CCM in Emergencies guide

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Agenda

- 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:**

- Supplies - destroyed, stolen, or blocked
- Embargos
- Security or physical barriers
- 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?

<table>
<thead>
<tr>
<th>Humanitarian Setting</th>
<th>Health Risk</th>
<th>Suggested Service Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict</td>
<td>Physical injuries, widespread mental distress, worsening of existing malnutrition (particularly among children) and outbreaks of communicable diseases.</td>
<td>iCCM + nutrition screening and referral + trauma care + referring community members to available health services + disease surveillance</td>
</tr>
<tr>
<td>Disease outbreak</td>
<td>Communicable disease, worsening of existing malnutrition (particularly among children)</td>
<td>iCCM + or - disease surveillance + contact training (in case of Ebola outbreak) + management of ORPs (in case of Cholera outbreak)</td>
</tr>
<tr>
<td>Natural disaster (Flood, earthquake and cyclone.....)</td>
<td>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)</td>
<td>iCCM + trauma care + disease surveillance + identifying and referring specific cases to nearest health facility</td>
</tr>
</tbody>
</table>
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
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?
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