

Coordination, Policy Setting, and Scale Up

Overview

This session will review the development of policy to facilitate the implementation of iCCM in countries in sub-Saharan Africa, with a particular focus on challenges in scale-up, sustainability and financing of iCCM programmes. The session will include presentations from a quantitative cross-sectional survey of iCCM policy and implementation in countries in sub-Saharan Africa conducted in 2013, as well as from a six-country qualitative study on the development of iCCM policy. The two panels in the session will review scale-up of iCCM, with a focus on countries in West Africa, and sustainability and financing of iCCM, with a focus on countries in East Africa.

Key themes explored will include:

- Status of iCCM policy implementation in sub-Saharan Africa
- The development of iCCM policy as an incremental process
- Cross-cutting barriers to iCCM policy development and scale-up
- The relationship between iCCM and broader health systems
- Funding challenges for sustaining iCCM
- iCCM in the context of discussions on universal health coverage (UHC)

Presentations

Topic	Speaker
Introduction of session and speakers	Dr. Kumanan Rasanathan <i>UNICEF, New York</i>
Findings on Policy from 2013 iCCM Africa Survey	Salina Bakshi <i>UNICEF, New York</i>
iCCM Policy Development in Sub-Saharan Africa: Findings from a Six-Country Study	Dr. Daniela Rodriguez <i>Johns Hopkins School of Public Health</i>
<i>Panel: Scaling Up iCCM in Countries</i>	Prof. M. Guelaye Sall, <i>University of Dakar, Senegal</i> Dr. Yaroh Asma Gali, <i>Ministry of Health, Niger</i> Dr Ouedraogo Seydou Mohamed, <i>Regional Director of Health, Burkina Faso</i> Dr. Mariame Sylla (moderator), <i>UNICEF, WCARO, Dakar</i>
<i>Panel: Sustainability and Financing of iCCM in Countries</i>	Dr. Rory Nefdt, <i>UNICEF, ESARO, Nairobi</i> Representative from <i>Ministry of Health, Ethiopia</i> Representative from <i>Ministry of Health, Rwanda</i> Dr. Kumanan Rasanathan (moderator), <i>UNICEF, New York</i>

Costs, Cost-effectiveness, and Financing

Overview

Despite the reported success of iCCM in several low-income settings, many countries have yet to implement or expand iCCM, partly due to uncertainty about the costs of iCCM programs. Having a comprehensive understanding of the costs and financing needs of iCCM programmes will enable countries that are considering implementing or expanding programs to advocate for the necessary funding and to plan the efficient use of resources. A clear understanding of cost-effectiveness, and what drives it, is needed for countries to maximize the use of scarce resources and to make evidence-based policy decisions.

The session objective is to present results from three different iCCM costing studies; and, through a review and comparison of the study approaches and findings, to present key lessons learned and provide guidance for iCCM implementers in using costing and cost-effectiveness to make policy decisions. Two costing studies focus on supply-side costs, encompassing twelve different programs and countries; and the third costing study presents patient costs from Pakistan. The session will highlight the importance of understanding a program’s context when analysing costs and cost-effectiveness; as iCCM models vary significantly, so too do their cost drivers.

Presentations

Topic	Speaker
Introduction and Overview of iCCM Costing and Tools; Review of Findings	David Collins (moderator) <i>Management Sciences for Health</i>
Costs and Sustainability of Catalytic Initiative Programs in Ethiopia, Niger, Ghana, Mali, Mozambique and Malawi	Emmanuelle Daviud <i>South African Medical Research Council</i>
Costs of iCCM programs in DRC, Cameroon, Ethiopia, Sierra Leone, Uganda, South Sudan, and Zambia	Zina Jarrah <i>Management Sciences for Health</i>
Patient costs for severe pneumonia in Haripur, Pakistan	Salim Sadruddin <i>Save the Children</i>

Demand Generation and Social Mobilization

Overview

This session will focus on the relationship between iCCM programmes and care-seeking and treatment utilization for childhood illnesses. In particular, we will present the findings of an evidence review and, based on examples from successful programmes in Niger and Mozambique, explore the role that specific demand generation and social mobilization activities can have on:

- Engaging and empowering community members to adopt new behaviors;
- Setting appropriate expectations for caregivers and building their trust in the CHW's ability to assess and treat illnesses; and
- Improving sustainability and community ownership for iCCM.

