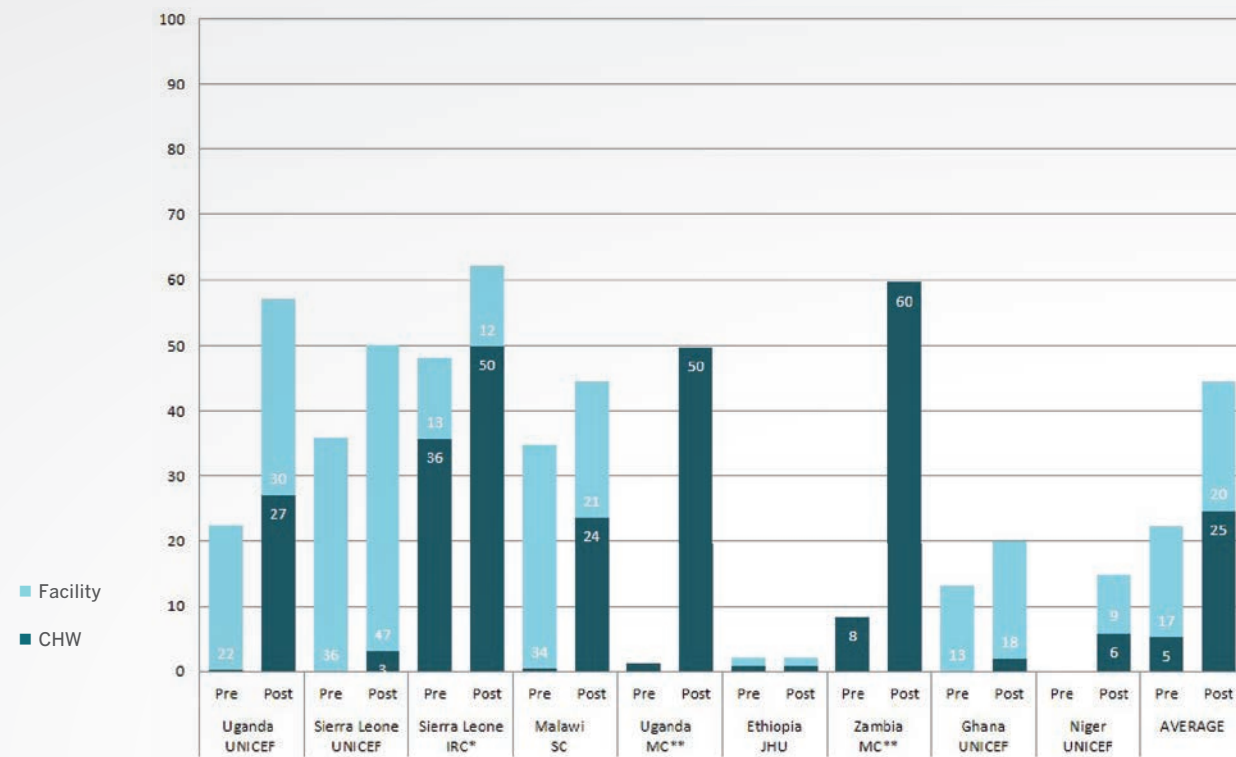


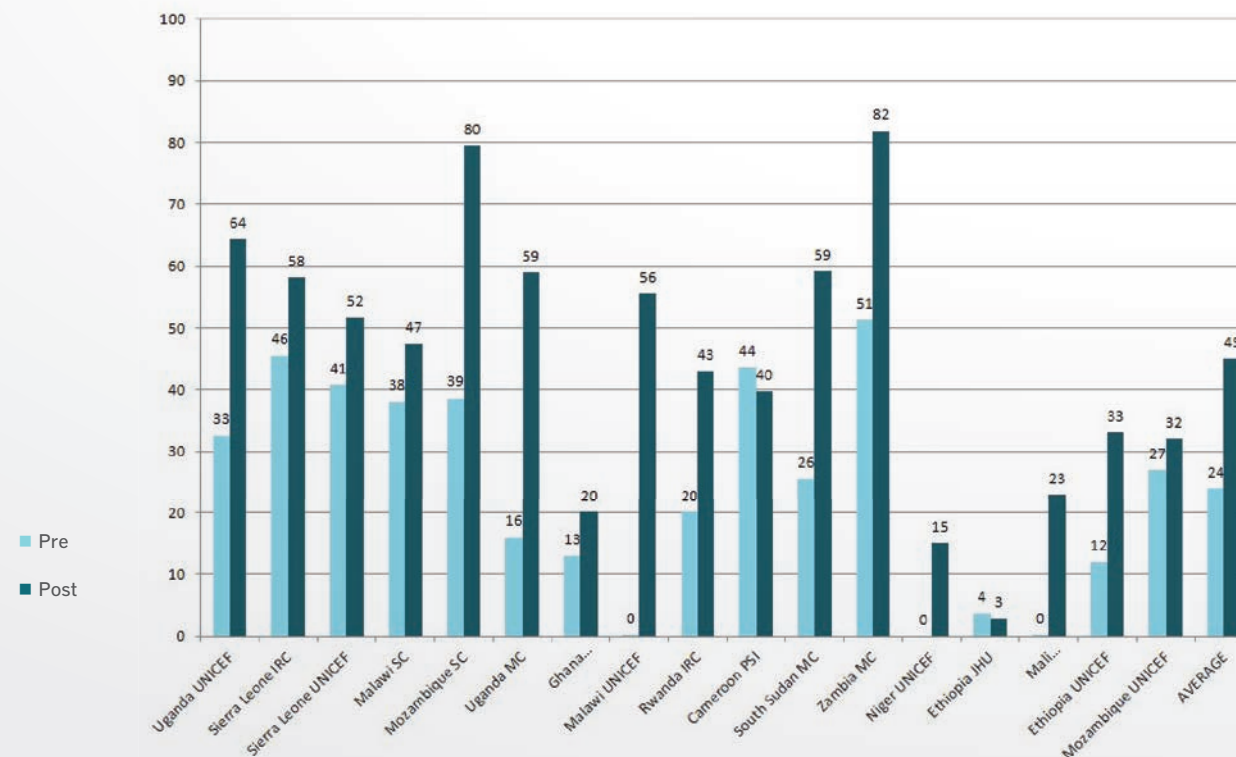
iCCM EVIDENCE REVIEW: Synthesis of Recent Studies and Evaluations of Integrated Community Case Management (of diarrhea, pneumonia and malaria) in sub-Saharan Africa

Percent of Children under 5 with fever who received ACT,
Source of Treatment: CHW vs Facility



* Figures provided are unweighted, and as result may be slightly higher than total coverage. **Data on facility based treatment not available

Percent of Children under 5 with fever who received ACT



iCCM 2014

Integrated Community Case Management (iCCM):
Evidence Review Symposium
3-5 March 2014, Accra, Ghana

THEMATIC AREAS:

- Policy
- Human Resources & Deployment
- Supervision & Quality Assurance
- Supply Chain Management
- Costs & cost effectiveness
- Demand generation
- Monitoring & Evaluation

Demand-side barriers to utilization need to be identified locally and strategies to remove them put in place.

Most of these studies did not examine demand side barriers. The literature has shown that:

