

Integrated Community Case Management and Home-based Newborn Care- Ghana's Experience

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Map of Ghana with regions (10)

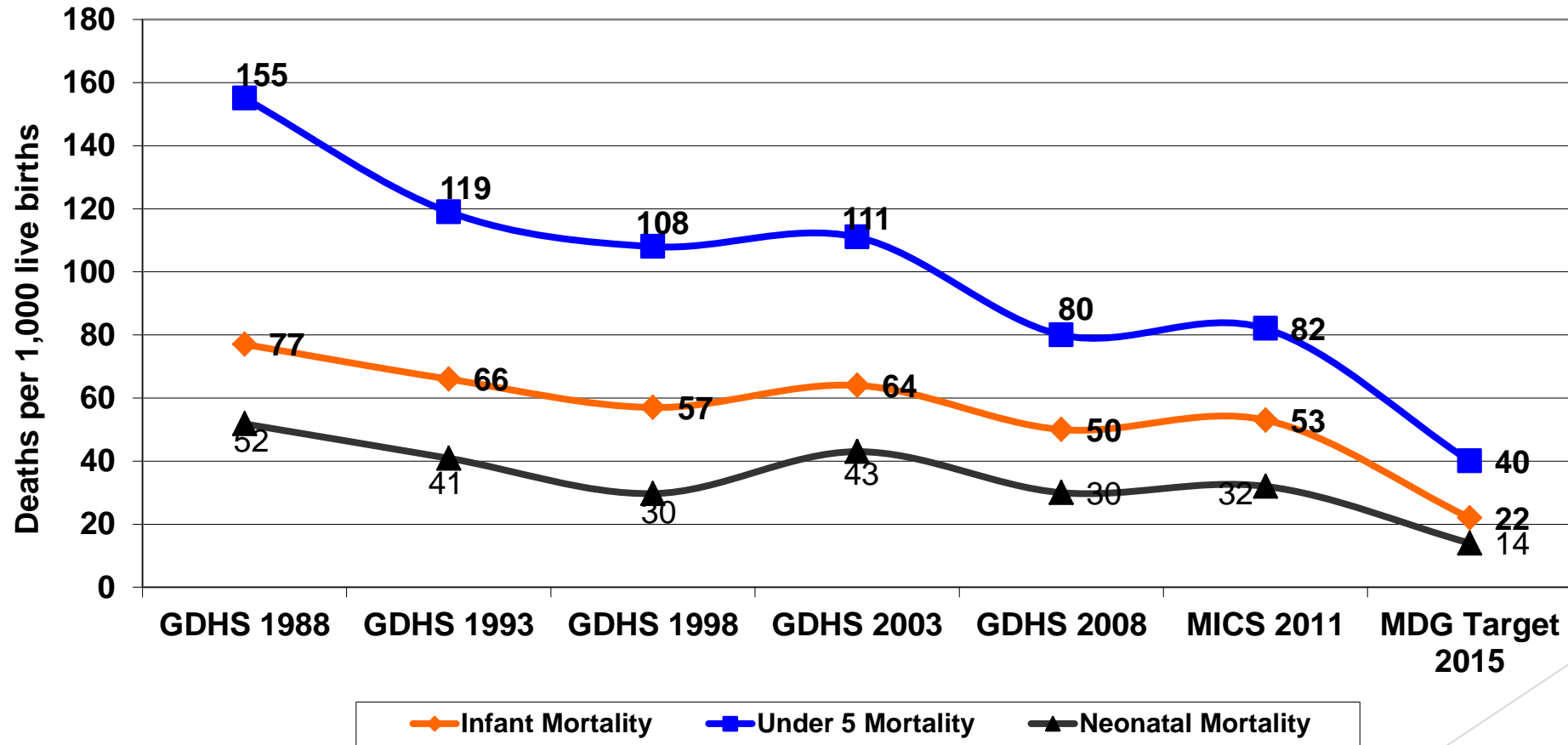


Introduction



- ▶ NMR 32/1000 live births
- ▶ Over 50% of infant deaths
- ▶ About 40% of deaths in under fives
- ▶ Many are uncounted

Trends In Child Mortality Indicators



Policy Statement

The MoH Under-5 Child Health Policy (2007-2015) fully endorses and supports key family practices for child health at community level.

- Community-based workers who have received training in standard case-management can
 - Give antimalarials (ACTs) to treat malaria.
 - Give ORT and zinc to treat diarrhoea.
 - Give appropriate oral Amoxicillin to treat pneumonia.
- Community-based workers are also trained to identify severely malnourished children (MUAC) and give Ready-to-use-therapeutic-foods (RUTF)

Community-based management shall complement facility based management.