Presentations

Topic	Speaker
Introduction and Wrap-up	Dr. Antoinette Helal (moderator) <i>Ministry of Health, Guinea</i>
iCCM Programmes, Care-seeking and Utilisation in Sub-Saharan Africa: An Evidence Review	Dr. Alyssa Sharkey <i>UNICEF, New York</i>
Key Family Practices: Communication Approach for Behaviour and Social Change	Rocio Berzal <i>UNICEF, Niger</i>
<i>Panel: Community Involvement in Mozambique</i>	Teresa Mapasse, <i>Ministry of Health, Mozambique</i> Erica Wetzler, <i>Save the Children, Mozambique</i> Teresa Cerveau, <i>Malaria Consortium, Mozambique</i>

Human Resources and Deployment

Overview

In community-based health programming, and iCCM specifically, the Community Health Worker is the central component, and as such a focus on the human resources element is essential in any evaluation. In order for iCCM programs to adapt and improve, it is critical to understand the different approaches to human resources and deployment being implemented or piloted, and to compile a portfolio of best practices to be shared throughout the iCCM network.

This session will focus on the role that human resources and deployment plays in successful iCCM implementation; specifically identifying and characterising the most promising approaches and tools for Human Resources management. The session will target improvements to the Community Health Worker (CHW) experience, by highlighting lessons learned in:

- The use of technology to map CHWs in their catchment areas, allowing for appropriate and economic distribution of human resources and the simultaneous monitoring of performance;
- The importance of contextually appropriate motivation in the long term sustainability of the programme and integration into the broader public health context through expansion of responsibilities; and
- Ways to improve CHW motivation and retention through innovative and entrepreneurial models.

Presentations

Topic	Speaker
Introduction and Discussion	Abigail Pratt and Michelle Geiss (moderators) <i>Population Services International</i>
Geographic Disbursement: South Sudan Mapping and Clustering using GPS Technology	Elena Olivi <i>Population Services International</i>
CHW Roles: Malawian Approach to iCCM through Health Surveillance Agents	Humphreys Nsona <i>Ministry of Health, Malawi</i>
CHW Roles and Responsibilities: The Mali Transition from Volunteer to Salaried CHWs	Modibo Traore <i>Ministry of Health, Malawi</i>
CHW Motivation: Motivating CHWs Through the Micro-Franchise Model	Nena Sanderson <i>Living Goods</i>

iCCM for Newborn Health

Overview

Remarkable progress has been made in recent decades to reduce the number of child deaths globally. While the under-five mortality rate declined from 90 deaths per 1000 live births in 1990 to 48 deaths per 1000 live births in 2012, the neonatal mortality rate only declined from 33 deaths per 1000 live births to 21 deaths per 1000 live births over the same period. As a result, the proportion of deaths in children under-five that occur in the neonatal period increased from 37% to 44% and in 2012, 2.9 million children died within the first month of their life, mostly of preventable causes for which effective interventions are available.

The opportunities for addressing newborn health are unprecedented. Evidence generated over time demonstrates that effective interventions and service delivery channels, and approaches are available to accelerate progress in intervention coverage and mortality impact for newborn health.

The session on newborn health will focus on review of experiences in community based newborn care, linking home based newborn care with iCCM and the role of community health workers in newborn survival. Evidence from the African Neonatal Sepsis Trial will also be presented and discussed. Panelists will discuss challenges in implementation of newborn health interventions and opportunities for overcoming challenges and accelerating actions toward the reduction of newborn deaths.

Presentations

Topic	Speaker
Introduction and wrap-up	Dr. Samira Aboubaker (moderator) <i>WHO</i>
Bangladesh Experience on Home Based Newborn Care	Professor Mohammed Shahidullah <i>National Technical Working Committee on Newborn Health/Bangladesh Neonatal Forum/ Neonatology, BSMMU</i>
Linking Home-based Newborn Care with iCCM	Dr. Isabella Sagoe Moses <i>Ghana Health Service</i>
Management of Newborn Sepsis: Evidence from a Multi-Country Study	Prof. Ebunoluwa Aderonke Adejuyigbe <i>Department of Pediatrics and Child Health, Obafemi Awolowo University, Nigeria</i>
<i>Panel:</i> Challenges in Implementation of Community-based Newborn Care	Dr. Hailemariam Legesse, <i>UNICEF, Ethiopia</i> Dr. Troy Jacobs, <i>USAID</i> Dr. Bernadette Daelmans, <i>WHO</i>

Innovations

Overview

Given the range of ways in which integrated community case management (iCCM) is implemented across countries and even within some countries, the landscape of innovations and innovative approaches as part of iCCM is quite diverse. Innovations range from ways in which community health workers (CHWs) are supervised to mobile-phone based ways to track and report cases at the community level.

