

INTEGRATED COMMUNITY CASE MANAGEMENT (iCCM) of childhood illness



Cathy Wolfheim, WHO/MCA
on behalf of the CCM Task Force

Current Context for *integrated CCM* ⁽¹⁾

The main causes of child mortality are still pneumonia, diarrhoea and malaria (data: 2010)

- Pneumonia (1.4 million), diarrhoea (800 000) and malaria (563 000) = 36% of all under-five deaths worldwide
- Malaria caused 15 percent of under-five deaths in Sub-Saharan Africa (96% of all under-five deaths due to malaria worldwide)
- Under-five deaths are increasingly concentrated in sub-Saharan Africa (46%) and Southern Asia (28%).
- Children in low-income countries are nearly 18 times more likely to die before the age of five than children in high-income countries (107 vs 6 per 1000 live births)



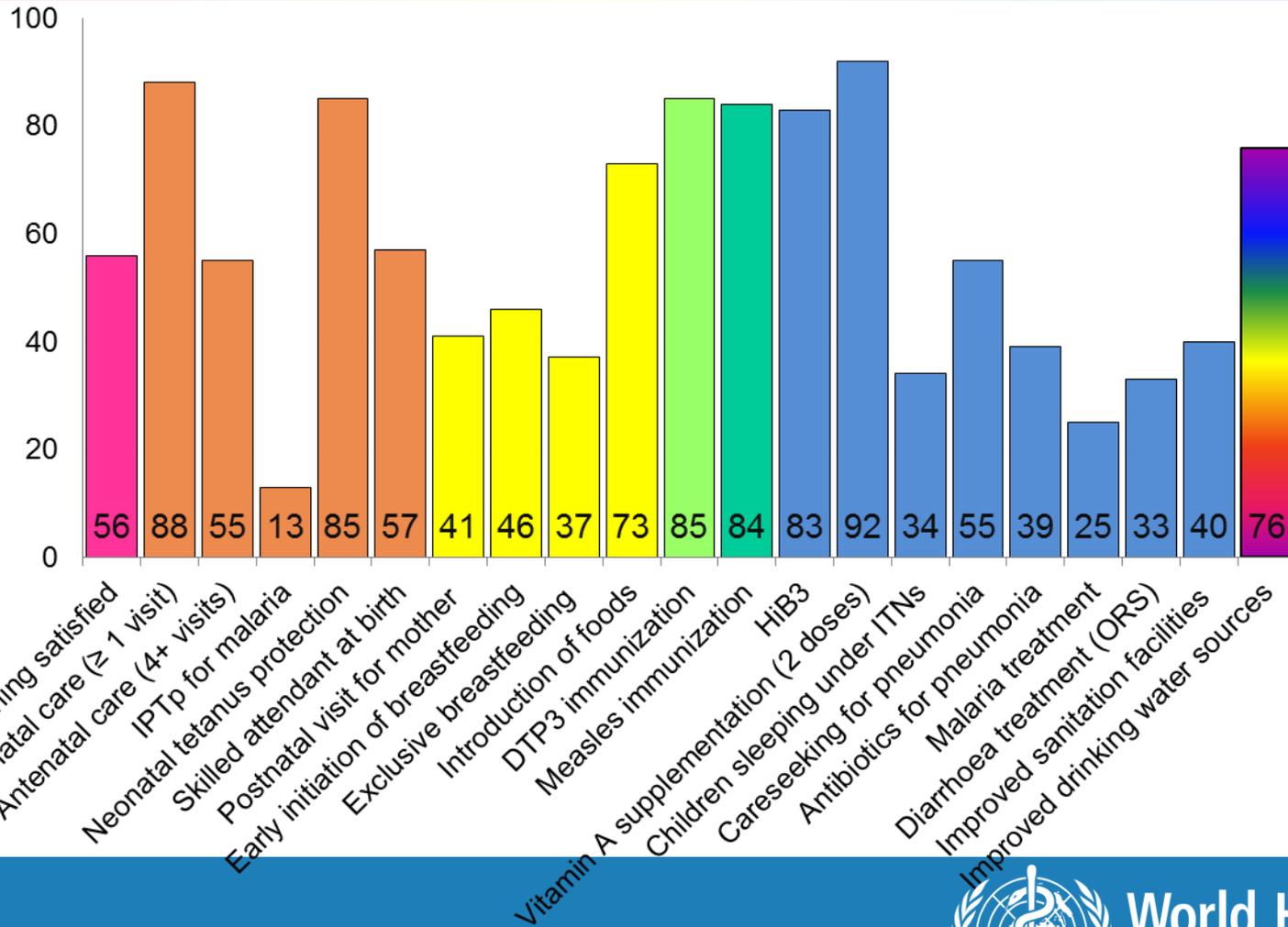
Current Context for *integrated CCM* (2)