Policy Statement for Newborns

- ▶ Train and support TBAs and Community volunteers to use appropriate post-delivery practices - breastfeeding, thermal care(including KMC for LBW), appropriate cord careHarmful practices such as early bathing, pre-lacteal feeds ...shall be discouraged
- ▶ Update Community IMCI materials to incorporate newborn care
- ▶ Incorporate key neonatal care messages into education materials for community-based workers and volunteers and ensure that they are given at all opportunities
- ▶ Provide training for TBAs and community volunteers to provide early postnatal visits in the home

Community-Based Service Delivery

- ▶ Community-based Health Planning Services(CHPS)
 - Community Health Officers (nurses, paid) trained to link health facility with community
 - Supported by health committees
 - Conduct home visits
 - Main focus is maternal, newborn and child health
- ▶ Other community-based agents
 - Traditional birth attendants
 - Volunteers

Rationale for linking Newborn Care to ICCM

- ▶ Both programmes are community-based, using the CHPS system and CBAs
- ▶ Both programmes have community level interventions linked to facility level
- ▶ Both target child and aim at reducing delays(prompt referrals)
- ▶ To strengthen the continuum of care from ANC, delivery through newborn to childhood
- ▶ To build on the confidence and trust of community members in CBAs
- ▶ Data collection tools can be integrated
- ▶ Data system on DHIMS2 can be integrated on the same platform

Actions Taken At National Level

- ▶ **Policy and strategies outlined and disseminated**
 - Clarifies PNC schedule
 - Outlines packages and identifies personnel
- ▶ **Capacity Building**
 - IMCI training package revised to include newborn from birth (IMNCI)
 - Training package for community volunteers developed
- ▶ **Communication**
 - Maternal Health record revised to address messages and records for early neonatal care including PNC
 - Child Health Record booklet revised with more attention to newborn messages
 - Child Health Promotion week focussed on newborn
- ▶ **HMIS (DHIMS2) revised to capture community-based data**
- ▶ **Training of Trainers in 3 regions in northern Ghana**
- ▶ **Strengthening Coordination and Resource mobilisation**

Five focused home visits

First visit	Early pregnancy	Help mother stay healthy during pregnancy Preparing for facility delivery/Referral plan Preparing for unexpected delivery at home
Second visit	Third trimester	Special care of baby Immediately after birth (in case of home delivery) Check baby for danger sign Refer sick and small baby; refer mother with danger signs Help baby stay healthy Help mother stay healthy Check baby for danger sign
Third visit	Day of birth	Refer sick baby; refer mother with danger signs Help baby stay healthy; Teach danger signs Help mother stay healthy
Fourth visit	Day 3	Check baby for danger sign Refer sick baby; refer mother with danger signs Help baby stay healthy; Teach danger signs Help mother stay healthy
Fifth visit	Day 7	Check baby for danger sign Refer sick baby; refer mother with danger signs Help baby stay healthy, teach danger signs Help mother stay healthy
Follow up visit	The following day	If baby referred Sick baby, small baby

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clear space for the text.

