UNICEF support for
Integrated Community Case Management (iCCM)

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RBM Case Management working group meeting
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In 2012 UNICEF is prioritizing iCCM in Africa – Why?

iCCM focuses on the main causes of under-5 mortality

- Neonatal deaths: 29%
- Diarrhoea: 18%
- Malaria: 16%
- Other infections: 9%
- Pneumonia: 3%

Africa (4.199 million deaths)
In 2012 UNICEF has raised iCCM as a priority in its programming.
UNICEF support for identification and procurement of commodities for implementing iCCM

- RDT for fever diagnosis
- ACT malaria drug
- Antibiotics for pneumonia
- Timer for pneumonia
- Zinc for diarrhea
- ORS for diarrhea
- TREATMENT IN COMMUNITIES
- RUTF for SAM
iCCM expands health services to hard-to-reach communities

District town | HCs | Hard to reach areas around Health Centre catchment areas

Increasing inequity
**HEALTH EXTENSION PROGRAMS**
Zambia, Ethiopia, Mozambique, Namibia

- HEWs – formal MoHs staff, paid salaries
- Up to 12 months training
- Provide a wider range of health care
- Have career path in MoHs

**VOLUNTEER COMMUNITY HEALTH WORKERS**
Zambia, Uganda, Kenya, South Sudan

- CHWs mostly volunteers, other incentives
- Often supported by NGOs
- Training usually a few weeks
Integration of pneumonia, malaria, diarrhea and SAM at community level

- CCM - Pneumonia
- CCM - Diarrhea
- CCM - Malaria

Integration of pneumonia, malaria, diarrhea and SAM at community level

- Finances
- Management
- M & E
- Logistics

CCM Pneumonia

CCM Diarrhea

iCCM

CCM Malaria

Referral of complicated cases to health centers and hospitals – malaria rectal artesunate

Parasite investigation and clearance for malaria elimination

Severe Acute Malnutrition
Combining malaria prevention and iCCM further reduce mortality

Child with fever

Tested with RDT

Cured with ACT

Re-infection prevented by sleeping under an LLIN and/or in a house sprayed with insecticide
UNICEF’s strategy to support iCCM policy development

- 2008 to present: Sharing of evidence to convince MoHs that iCCM (especially pneumonia) will contribute to reduction in under-5 mortality

- Introduction of RDTs showed majority of suspected malaria fever cases were actually malaria negative, and significant proportion of pneumonia cases incorrectly treated with ACTs. These experiences contributed policy changes to allow use of antibiotics in iCCM

- Supporting use of tools to leverage iCCM policy change (e.g. training CHWs on pneumonia treatment in Kenya)

- Leveraging funding through the GFATM ($84m in Round 8) and others specifically to support components of CCM, including the full iCCM approach.
Comparing country offices reporting CCM pneumonia policy and any implementation from 2005-2010 based on CCM survey data and Countdown 2005, 2009 & 2007 data in Sub-Saharan Africa (n=42)

Yes: Policy authorising CHWs to treat pneumonia with antibiotics, Partial: No policy but implementation exists (permissive); No: No policy nor implementation

‘Community Case Management of Diarrhoea, Malaria, Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk-Based Survey of UNICEF Country Offices’, UNICEF HQ/ESARO/WCARO, NewYork,
Has supportive policy for Pneumonia changed from 2007 to 2011?

No change
Burkina Faso Chad Equatorial Guinea

12 countries changed:
Benin CAR Cameroon Congo DRC Ghana Guinea Liberia Mali Mauritania Nigeria Togo, Sierra Leone

2007 Supportive Policy

20%

2010 Supportive Policy

75%
Venn diagram illustrating integrated implementation of government CCM in sub-Saharan Africa, 2010 (n=29)

‘Community Case Management of Diarrhoea, Malaria, Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk-Based Survey of UNICEF Country Offices’, UNICEF HQ/ESARO/WCARO, NewYork,
Government policies on CCM in Sub-Saharan Africa in 2010

Proportion and number of UNICEF country offices reporting existence of CCM policies, CCM policies that allow CHWs to provide treatment, Ministry of Health (MoH) CCM implementation and MoH CCM implementation at scale for diarrhoea, malaria or pneumonia in Sub-Saharan Africa, 2010 (n=40)

‘Community Case Management of Diarrhoea, Malaria, Pneumonia of Sick Children for Sub-Saharan Africa in 2010: Data Report of a Desk-Based Survey of UNICEF Country Offices’, UNICEF HQ/ESARO/WCARO, New York,
Most African countries have CCM policies, but fewer implement programs on a scale to reach children most in need.

Source: Pneumonia and diarrhoea. Tackling the deadliest diseases for the world’s poorest children, UNICEF, 2012
iCCM status and UNICEF engagement in ESAR

**Angola**
- No iCCM

**Burundi**
- Diarrhea only

**Botswana**
- Diarrhea only

**Comoros**
- Diarrhea only

**Eritrea**
- Diarrhea only

**Ethiopia**
- HEP/HEWs
- CIDA Catalytic Initiative – 6 NGOs
- UNICEF regular resources
- Other resources
- PMI

**Kenya**
- Full iCCM – Malaria, pneumonia and Diarrhea

**Lesotho**
- No iCCM

**Madagascar**
- Malaria and Diarrhea

**Mozambique**
- Diarrhea only

**Malawi**
- Full iCCM – Malaria, pneumonia and Diarrhea

**Namibia**
- No iCCM

**Rwanda**
- Malaria and Diarrhea

**Somalia**
- Malaria and Diarrhea

**South Sudan**
- Diarrhea only

**Uganda**
- Full iCCM – Malaria, pneumonia and Diarrhea
- CIDA – HPP starting 2012
- ICCM tools developed with WHO, MOH and NGOs
- InScale – Malaria Consortium Gates research

**Zambia**
- 16 Equity districts identified
- Health for Poorest populations HPP – CIDA
- H4+ EU funded MNCH/iCCM
- HEW – CHAs under training

**Zimbabwe**
- Full iCCM – Malaria, pneumonia and Diarrhea

**Notes**
- UNICEF to engage/negotiations
- PSI/NGOs implementing iCCM in 32/80 Counties
- Negotiations underway
- MoH keen to start ICCM
- UNICEF supported training CHWs to use antibiotics - but not policy yet
- CIDA Catalytic Initiative
- Training of HEW - APES
iCCM Implementation coverage by Partners as of March, 2012

Legend
- Health Center
- Hospital
- ETH_Woredas

Ethiopia Zonal Boundary
iCCM Zones and Woredas

- IFHP
- L10K
- L10K and IFHP
- L10K-UNICEF (In Process)
- L10K-USAID (In Process)
- MERLIN-UK
- SAVE-UK
- SAVE-USA
- IRC
- IRC - UNICEF (In Process)

Cartography/Mapping/Analysis
UNICEF Health Section - iCCM M&E, Data Management and GIS
Way forward

• UNICEF is increasingly prioritizing iCCM in countries with low access to treatment, especially for marginalized rural communities

• Rwanda and Ethiopia include newborn care and CMAM, with Mozambique using screening with APEs – UNICEF to explore this for more countries

• Support country comprehensive iCCM implementation plans and gap analysis

• Support essential supplies for iCCM – gap analyses/needs, logistics and supply systems and global strategies on essential commodities

• Strengthen M&E, especially linking data collection/analysis from CHWs/HEWs/APEs with HMIS

• Work with partners on operational research to compile further evidence for the benefits of iCCM and to improve overall implementation
Thank you