LINKING EFFECTIVE iCCM POLICY TO EFFECTIVE IMPLEMENTATION:
RECOMMENDATIONS FOR PROGRAM MANAGERS
INPUT FROM THREE TRACTION STUDIES

INTRODUCTION

Integrated community case management (iCCM) has been endorsed and promoted by WHO, UNICEF, USAID, and other major international organizations as a high-impact strategy to increase access to treatments for the leading causes of child mortality—diarrhea, pneumonia, and malaria. Because it relies on health workers based in the community, iCCM improves access and timeliness of treatment, and the integrated, multi-disease approach applied by those community health workers (CHW) has proven an effective way to treat sick children. More generally, CHW-based strategies such as iCCM have proven to be successful in accelerating progress towards the Millennium Development Goals (MDGs). Yet in spite of the strengths and potential impact of iCCM, many countries have yet to implement or scale-up the approach.1

There is a growing body of literature documenting the potential success factors as well as the common bottlenecks experienced by countries implementing iCCM. These range from the importance of adequate training, remuneration, retention, and supervision of iCCM CHWs, to the need for robust and timely quality assurance systems and uninterrupted supplies of essential iCCM drugs and commodities.2

The USAID Translating Research into Action (TRACTION) project recently completed three studies3, 4, 5 that validated many of these findings (see Box 1). Most importantly, the studies found that the gaps in iCCM policy were similar to those reported in the implementation phase6, highlighting the need to address issues early in the policy making process. Specifically, the findings shed light on the need for greater alignment of the design of iCCM policies and programs within specific country contexts and national health systems; stronger country ownership and leadership; an understanding of program costs to allow for cost-effective decision making and sustainable funding; and effective iCCM monitoring and evaluation systems to be devised as part of the policy making process.

Drawing on the findings of the three studies, this brief outlines some of the key policy elements for consideration by iCCM program planners and managers.

IN BRIEF
KEY RECOMMENDATIONS FOR iCCM MANAGERS

- Generate multilevel engagement by fostering high-level leadership as well as CHW and community ownership of the iCCM strategy
- Plan for cost-effectiveness and sustainability by understanding costs and financing needs and cultivating long-term sources of financing
- Prioritize and promote quality, locally-produced or applicable evidence and data to determine iCCM feasibility and carry out M&E activities
- Coordinate and integrate the iCCM policy process so it is inclusive throughout and coordinated with existing, well-funded similar or complementary programs

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POLICY IMPLICATIONS FOR EFFECTIVE iCCM PROGRAMMING

MULTI-LEVEL ENGAGEMENT TO ADVANCE POLICY

Recent global health targets, including the MDGs, have galvanized political commitment to child health and raised interest in implementing potential high impact strategies such as iCCM. For this strategy to be successful, leadership from health ministers and other prominent leaders is required to consolidate country ownership and accelerate the policy-making process while facilitating iCCM implementation and scale-up.

But engagement in iCCM does not stop at the highest levels. Communities, CHWs, and civil society are often the most interested parties in iCCM design and implementation, and the best positioned to contribute locally-attuned solutions to potential challenges. The need for multi-level engagement was clearly reflected in all three of the TRAction studies.

RECOMMENDATIONS

◆ Mobilize high-level iCCM policy champions

High-level policy champions were rare in the countries covered by the Policy Study. Charismatic, high-level advocates can play an instrumental role in creating an enabling environment for iCCM by raising awareness, stimulating change, and breaking any resistance within their sphere of influence.

◆ Involve CHWs and the communities in the policy process

The Policy study noted the lack of engagement of both CHW cadres and the beneficiaries of iCCM in all countries. At the frontline of iCCM, CHWs and related stakeholders at the community level should play an integral part in policy formulation. Early engagement, combined with the right motivation tools, may help broaden support from CHWs and mid-level health worker cadres for iCCM. And because increased access to case management does not necessarily mean increased use, including communities and civil society in the iCCM policy process from the outset can also help address demand-side barriers and increase utilization of iCCM services.

BOX 1. About the Three Traction Studies

1. **Policy Study – Policy Analysis of Community Case Management for Childhood Illnesses**: This multi-country TRAction and UNICEF-supported study conducted by Johns Hopkins University explored key barriers and facilitators to iCCM policy reforms and program development. Based on a series of qualitative, retrospective case studies of iCCM policies in 6 countries (Burkina Faso, Kenya, Malawi, Mali, Mozambique, and Niger) the study explored the role that different local contexts, policy content, actors, and processes play in iCCM policy development.

2. **M&E Study – Improving Data to Improve Programs**: This study led by Johns Hopkins University set out to examine innovative data collection, use, and analysis approaches for monitoring iCCM implementation and assessing M&E systems within iCCM programs against the iCCM Benchmarks Framework in Malawi, Ethiopia, Mozambique, and Mali.