- 7.6 million children under-five died in 2010: 2 million fewer than in 2000
- Of the 2 million saved lives: nearly 60% due to reductions of deaths caused by pneumonia (455 000 fewer deaths), measles (363 000 fewer deaths), and diarrhoea (361 000 fewer deaths)
- The greatest gap is unmet need for treatment

Coverage of core interventions remains low

Pre-pregnancy ⇨ Pregnancy ⇨ Birth ⇨ Postnatal ⇨ Neonatal ⇨ Infancy ⇨ Childhood



Source:
 Countdown 2012
 Report: Median
 levels for
 selected
 indicators of
 intervention
 coverage, all
 countries with
 available data

How can we contribute to increasing service coverage?

- Increase the availability of services
- Increase access to care for newborns and children close to home
- Make interventions simpler to implement
- Improve the quality of services provided
- Strengthen the linkages between health facilities and community-level care providers
- Promote care-seeking and treatment adherence



WHO/UNICEF Joint statements

Diarrhoea



Pneumonia



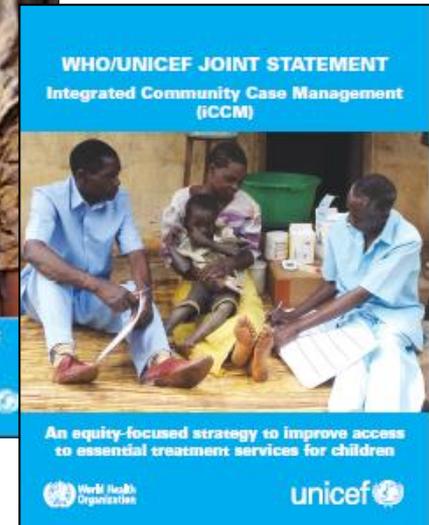
Severe acute malnutrition



Home visits for newborn care



Integrated community case management



What is *integrated* community case management?

- *Integrated* CCM is a strategy for providing training and programmatic support to community health workers to identify and treat all three common childhood killers in areas that lack easy access to health facilities
- iCCM promotes timely treatment closer to where children live, and timely referral with pre-referral treatment
- iCCM promotes home visits where possible to follow up sick children and to strengthen adherence to treatment

Rationale for *integrated CCM*

- Addresses multiple conditions, e.g. significant overlap in the clinical manifestation of pneumonia and malaria, often simultaneous with diarrhoeal disease and malnutrition
- Improves programme efficiency and cost-effectiveness
- Increases effectiveness in achieving high treatment coverage for sick children in the community
- Integrated CCM implementation can deliver high quality of care:
 - In Malawi 68% of classifications of illness by HSAs in agreement with “gold standard”; 63% prescribed appropriate medication
 - In Zambia 68% of children with pneumonia received early and appropriate treatment

Translating evidence into practice



Caring for newborns and children in the community

WHO-UNICEF three-part training package for community health workers

Summary of content of the materials

Home visits for newborn care

- Promotion of ANC and skilled care at birth
- Care in first week of life
- Recognition and referral of newborns with danger signs
- Special care for low-birth-weight babies

MOTHER AND BABY CARD After Birth

Name of the baby/mother: _____
Date of birth: _____ Place of birth: _____

CHN home visits: Visit 1 made on Day _____
Visit 2 made on Day _____
Visit 3 made on Day _____

Date of first postnatal visit at a facility: _____

BIRTH WEIGHT

At birth, record on scale: Red Yellow Green
If NA, record for the second birth below: Red Yellow Green
If NA, check one on scale: Red Yellow Green

FOLLOW UP VISITS

For a small baby: First follow up visit on day _____
Second follow up visit on day _____
For danger signs: On day _____

Go to the health facility immediately if:

Heavy bleeding Green abdominal pain Fever
No Yes Green headache Fast or difficult breathing
Bleeding from the mouth Has difficulty at first feeding Feels hot or unusually hot
Breastfeeding well Has a swollen breast Weak baby (not active)

Caring for the sick child in the community

- Referral of children with danger signs and severe acute malnutrition
- Treatment in the community
 - Diarrhoea
 - Fever
 - Pneumonia

Caring for the child's healthy growth and development

- Care-giving skills and support for child development
- Infant and young child feeding
- Prevention of illness
- Family response to child's illness

RECOMMENDATIONS FOR FEEDING YOUR CHILD

Newborn, birth up to 1 week

- Immediately after birth, put your baby in skin to skin contact with you.
- Ask the nurse or community health worker to help you breastfeed your baby in the first 24 hours.
- If your baby is low birth weight, feed every 2 to 3 hours. Wake the baby for feeding after 3 hours, if the baby does not wake well.
- Make sure your baby is well attached to the breast and is suckling well.
- Do not give other foods or fluids.

