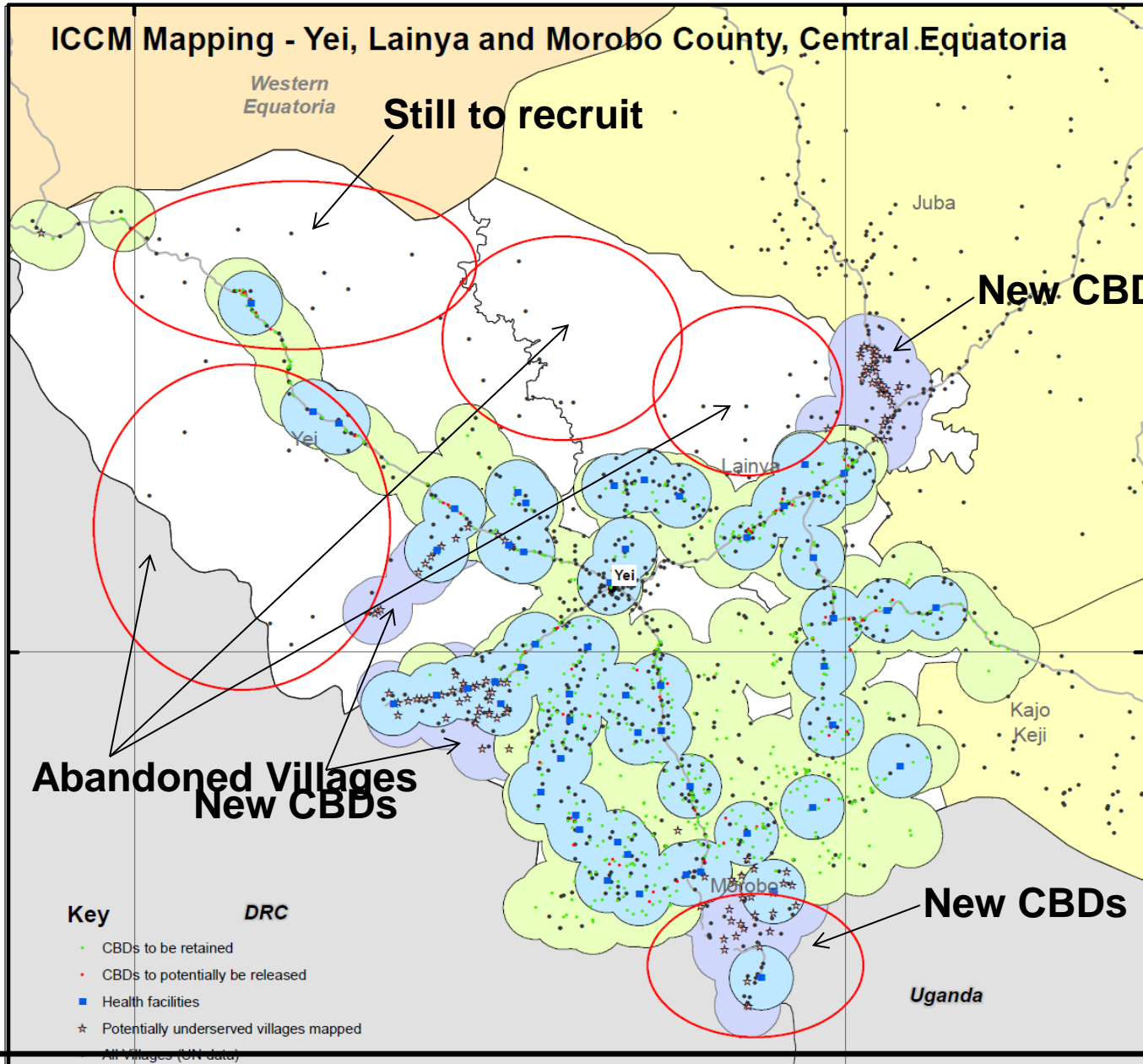
Strategy to Improve Coverage

- Central level analysis – Science
 - Algorithm considering clustering of CBDs, overlap with operational HFs, and caseload of CBDs
 - List of suggested CBDs to dismiss
- On-the-ground considerations - Art
 - More nuanced look at facility service provision in catchment areas (e.g. hours of operation, continuity of supply)
 - Opportunity to cull lower performing CBDs (e.g. reporting rates)
 - Verification of existence of villages in remote areas

Action

- Sensitization meetings with communities that have duplicative or insufficient CBDs
- Dismissal of 72 duplicative CBDs
- Refresher training of old CBDs
- Recruitment of 150 new CBDs in underserved areas
- Training, competence testing, drug stocking, and ID badge for new CBDs
- Remapping

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A photograph of a group of children and adults outdoors. In the foreground, a young boy with a wide smile looks towards the camera. To his left, another child is also smiling. In the background, several other children and an adult are visible, some sitting on the ground. The scene is set in a natural, outdoor environment with trees and foliage.

Thank you!!

To the Audience

To the Ministry of Health, in particular Dr. Harriet, Dr. Robert, and Dr. Lobor

To the PSI team, in particular the field teams, Martin Dale, and Abigail Pratt

To the iCCM Consortium partners