3. **Cost and Finance Study – Development of a Cost and Finance Model for iCCM**: This study carried out by Management Sciences for Health focused on developing and testing a model to estimate the costs and assess the financing needs of introducing and expanding iCCM. This work which involved conducting country case-studies in Malawi, Rwanda and Senegal also sheds light on a number of key issues including the role of coverage and utilization on the overall cost of iCCM.

EVIDENCE FOR POLICY AND PROGRAM MANAGEMENT

A building block for iCCM policy development is the existence of scientific evidence on the effectiveness and feasibility of iCCM implementation in the local context. Pulling from in-country resources such as surveys and program evaluations, as well as accessing other countries’ experiences can be important factors in answering questions raised by policy makers and advancing policy. The use of tools, such as the iCCM Costing and Financing

POLICY champions for iCCM: A TRAction study example of Burkina Faso

Champions can rise organically among stakeholders, but they may also develop spontaneously through exposure to program success in other settings. The Policy Study in Burkina Faso highlighted the critical role played by the Integrated Management of Childhood Illnesses manager in integrating pneumonia into an emerging iCCM program. After being exposed to other countries’ experiences and successes during the 2008 iCCM meeting in Madagascar, he became a champion for iCCM and a recognized key player in its initial implementation.
Tool, are important to be able to look at cost, cost-effectiveness, and financing as part of iCCM design. Evidence from research on iCCM can be used to identify and prioritize interventions, or overcome potential policy bottlenecks such as new drug and treatment policies enabling CHWs to prescribe antibiotics.

From a programmatic angle, evidence also plays a fundamental role at the implementation stage. Data availability, quality, and management are needed to continually improve iCCM service delivery and ensure that essential elements such as quality of care and supply management are present and monitored.

RECOMMENDATIONS

Prioritize the generation and use of local evidence on specific iCCM-related topics

Because health systems vary so much by country, policymakers are bound to ask legitimate, country-specific questions about the implementation of iCCM. The Policy study illustrates how the lack of local evidence on issues such as effective supervision strategies for CHWs or their ability to administer antibiotics and anti-malarials can slow down or disrupt the policy process, particularly in its initial stages. In-country research studies, pilot projects, and program data are potential sources of local evidence that should be prioritized in the situation analysis and planning for iCCM.

Promote the collection and use of quality data for monitoring and evaluation of iCCM programs

All three TRAction studies highlighted the importance of a strong M&E system as a foundation for effective planning and policy-making, as a basis for costing during iCCM implementation, and as a motivator for CHWs. To monitor iCCM activities, program managers and planners need to identify a set of core indicators and an appropriate mixture of data collection methods that can be incorporated in their health information systems. Tools such as the iCCM Benchmark Framework* - which was used to evaluate monitoring capacity in the M&E Study - facilitate the design of monitoring and evaluation systems that include relevant activities for each phase of the implementation. Effective data tracking, data quality, maintenance, and meaningful use of data at the district, facility, and community level can help in identifying gaps in coverage, analyzing care-seeking patterns and quality of care, and adjusting the deployment of CHWs for maximum effectiveness. In particular, results of the M&E study show that gaps in the data can be addressed with innovative data collection and analysis tools.

* For the full iCCM Benchmarks Framework, see: http://ccmcentral.com/benchmarks-and-indicators/benchmarks-framework/
FOOD FOR THOUGHT: Innovative approaches to improve data use for better programs in Malawi

Using the strengths and weaknesses identified in the data quality assessment completed in Malawi, the TRAction M&E Study tested two innovative approaches to improve the iCCM monitoring and evaluation system.

The first, a pilot program on improving data quality and use through training and provision of simple tools, was implemented with promising results. This “data interpretation and use package” aimed to give CHWs the tools to analyze the M&E data they routinely collect for quality improvement and programmatic decision-making. The package included general training on data management, use, and interpretation; simple templates for displaying CCM implementation strength data; refresher training on routine reporting forms; and provision of calculators. These simple steps generated improved consistency of case reporting at the CHW level, and evidence shows that reporting for cases and drug stocks improved at the health facility level. The templates were used in a variety of ways, from programmatic decision-making to advocacy for improved CHW work conditions, resulting in overall improvements in program management. Given the success of the pilot, The Ministry of Health through its IMCI unit has taken a lead role in ensuring that the package is scaled up to the national level.

The second approach tested whether an innovative data collection method through mobile phone interviews with CHWs could improve data completeness and quality for implementation strength indicators. The TRAction study team collected information from randomly selected CHWs using cellular phones and validated the results through inspection visits. The method produced accurate results at a lower cost than in-person monitoring visits to HSAs. This strategy was replicated at the national level in Malawi to track iCCM program strength.