As a side session at the iCCM Symposium, the Innovations session will discuss trends and evidence in innovations in iCCM, and provide in-country experiences as examples. Panelists will share 5 minutes on innovation trends, key insights, challenges and opportunities in four cross-cutting subject areas of innovation and iCCM, and the majority of time will focus on discussion and interaction with the audience.

- Putting CHWs at the center - user centered design
- Using real-time information to drive programming
- mHealth: state of the evidence and country strategies
- New models for service delivery

Presentations

Topic	Speaker
Overview and discussion	Erica Kochi <i>UNICEF, New York</i>
Putting CHWs at the Center of Programming	Erica Kochi <i>UNICEF, New York</i>
Using Mobiles and Real-time Information for iCCM Programming	Dr. Davis Musinguzi <i>UNICEF, Uganda</i>
mHealth: State of the Evidence, Strategy Development, and Country Planning	Peter Benjamin <i>mHealth Alliance</i>
New models for Service Delivery	Erica Kochi, <i>UNICEF, New York</i> on behalf of: Joseph Samuel, <i>Novartis</i>

Monitoring & Evaluation

Overview

Two sessions on the theme of monitoring and evaluation will be held at the symposium. The purpose of the monitoring session is to share examples of how routine monitoring systems have been developed for iCCM and integrated with other systems, how data from different sources – both routine and periodic – have successfully been used for decision-making at national and subnational levels, and how innovative approaches have been developed and applied to improve data quality and use. Participants will: learn about lessons learned on monitoring for iCCM; hear practical experiences on iCCM monitoring from several countries that demonstrate successes, challenges and lessons learned; and be exposed to promising innovations for strengthening routine monitoring. The session will include an introductory presentation covering lessons learned globally followed by four country presentations with Q&A and a closing session highlighting the way forward.

The purpose of the evaluation session is to share lessons learned from recent experiences evaluating large scale iCCM programs. Participants will hear from an interagency panel representing researchers, implementing partners and ministries of health about what approaches worked well and what areas need improvement and recommendations for improving evaluation design, methods and implementation in future. Participants will have the opportunity to engage in the discussion by sharing their experiences and asking questions of the panelists during an open question and answer session.

Presentations

Topic	Speaker
Introduction to monitoring for iCCM and overview	Serge Raharison <i>MCHIP/JSI</i>
Integrating CCM Data into HMIS and Triangulating Routine and Survey Data	Laura Miller <i>IRC, Sierra Leone</i>
Integrating Community Data into DHIS2	Anthony Ofosu, <i>Ministry of Health, Ghana, PPME</i>
iCCM Monitoring in Low HR Capacity Settings	Martin Dale, <i>PSI, South Sudan</i>
Improving Data Quality and Use for iCCM in Malawi	Tiyese Chimuna <i>Save the Children, Malawi/Ministry of Health, Malawi</i>
Use of LQAS and Routine Data by ASACOs	Representative from the <i>Ministry of Health, Mali</i>
The Way Forward: Innovations in M&E for iCCM	Nick Oliphant <i>UNICEF, New York</i>
<i>Panel: Lessons Learned in Evaluating iCCM</i>	Agbessi Amouzou, <i>Johns Hopkins University IIP/UNICEF</i> Tanya Doherty, <i>South African Medical Research Council</i> Saul Morris, <i>Children’s Investment Fund Foundation</i> Franco Pagnoni, <i>WHO/Global Malaria Program</i> Yolanda Barbera, <i>IRC</i> Paulin Basinga, <i>Bill & Melinda Gates Foundation</i> Dr. Erasmus Agongo, <i>Ghana Health Service</i>

Private Sector Partnerships

Overview

The private sector is a very important caregiver, treating more than 50% of sick child episodes in many countries. Looking at experiences of implementing iCCM in private sector from several African and Asian countries this session aims:

- To present illustrative examples of iCCM implementation through different strategies and different private sector segments in three different contexts;
- To discuss differences in health systems supports required for private sector implementation compared to via “public sector “Community Health Workers; and
- To present opportunities to include iCCM components in upcoming private sector activities/applications, e.g. to the Global Fund and UNICEF.

