



# COMMUNITY CASE MANAGEMENT AS A TOOL TO IMPROVE EQUITABLE ACCESS TO ESSENTIAL HEALTHCARE

DSAI Conference  
Galway, Nov, 2013

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# Issues

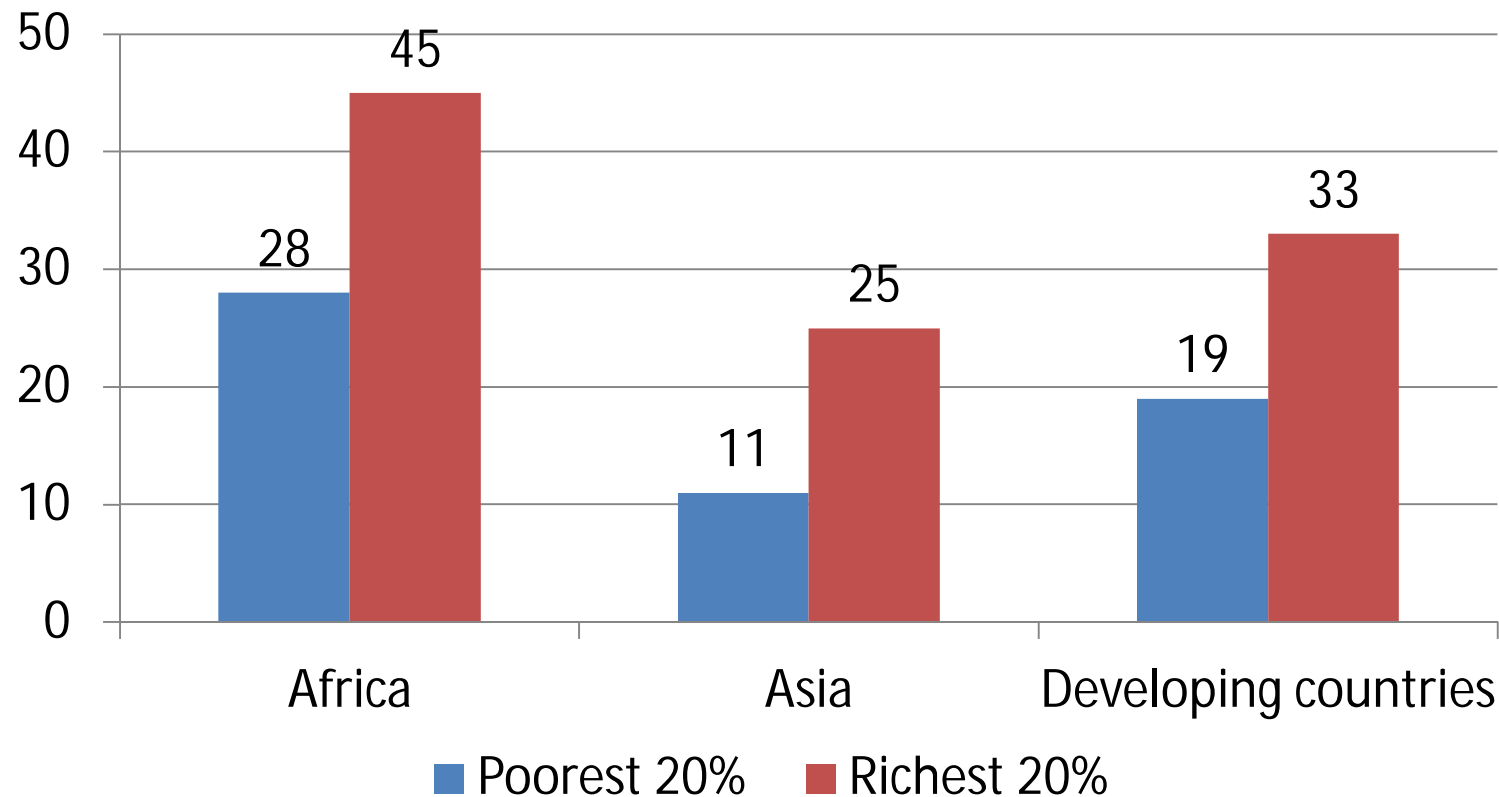
- Under five mortality is decreasing globally
  - 1990 - 12 million, 2012 - 6.6 million
- Progress is unequally distributed
- By 2050, 37% of the world's children <5, and 40% of live births will be in Sub-Saharan Africa
- The main causes of death are pneumonia, diarrhoea and malaria
- We have the treatments – access frequently the issue

	Deaths per 1,000 live births			Average annual rate of reduction (%)
	1990	2000	2011	2000-2011
Rwanda	156	183	54	11.1
Burundi	183	165	139	1.5
Niger	314	216	125	5.0
Malawi	227	164	83	6.2

Source: Countdown to 2015, 2013 Accountability Report



## Proportion of children age 0-59 months with suspected pneumonia receiving antibiotics 2006-2011



Source: WHO/UNICEF Joint Statement on iCCM, June 2012

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## The Inverse Care Law

*"The availability of good medical care tends to vary inversely with the need for it in the population served."*

(Hart, 1971)

# What is integrated Community Case Management (iCCM)?

- An equity-focused strategy to improve access to essential treatment services for children
- Trains CHWs to diagnose and treat common childhood illnesses
- Treatment administered close to home – focus on remote areas
  - Malaria, Diarrhoea, Pneumonia, Neonatal Sepsis, Severe Acute Malnutrition
- CCM is consistent with evidence-based protocols recommended by WHO, UNICEF, and other international health agencies.