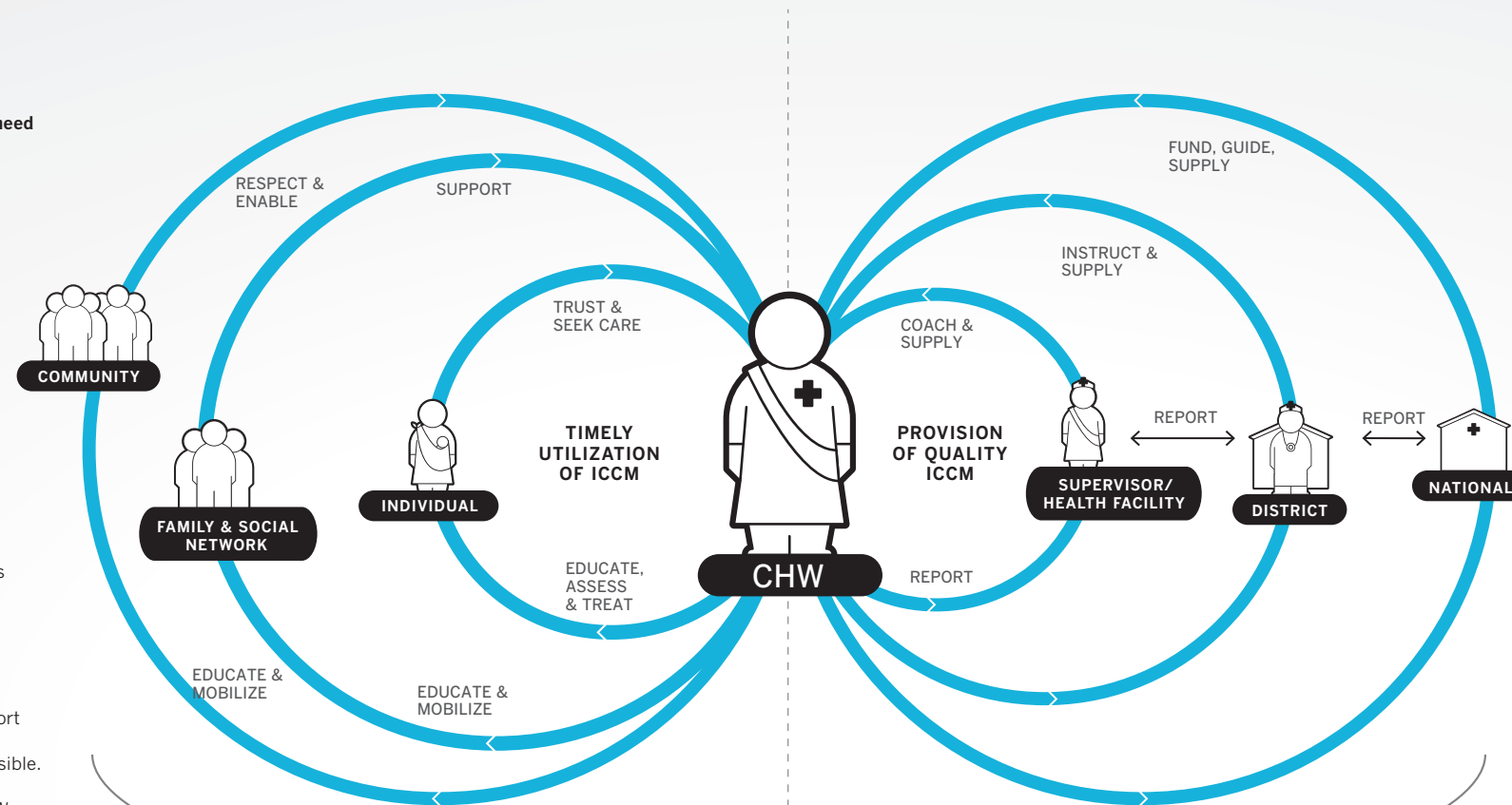
Geographic and financial barriers (e.g. distance, fees, transport costs, opportunity costs) are often major deterrents to timely utilization.

Non-financial barriers such as socio-cultural and religious beliefs and practices as well as social norms are often major deterrents to timely utilization.

Knowledge, exposure to information, prior experience, trust and perceptions of services influence decisions to seek care in a timely manner.

For a program to be cost-effective, services must be well utilized while support costs such as training, supervision, and management must be kept as low as possible.

If the number of children treated per CHW is small, the fixed costs of setting up and supporting a program may not be worth the investment.



In the areas where iCCM programs were implemented, iCCM contributed to overall increases in treatment coverage.

(see back cover for data)
Treatment coverage increased in 15 of the 17 programs for which we had baseline and endline coverage data.

The proportion of treatments provided by CHWs increased in 7 of the 9 programs for which we had data on point of treatment.

EFFECTIVE COVERAGE

In order to effectively evaluate programs standardized monitoring systems, integrated with the health system, and evaluation plans need to be in place prior to program implementation.

The strongest studies and evaluations were those with a pre-conceived prospective evaluation plan using multiple data sources taking contextual factors into account.

MORTALITY IMPACT

Do not charge fees.

Fees for consultation or medicines are a major barrier to utilization of iCCM.

Paid CHWs and volunteer CHWs can both be effective, but deployment and context matter.

If CHWs are paid, programs can have fewer CHWs per population but the number of treatments per CHW must be maximized in order to achieve high utilization.

If CHWs are volunteers, programs must have more CHWs per population in order to achieve high utilization because each CHW can handle only a small number of treatments along with their other responsibilities. These programs need a high level of additional support (e.g. through an NGO).

Programs need time to reach scale to be effective.

Programs with at least 12 months of implementation at scale (>80% of CHWs trained in iCCM) have higher utilization.

Programs need effective supply chain systems.

Stockouts of iCCM commodities are a major deterrent to utilization.

Programs need effective supervision systems.

Programs with higher supervision coverage have higher utilization.

CHWs can and should use Rapid Diagnostic Tests for malaria.

CHWs can effectively use RDTs, improving appropriate treatment for malaria.

Treating 3 illnesses does not negatively effect utilization.

Programs where CHWs treat 3 illnesses have the same or higher rates of utilization per illness compared to programs where CHWs treat 2 illnesses.

Programs need to regularly review routine monitoring data on treatments provided by CHWs

Comparing cases treated by CHWs against expected cases can help assess the contribution of iCCM and identify underserved or underperforming areas.