Presentations

Topic	Speaker
Welcome, overview, and wrap-up	Stefan Peterson, <i>Karolinska Institute, UU</i> (moderator) Jane Miller, <i>PSI</i> (moderator)
iCCM Through Private Village Doctors in Bangladesh	Dr. Golam Mothabbir <i>Save the Children, Bangladesh</i>
iCCM Through Registered Drug Shops in Uganda	Dr. Phyllis Awor <i>Makarere University</i>
Ensuring Quality Case Management in the Private Sector	Dr. Victor Lara <i>PSI</i>
<i>Panel: Similarities and Differences Between Public and Private Sector Implementation of iCCM</i>	Dr. Golam Mothabbir, <i>Save the Children, Bangladesh</i> Dr. Phyllis Awor, <i>Makarere University</i> Dr. Victor Lara, <i>PSI</i>

Supervision and Performance Quality Assurance

Overview

In order to improve quality of care, it is important to determine which approaches to training and supervision are most effective. This is especially critical where the delivery of care relies on the performance of Community Health Workers (CHW), who bridge the gap between formal health services and especially vulnerable communities with geographic, financial or cultural barriers to accessing health care. Important aspects of iCCM training, including approaches, content, length and evaluation vary by country and implementing agency, as do supervision models.

The session will focus on quality assurance aspects of iCCM implementation; specifically how to enhance Community Health Worker (CHW) training, supervision and quality of care, by highlighting experiences in:

- The process of developing iCCM training materials adapted and refined to suit different contexts using collaborative approaches;
- Optimal, sustainable and integrated support supervision strategies that will promote high-quality care; and
- Ways to improve CHW performance using innovative technology.

Presentations

Topic	Speaker
Introduction and Wrap-Up	Helen Counihan (moderator) <i>Malaria Consortium</i>
Lessons and Successes in Collaboration for the Development of iCCM Training	Paula Valentine <i>Save the Children</i>
Peer Support Groups: An Alternative Approach to Support Supervision	Jennifer Weiss <i>Concern Worldwide</i>
Quality Improvement Through Supervision	Ciro Franco <i>Management Sciences for Health</i>
Quality of Care: Closing the Gaps between Theory and Practice	Yolanda Barbera <i>IRC</i>
Strengthening CHW Capacity Using mHealth Tools for Supervision and Support	Karin Källander <i>Malaria Consortium/Karolinska Institute</i>

Supply Chain Management

Overview

The goal of this panel is to provide participants with evidence for promising approaches to improve supply chain functionality, emphasizing country experience. This panel will begin with a short overview of SCM lessons relevant for country program review, including an introduction to the *product flow*, *data flow*, and *effective people* categories addressed by panelists. Presenters will briefly introduce tools and strategies to be discussed in more detail at symposium tool-sharing sessions. They will present recent evidence related to each approach, lessons learned, and programming challenges.

Approaches include private-sector efforts to improve product availability, different mHealth applications supporting SCM for iCCM (the cStock approach used in conjunction with problem-solving teams and the ODK Scan methodology), and performance enhancement through use of quality improvement techniques and the addition of SCM indicators to a national community incentive-based financing program. The session will conclude with time for general discussion and review of key summary points for consideration in country planning sessions.

Presentations

Topic	Speaker
Outline of panel, introduction, review	Musonda Kasonde <i>UNICEF, New York</i>
Overview of State of the Art for Supply Chain Management for iCCM	Yasmin Chandani <i>JSI, Research & Training Institute</i>
Product Flows in a Private Sector Supply Chain	Rohit Ramchandani <i>ColaLife, Zambia</i>
Data Flow Example: cStock	Humphreys Nsona <i>Ministry of Health, Malawi</i>
Data Flow Example: ODK Scan	Timoteo Chaluco <i>Village Reach, Mozambique</i>
Effective People: Problem Solving Teams and CHW Motivation	Patrick Nganji, <i>SC4CCM, Rwanda</i> on behalf of: Catherine Mugeni, <i>Ministry of Health, Rwanda</i>