Linking ICCM With Newborn - Upper East Region

Map of Upper East region



25 12.5 0 25 Kilometers

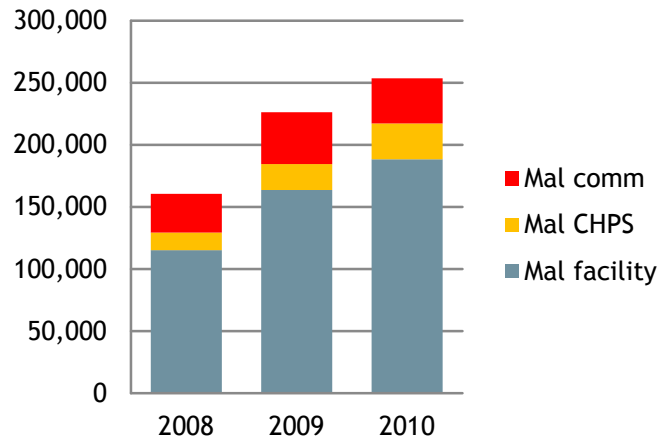


BACKGROUND INFORMATION

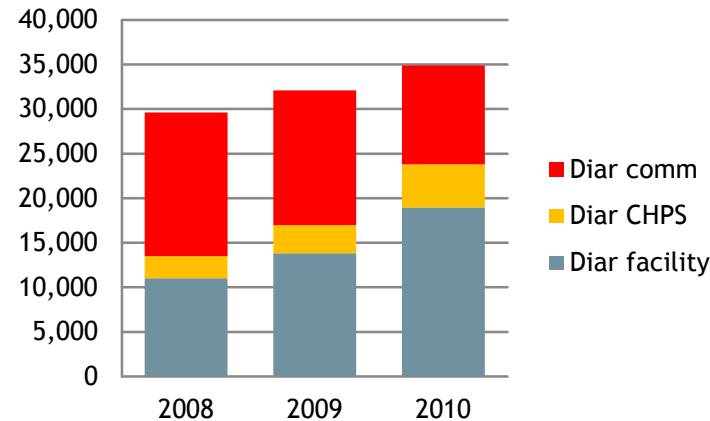
- ▶ Total Population = 1,084,475
- ▶ EXPECTED DELIVERY (2.9%) = 31,454
- ▶ Neonatal morality rate = 34/1000 (Nat. 32)
- ▶ Under five mortality rate = 98/1000 (Nat. 82)
- ▶ Inadequate critical health staff