# COMMUNITY CASE MANAGEMENT (CCM) of Sick Children

CORE Group 2010 www.coregroup.org

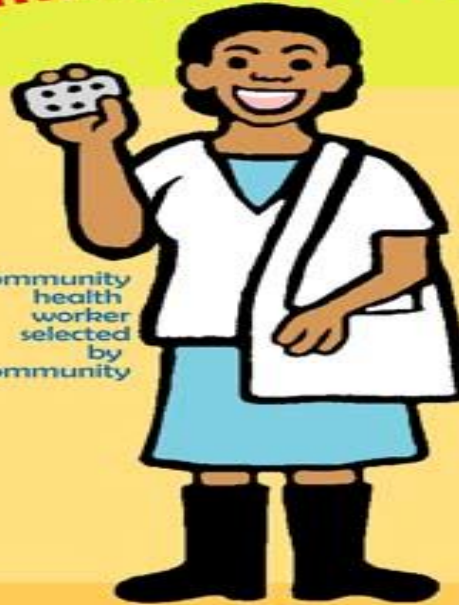
## Children Who Benefit



## Basic Medicine & Supplies



## Community Health Care



## Family Support



## Community Support



money

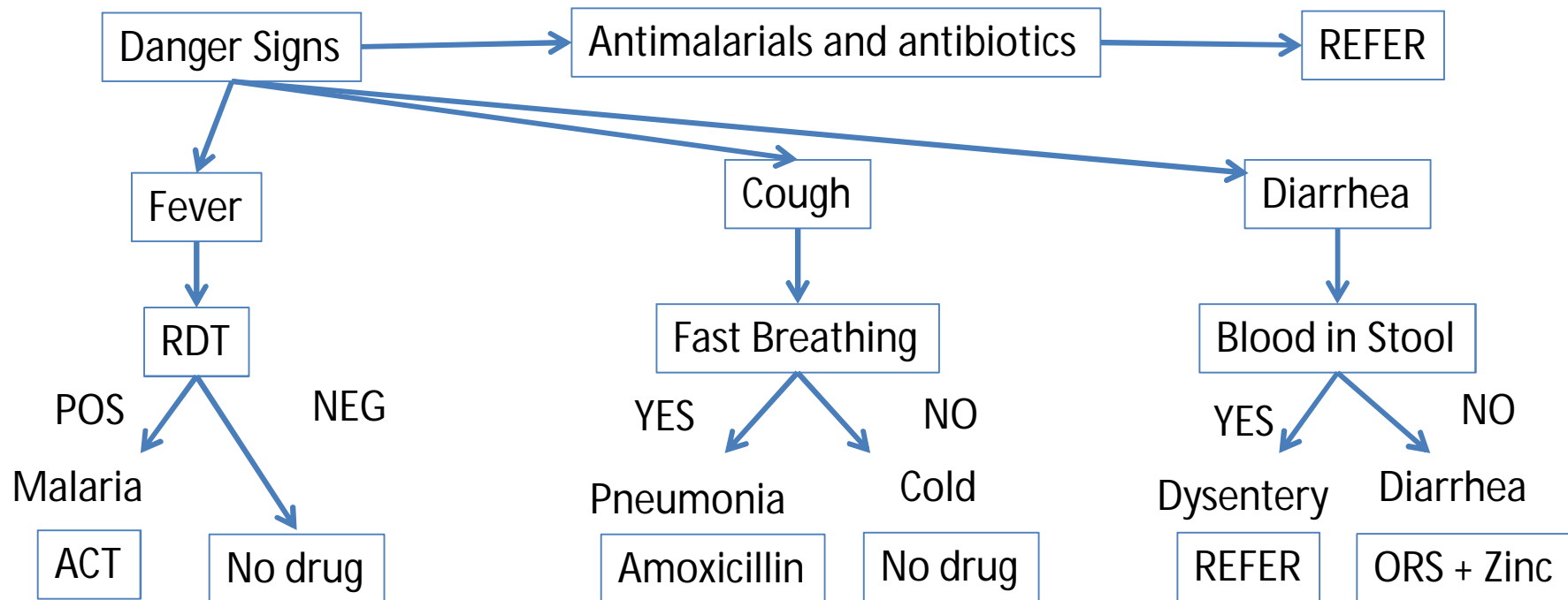


safe water

communication































# Core of the iCCM algorithm



Source: WHO informal consultation on Malaria management, Geneva, Jan 2013



		Age				
  <b>Sexe</b>	    					
	 0 à 2 mois  2 à 6 mois  6 à 11 mois  1 à 3 ans  3 à 5 ans					
<b>Plainte</b>	 Fievre <input type="checkbox"/>		 Toux/rhume ou respirations difficile <input type="checkbox"/>		 Diarrhee <input type="checkbox"/>	
	<b>Statut Nutritionnelle</b>   			 Oedemes <input type="checkbox"/>		
<b>Signes de Danger</b> 	 <input type="checkbox"/> < 2 mois	 <input type="checkbox"/> Lethargie/ inconscient	 <input type="checkbox"/> Convulsions	 <input type="checkbox"/> Incapable de boire ou teter	 <input type="checkbox"/> Vomit tout	 <input type="checkbox"/> Malnutris
			 <input type="checkbox"/>			



Traitement reçu:



Résultats de TDR:



Carte de Reference: Fièvre de plus de 7 jours ou palu qui ne répond pas au traitement

Village: \_\_\_\_\_

Maman Lumiere: \_\_\_\_\_

Carte de Reference: Enfant de 0 à 2 mois



Plainte



Village: \_\_\_\_\_

Maman Lumiere: \_\_\_\_\_



Traitement reçu:



Signes de gravité:



Carte de Reference: Diarrhée de 14 jours ou plus, diarrhée sanglante, signe de déshydratation

Village: \_\_\_\_\_ Maman Lumiere: \_\_\_\_\_

Carte de Reference: Enfant malnutris



Mesure :



Village: \_\_\_\_\_

Maman Lumiere: \_\_\_\_\_



Traitement reçu:



Signes de gravité



Carte de Reference: Toux de 14 jours ou plus, signe de gravité, ne répond pas au traitement

Village: \_\_\_\_\_ Maman Lumiere: \_\_\_\_\_

Carte de Reference: Signe general de danger

Convulsions



Lethargie/inconscient



Incapable de boire ou teter



Vomit tous



Village: \_\_\_\_\_

Maman Lumiere: \_\_\_\_\_





Care Group-Mother Leader counting respirations in Tahoua Region-  
Bambeye Commune, Niger

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## Process in Burundi Planning

- Ongoing national level advocacy with MoH (WHO, UNICEF, donors and NGOs)
- Site visit to Ethiopia – facilitated by USAID - MOH National Malaria Program Staff
- Feasibility Study
  - community was receptive to the approach
  - CHWs already existed in the MOH structure
  - NGO partners were available to support
- Pilot Study – three districts selected