1 week up to 6 months

- Breastfeed as often as your child wants.
- Start giving 2 to 3 tablespoons of thick porridge and well-mashed foods during 2 to 3 weeks each day.
- Continue with breast milk and increase gradually to 1/2 cup each meal.
- Offer 1 to 2 snacks each day between meals. For 6 months, give small soft fruits and vegetables. For 7 months, give small chewable foods to eat.

6 months up to 12 months

- Breastfeed as often as your child wants.
- Start giving 2 to 3 tablespoons of thick porridge and well-mashed foods during 2 to 3 weeks each day.
- Continue with breast milk and increase gradually to 1/2 cup each meal.
- Offer 1 to 2 snacks each day between meals.
- For 6 months, give small soft fruits and vegetables. For 7 months, give small chewable foods to eat.

12 months up to 2 years

- Breastfeed as often as your child wants.
- Give 2/3 cup to a full cup of family foods 2 to 3 times each day. Give 1/2 cup of family foods, if necessary.
- Offer 1 to 2 snacks each day between meals.
- For 12 months, give small soft fruits and vegetables. For 13 months, give small chewable foods to eat.

2 years and older

- Give at least a full cup of family foods during 3 to 4 meals each day. Also, twice daily, give nutritious snacks between meals.
- Offer a variety of foods. If a new food is introduced, offer "taster" several times. Show that you like the food.

Sick Child Recording Form
(for community-based treatment of child up to 5 years)

Date: _____ (DD/Month/Year) CHN: _____

Child's name: First _____ Family _____ Age: _____ Years/Months Day / Girl

Community name: _____ Relationship: Mother / Father / Other _____
Address, Community: _____

1. Identify problems

ASK AND LOOK	Any DANGER SIGN or other problem to refer?	SIK but NO Danger Sign?
<p>ASK: What are the child's problems? If not reported, then ask to be sure.</p> <p>Has symptoms: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Cough 10 days for how long? _____ days</p> <p><input type="checkbox"/> Diarrhoea (2 or more loose stools in 24 hrs)? If YES, for how long? _____ days</p> <p><input type="checkbox"/> If STABLY (solid or mushy)</p> <p><input type="checkbox"/> Fever (reported or not)? If yes, started _____ days ago.</p> <p><input type="checkbox"/> Convulsions?</p> <p><input type="checkbox"/> Difficulty drinking or feeding?</p> <p><input type="checkbox"/> Not able to drink or feed anything? If YES, <input type="checkbox"/> not able to drink or feed anything. <input type="checkbox"/> Not drinking? If yes, <input type="checkbox"/> vomits everything?</p> <p><input type="checkbox"/> Any other problem? Cannot treat (for example, problem breast feeding, injury, burn)? See 5. If any OTHER PROBLEM, refer.</p>	<p><input type="checkbox"/> Cough for 21 days or more</p> <p><input type="checkbox"/> Diarrhoea for 14 days or more</p> <p><input type="checkbox"/> Diarrhoea (less than 14 days AND no blood or mucus)</p> <p><input type="checkbox"/> Fever (less than 7 days or more)</p> <p><input type="checkbox"/> Fever (less than 7 days or more)</p> <p><input type="checkbox"/> Convulsions</p> <p><input type="checkbox"/> Not able to drink or feed anything</p> <p><input type="checkbox"/> Vomits everything</p> <p><input type="checkbox"/> Other problem to refer</p>	<p><input type="checkbox"/> Diarrhoea (less than 14 days AND no blood or mucus)</p> <p><input type="checkbox"/> Fever (less than 7 days or more)</p> <p><input type="checkbox"/> Fever (less than 7 days or more)</p> <p><input type="checkbox"/> Convulsions</p> <p><input type="checkbox"/> Not able to drink or feed anything</p> <p><input type="checkbox"/> Vomits everything</p> <p><input type="checkbox"/> Other problem to refer</p>
<p>LOOK:</p> <p><input type="checkbox"/> Chest indrawing (FOR ALL CHILDREN)</p> <p><input type="checkbox"/> Chest indrawing</p> <p><input type="checkbox"/> Fast breathing</p> <p><input type="checkbox"/> Fast breathing</p> <p><input type="checkbox"/> Unusually sleepy or unconscious?</p> <p><input type="checkbox"/> Swelling of both feet?</p>	<p><input type="checkbox"/> Chest indrawing</p> <p><input type="checkbox"/> Fast breathing</p> <p><input type="checkbox"/> Unusually sleepy or unconscious?</p> <p><input type="checkbox"/> Swelling of both feet?</p>	<p><input type="checkbox"/> Fast breathing</p> <p><input type="checkbox"/> Swelling of both feet?</p>

