

CCM in Emergencies guide



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Agenda

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- Purpose of document
- How document is structured
- How to use the document?
- Questions / comments



Purpose of the document



Why CCM in emergencies?

Challenges to child health service delivery in emergencies:

- A disruption to the health system
- Insecurity
- Competing priorities

CCM can work in emergencies!

- CHWs are usually part of their community and they may be the only viable option for children to receive care.

BUT

- programs may need support to adapt



Purpose of the guidelines

Help humanitarian workers to restore and support the implementation of iCCM in an emergency

Assumptions

- iCCM already existed
- Geared to NGO staff and others who respond to health aspects in an emergency, who may not be very familiar with the details of iCCM programming
 - Accustomed to facility-based care or mobile units



How we came up with the guidelines

- Set up the TAG
 - set the direction
 - provide guidance, advice on tools and documents
- Literature review
 - understand how ICCM implementation is affected by any humanitarian situation
 - major bottle necks
 - how addressed and how to avoid
- Country specific case study
- Multiple reviews by TAG members and others – thank you!



Structure of the document



Structure of the document

Background

Some information about iCCM overall

- How it changes in an emergency

Coordinating for ICCM

- Working under the leadership of MOH, health cluster
- Setting up ICCM working group

Situation analysis

Specific to iCCM pieces to include

- Policies, protocols, tools
- People to contact



Example of CCM variations - Supply of commodities

Standard: By MoH, as part of their supply chain.

Variations:

- Usually, but not always, provided by MoH
- Usually a push system, where a set amount of meds is sent to CHWs every month.
- In some, especially those with a digital system, CHWs can request extra meds.

In emergencies:

- o Supplies - destroyed, stolen, or blocked
- o Embargos
- o Security or physical barriers
- o CHWs may have moved

Recommendation: Link with logistic cluster, other actors (private vendors)

Example - How will the type of humanitarian setting affect iCCM service package?

Humanitarian setting	Health Risk:	Suggested service package
Conflict	Physical injuries, widespread mental distress, worsening of existing malnutrition (particularly among children) and outbreaks of communicable diseases.	iCCM + nutrition screening and referral + trauma care + referring community members to available health services + disease surveillance
Disease outbreak	Communicable disease, worsening of existing malnutrition (particularly among children)	iCCM + or - disease surveillance + contact training (in case of Ebola outbreak) + management of ORPs (in case of Cholera outbreak)
Natural disaster (Flood, earthquake and cyclone.....)	Can potentially increase the transmission of water-borne diseases, such as typhoid fever, cholera, leptospirosis and hepatitis A. Vector-borne diseases, such as malaria, dengue and dengue haemorrhagic fever, yellow fever etc. Injuries, worsening of existing malnutrition (particularly among children)	iCCM + trauma care + disease surveillance + identifying and referring specific cases to nearest health facility



Structure of the document – cont.

Decision-making guides

- Should iCCM be included in rapid assessment?
- Should iCCM be included or considered as response strategy?
- Will the existing iCCM service delivery package continue as it was before the emergency or does it need modifications?
- How will the type of humanitarian setting affect iCCM service package?
- How to ensure quality of care during the emergency?
- How to compensate CHWs?
- How to supply CHWs?
- How to ensure safety of CHWs?
- How to ensure that the sickest children are referred?



Example - How to supply CHWs?

Learn:

- Pre-existing system? Is it working right now?
 - If not, what is not working? Where are the breaks?
- Who runs other aspects of LMIS?
- Do you have a role in providing medicine?
- Use other supply distribution channels?

Decide (any or several):

- International sourcing.
- More frequent distributions.
- Buffer stocks for CHWs.
- Innovative solutions - UAVs.
- Support for special issues with delivery and storage.
- Coordination with other sectors.



Structure of the document – cont.

Transitioning to recovery phase

- Back to normal
- The new normal
- Beyond back to normal – emergency preparedness



Example – Transition --Back to Normal

Two general rules of transition:

- Make sure quality iCCM services are delivered without a break
- Make sure people slow down a bit

If humanitarian had no major change:

- Normalize
- Communicate
- Working group stay or go.

If humanitarian had a major change:

- Plan for transition back:
 - Responsibility of CHWs
 - Supervision
 - Compensation
 - Logistics
 - M&E



Structure of the document – cont.

Annexes

- Links to documents to help design, and understand, iCCM programs
- Quality of care indicators
- Terms of Reference, iCCM Working Group
- Templates that can be used, if there is no existing system.
- Global Literature Review
- Discussion guide to identify challenges in iCCM implementation in a humanitarian situation



How can we use the document?



How to use it?

While giving additional input, please consider:

- Who needs to know about this?
- What networks can we access?
- How to distribute and document?



THANK YOU



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