- Development of malaria CCM key documents (6 months process)



## Process in Burundi Set up

- Cascade training approach
  - 317 CHWs in Mabayi Health District
- 2 week supervised traineeship
- Provincial and local level sensitization process
- 3,022 Care Group Volunteers reinforced the launch and key messages
- Official launch
- Monthly supervision visits



*Niyibigira Claudine is a Community Health Worker completing her traineeship on CCM for malaria at the Butara Health Center, Bukinanyana Commune. Concern Worldwide Burundi*



## Process in Burundi Findings

Targeted 37,379 children under 5

Percentage of children 0-23 m with a febrile episode during the last two weeks who were taken to a CHW or HC within 24 hours increased from 53% to 88% (2009-2013)

Treatment data unreliable



*Photo: Gloriose Kankindi, a Community Mobilization Officer for Concern Worldwide Burundi, supervises a CHW conducting CCM for malaria in her home. © Concern Worldwide Burundi*

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## ... and in Rwanda

- 69% of mothers consulted a CHW at least once
- Care seeking for respiratory symptoms increased from 13% to 63%
- Treatment with an anti-malarial drug within 24 hours of a febrile episodes increased from 20% to 43%
- CHWs became the first-line of treatment delivering a third of community treatments for pneumonia, diarrhea and malaria

## Lessons Learnt

- Initial resistance from Ministry of Health can be overcome
- Build the support of decision-makers, health care providers, and community members
- Stock-outs can be minimized through building the capacity of health facility staff and CHWs
- Supervision of CHWs essential
- Fully integrated into health service from the beginning

## Next Steps

- Continue to improve the supervision system for iCCM
- Implement iCCM with illiterate CHWs / mother leaders
- Increase collection of household economic data to measure decreases in equity
- Attend and contribute to iCCM evidence review symposium in March

Photo: Mother Leader practicing using a rapid diagnostic test for malaria: Concern Niger



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# Acknowledgments

- Jenn Weiss –Concern US
- Megan Christensen –Concern US
- Delphin Sula – Concern Burundi
- Reka Sztopa – Concern START team
- Adele Fox – Concern Burundi
- Concern Malawi Health Team
- Concern Niger Health Team
- Concern Rwanda Health Team



Photo: CHW Niyibigira Claudine performing a rapid malaria test in Butara health centre, Bukinanyana Commune, Burundi

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