iCCM Performance in UER

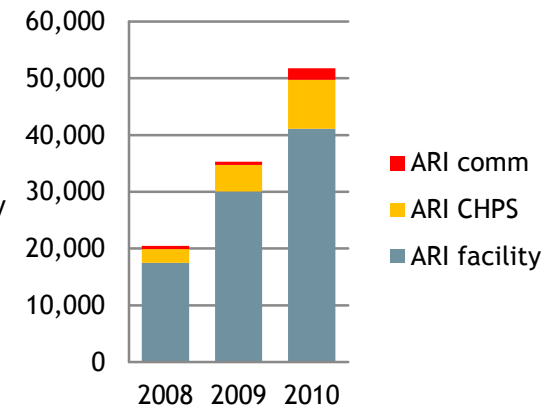
Upper East Malaria



Upper East Diarrhea



Upper East ARI

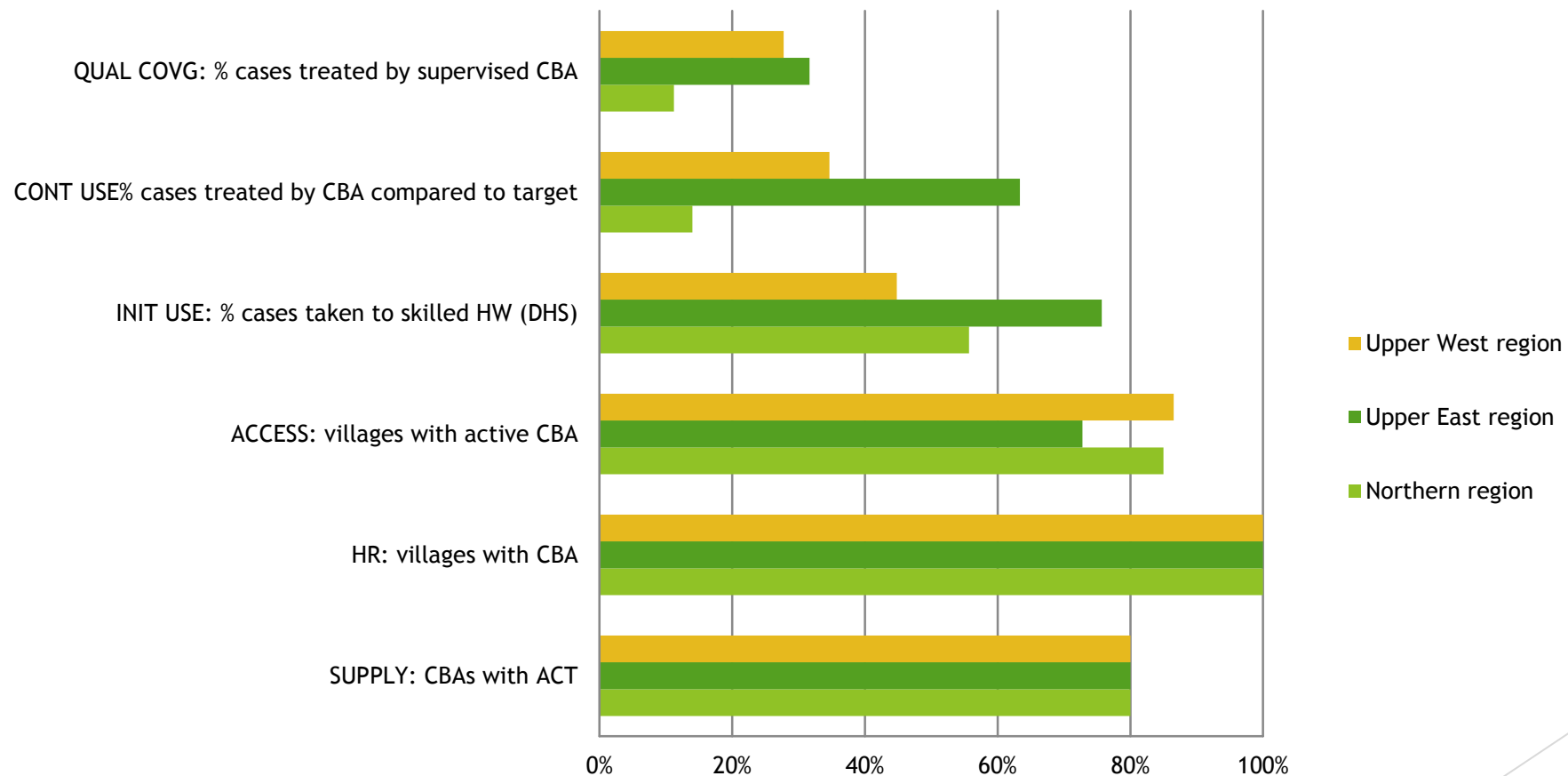


	NR	UER	UWR	Total
# children treated for malaria by CBA	21,259	36,204	25,280	82,743
# children treated for diarrhea by CBA	4,712	11,118	1,312	17,142
# children treated for ARI by CBA	2,817	2,046	502	5,365

	NR	UER	UWR	Total
# children treated for malaria by CBA	5,400	6,433	4,093	15,926
# children treated for diarrhea by CBA	2,830	3,612	486	6,928
# children treated for ARI by CBA	1,446	1,489	405	3,340

Bottleneck Analysis-2010

3 Regions CCM Malaria



Key Interventions by levels

Implementation level

Description of Package

Community Mobilization in Support of Neonatal Health

- ▶ Community Durbars (introduce project)
- ▶ Demystifying Neonatal Care (Traditional practices and myths) [*Colostrum...not good till it's clear*][*Deformity and spirit child .. kill*][*Outing with Neonates...till after 3 months*][*Cord Care Issues .. ground grass, animal droppings, etc.*]
- ▶ Radio Talks
- ▶ Outreach Neonatal Care Clinics (Two times per week; MA/Midwife run clinic)
- ▶ Mobilize all neonates-CBA/CHWs

Neonatal Care at Sub District Level

- ▶ Examine (Refer sick neonates to District Hospital, Counseling 'okay' neonates' Check immunization status)
- ▶ CBA's/CHW's organize new mothers for clinics (mobile phone for reminders?)
- ▶ Trainings (Nurses/Midwives, Doctors/MA's)

District Hospital - Care of the Neonate

- ▶ Critical Equipment/Logistics for delivery care, resuscitation and management of the sick neonate
- ▶ NICU .. critical

Regional Level

- ▶ Leadership and Governance (Monitoring and Supervision/Evaluation, Develop Monitoring and Supervision checklist , Organize trainings, Arranging Partnerships that impact on neonatal care.

Programme Evaluation

- ▶ Measure effects of intervention and the effect size,(Before - After/Before); K-M survival analysis, near miss cases; Qualitative assessment- focus group discussions with mothers and fathers; Key informant interviews- Managers of districts and hospitals, Community leaders, etc.

(1) Minimum Package for All Districts

Implementation level

Description of Package

Advocacy

- ▶ Political support and commitment.
- ▶ Leveraging partnerships for Neonatal Care.

Community Involvement

- ▶ C4D/ Social Mobilisation on Key Behaviours & Newborn.
- ▶ Volunteer Training (CVs, M2MSGs, TBAs) on Neonatal Care, cord care, early breastfeeding, danger signs & referral.
- ▶ KMC extended to community level.

CHPS zone

- ▶ CHNs/CHOs assigned to all communities.
- ▶ All CHNs/CHOs trained and equipped for Basic Neonatal Care at community level (CHPS compounds or households)

Health Centre

- ▶ All CHNs/CHOs trained on KMC.