2. Decide: Refer or treat child
(tick decision)

IF ANY Danger Sign or other problem, refer to health facility

IF NO Danger Sign, treat at home and return regularly

GO TO PAGE 2 →

Caring for the sick child in the community



- **Identify signs of illness**
 - Diarrhoea
 - Fever; malaria (RDT)
 - Chest indrawing
 - Fast breathing
 - Severe malnutrition
- **Refer child with danger signs** (or other problems) and begin treatment
- **Treat diarrhoea** at home (ORT and zinc)
- **Treat fever** (antimalarial) and **fast breathing** (antibiotic) at home

CCM Task Force

Membership

- UNICEF
- USAID
- WHO HQ and AFRO (MCA, TDR)
- Save the Children
- USAID/MCHIP (secretariat)
- MSH, Boston University, JSI, Karolinska Institutet, JHSPH, URC, CORE, CIDA, PSI, MSH, PATH, PLAN, CARE, IFRC, +++

Activities

- Communication/information sharing; linkages; tool development; coordinated country support

CCM Benchmarks

- Eight Key Systems Components for iCCM:
 1. Coordination and Policy Setting
 2. Costing and Financing
 3. Human Resources
 4. Supply chain management
 5. Service delivery and referral
 6. Communication and social mobilization
 7. Supervision and Performance Quality Assurance
 8. M&E and Health Information Systems
- Three Phases for implementing CCM:
 1. advocacy/planning
 2. pilot/early implementation,
 3. expansion/scale-up
- Benchmarks exist for each of component in each phase

iCCM Toolkit

- Promotes the sharing of tools that have been used in successful country CCM programmes
- Promotes improvement of existing tools and development of new ones
- Categories of tool grouping include:
 - A. Advocacy, Policy & Planning
 - B. Programming
 - C. Monitoring and Evaluation
- Each tool has a concurrent “one pager” background and information sheet

CCMCentral

Integrated Community Case Management of Childhood Illness

[Home](#) [About](#) [Tools](#) [iCCM Indicators and Benchmarks](#) [Operations Research](#) [Links and Documents](#) [Members](#)

This website is a product of the **iCCM Task Force**. The website aims to centralize resources, provide examples of best practices and give access to tools. It also provides a forum for answers to questions and discussions of challenges. The website has been developed and is currently managed by Maternal Child Health Integrated Program (MCHIP).



LATEST: [Ticker 04: Ticker headline](#)



CCM in Bangladesh and Mali

Nutrition counseling, newborn care, and ARI and diarrheal disease treatment in Bangladesh...

[Read the Full Story](#)

REGIONS/COUNTRIES IMPLEMENTING iCCM

[Africa](#)

[Asia](#)

[Latin America and Caribbean](#)

IMPLEMENTATION HIGHLIGHTS

This is a placeholder block to put -- new policy implementations, pilot countries that have scaled-up, countries that have decided to add an area (e.g., nutrition) to the three standard interventions, etc. We'll solicit this kind of program highlights from the steering committee members and will also let folks

UPCOMING EVENTS

- ▶ **Workshop to Identify Priority Implementation Research – Nairobi, Kenya September 12-14, 2011**
- ▶ **GAPP Workshop – Bangladesh September 26-30, 2011**
Facilitator preparation to be held the 26th, with workshop...
- ▶ **GAPP Workshop – Rwanda October 24-28, 2011**
Facilitator preparation to be held the 24th, with workshop...
- ▶ **GAPP Workshop Follow-up Visit – Zambia (tentative) November 1-4, 2011**
- ▶ **Workshop to Identify Priority Implementation Research – Cameroun November 15-17, 2011**
- ▶ **GAPP Workshop Follow-up Visit – Niger and Mali November (TBD), 2011**
Follow-up Visit - Niger and Mali: November - TBD...

LOGIN/REGISTER FORM

Hi, [admin](#)
[Create Content](#) | [Site Admin](#)

[Logout](#)

Integrated CCM: Challenges for moving forward

- Document effectiveness of integration to inform scale-up
- Assess varying models of CHW deployment, motivation and retention
 - paid (HSAs, HEWs) vs. volunteer (CBAs, VHTs)
 - supervision by and linkages with health facility
- Ensure continuous supplies of medicines, tests, equipment
- Ensure adequate supervision and M&E
- Sustain quality of performance
- Increase demand for - and utilization of - services

Opportunities for the future

- iCCM task force coordinated support / tools
- UN Secretary-General's Global Strategy on Women's and Children's Health
- Commission on Information and Accountability;
Commission on Life-Saving Commodities
- Sizable financial contributions: CIDA (CI, iCCM), France, BMGF (GAPP, Child Survival)