District Health Directorate

- ▶ Health Workers trained on Neonatal Care at facility level.
- ▶ Health Workers trained on KMC.
- ▶ Supervisory roles to lower levels.
- ▶ Data management.

Regional Health Directorate

- ▶ Overall planning, supplies management, monitoring and supervision, quality assurance and documentation.

Leadership: the RDHS, addressing CBAs



Tackling quality through monitoring and supervisory visits to CBAs at home



Implementing Districts

- ▶ Pilot started in four districts in 2010: Bawku Municipal, Bawku West, Bolga Municipal and Kassena-Nankana Municipal
- ▶ Scaled up to 3 other districts
 - ▶ Builsa North & South
 - ▶ Bongo
 - ▶ Garu-Tempene
- ▶ Then scale up 3 districts: Talensi & Nabdam, and Kassena Nankani West.
- ▶ A total of ten (10) districts

Newborn Home visits-2013

Indicator	2010	2011	2012	2013
Deliveries (babies)	22,995	28,005	29,989	29,967
Live births	20,543	22,340	25,090	25,632
PNC registrants	29,400	33,331	33,231	33,144
Mothers visited	0	0	548	12941
Sick mothers	0	0	13	143
Mothers referred	0	0	0	94
Babies visited	0	0	643	13,033
Babies Sick	0	0	27	155
Babies referred	0	0	25	127

Neonatal Resuscitation-2013

District	Live births	Resuscitated	% resus
Bongo	2461	163	6.6
Garu Temp	3961	88	2.2
Builsa S	713	39	5.5
Builsa N	1425	79	5.5

Kangaroo Mother Care

Indicator	2010	2011	2012	2013
No. LBW Babies	1589	1983	2223	2473
% LBW	7.0	7.5	7.6	8.1
No. On KMC	310	296	442	1182
No. Discharged Alive	NA	NA	NA	1113
No. Died	18	5	1	73
% Discharged Alive	NA	NA	NA	94.2

Causes of Referrals For Neonates

- ▶ Cord Infection
- ▶ Refusing to suckle
- ▶ Fever
- ▶ Generalized Jaundice
- ▶ Pemphigus

Innovations

- ▶ Volunteers identify and register pregnant women in their first trimester in the communities and refer them to health facilities.
- ▶ Fortnightly newborn clinics at CHPS centres and communities- Yarigu-Bawku West
- ▶ Linking mothers who deliver at Health facilities to CHOs
- ▶ Demonstrate KMC to mothers with preterm or low weight babies

District C-IMCI monthly report form

Newborn referrals and treatment can be captured before this column

Region:	District												Date:			
Sub-district Name	Malaria cases treated with ACT				Diarrhoea cases treated with ORS/zinc								ARI cases treated with Amox.			
	<6mths	6 - 11mths	1 - 5 yrs	>5 years	Ch.<6mths		6 - 11mths		1 - 5yrs		>5 years		<6mths	6 - 11mths	1 - 5 yrs	>5 years
					ORS	zinc	ORS	zinc	ORS	zinc	ORS	zinc				
Total Referral																

Comment on # of CBAs and sub-districts reporting

Comment on stock issues at district and sub-district

Number of sub-districts:	
Number of sub-districts reporting this month:	
Number of CBAs in the district:	Number of CBAs reporting this month:
Number of CBAs receiving any supervision this month:	Number of CBAs receiving supervision during

Remarks	
Were there stock outs of ACT, Amoxicillin, zinc, or ORS at the DMS this month?	Yes (#days) _____ No _____
Were there stock outs of ACT, Amoxicillin, zinc, or ORS in any sub-districts this month?	Yes (#HCs _____) No _____
Were any CBAs without ACT, amoxicillin, zinc or ORS this month?	Yes (# CBAs _____) No _____
Stockout details:	
Supervisory activities conducted this month:	
Problems identified and suggestion solutions:	
Other:	

Report prepared by:

Challenges on linkage

- ▶ Data capture
- ▶ Several partners/coordination
- ▶ Quality versus scale up
- ▶ Monitoring and supervision
- ▶ Funding for the services
- ▶ Financing/NHIS
- ▶ Volunteer fatigue

Way Forward

- ▶ Intensify collaboration
- ▶ Improve on monitoring and supervision
- ▶ Implement newborn care strategy
- ▶ Develop newborn care communication strategy and implement
- ▶ Implement plans on NBC in collaboration with development partners
- ▶ Scale up innovations across the country
- ▶ Audit perinatal mortality deaths

Thank you