Further information on the M&E Study, visit: http://www.jhsph.edu/departments/international-health/centers-and-institutes/institute-for-international-programs/projects/traction/

FOOD FOR THOUGHT: Community-driven solutions to policy challenges

The three TRAction studies highlighted several barriers to implementation which may be best addressed at the community level:

- Inadequate community demand for services: The success of iCCM depends on the community’s knowledge and expectations of the services provided, even in areas where CHWs are already present for other community care services. Demand for services is directly related to the utilization of services, a key factor highlighted by the Cost and Finance study in realizing cost-effectiveness. The Policy Study identified community support as a facilitator to iCCM implementation in several countries. Support can be gained by using the leadership structure to weave a link with CHWs and the community, boosting confidence in delivery of services at the community level. Engaging both the CHWs and community in policy formulation will provide valuable input on problematic issues while raising awareness at the local level on the potential impact of iCCM and increasing demand for services.

- CHW recruitment, motivation, and retention challenges: Engaging communities in the selection of CHWs, and to the extent possible recruiting them locally, can be an important success factor for iCCM. Once CHWs are in place, motivation can be maintained through a variety of sources beyond financial incentives, such as engaging their participation in decision-making, monitoring, and training. For instance, providing CHWs with access to iCCM monitoring data, as in the TRAction M&E Study, can create motivation through increased ownership of the program.

- Weak data management and use: Lack of monitoring and unreliable reporting practices can have detrimental effects on overall program results, including mismanagement of drug stocks and lack of visibility on necessary adjustments, which can affect motivation and retention of CHWs as well as demand for services. The positive impacts reported after the M&E Study training on data quality and use, such as improved consistency of case and drug stocks reporting, illustrate the importance of engaging CHWs, in a way suitable to worker capacity, for better iCCM program management.

PLANNING FOR SUSTAINABLE iCCM FUNDING

The availability of funding has been a key deciding factor for countries interested in introducing or scaling up iCCM. Across the study countries, heavy reliance on external funding streams for iCCM threatens the sustainability of programs. While investments in iCCM start-up have been vital, they are much smaller than the substantial sustained support needed to establish a strong and sustainable community-level service delivery platform that can accommodate iCCM delivery. Planning for funding of the different elements of iCCM is a necessary step for its successful implementation. Costs include salaries for CHWs and/or their supervisors, training, monitoring, in addition to drugs and other supplies.
RECOMMENDATIONS

Understand iCCM costs and financing needs for cost-effective decision-making

A good appreciation of the costs associated with iCCM implementation is crucial when advocating to donors and ministries of finance for necessary funding. A lesson learned from the Cost and Finance Study is that costing exercises must occur during policymaking, to set realistic targets and plan for financial sustainability. A clearly articulated iCCM strategy that identifies needs, costs, and gaps in financing has the potential to secure required funding streams. It also helps in the correct allocation and management of funds in all aspects of iCCM implementation, including a better understanding of the impact of utilization on indirect costs, and the ability to make cost-effective decisions based on a clear understanding of what constitutes the iCCM service offer, the related training and supervision costs, and utilization. The TRAction Cost and Finance Study tested, with success, a simple, customizable tool for estimating such costs. **In testing this tool, the study team identified the main cost drivers of iCCM programs.**

Utilization, a key element in iCCM costing and financing – TRAction study examples from Rwanda, Malawi, and Senegal

Demand and utilization of services are determinants of iCCM sustainability and to some extent also indicators of the quality of CHW services. They are therefore intimately linked to some iCCM management capacities, such as adequate supervision structures. A comprehensive understanding of all associated costs is important for countries considering implementation or expansion of iCCM, and the tool used in the Cost and Finance Study provides an entry point for that task.

After testing in Rwanda, Malawi, and Senegal the tool proved to be a useful source of information on costs for iCCM services, which can be easily updated and applied within iCCM programs. While the tool was applied in three very different settings, the results had a common denominator: the role of utilization in cost-effectiveness. In Rwanda, CHWs were found to operate at very low levels of utilization, causing high indirect costs (particularly training and equipment) on a per-service basis. These costs would be greatly reduced with an increase in CHW service utilization. The same issue of iCCM under-utilization was identified in Senegal, where the tool was used to estimate costs from a 2011 baseline until 2016.

The case of Senegal in particular illustrates the importance of clearly planning for the expansion of service use or reduction of management costs to control iCCM costs. For that, it is also important to study other determinants of utilization, such as stock-outs, CHW competencies, or financial barriers such as fees for services. And at the behavioral level, increased demand and utilization requires not only increased awareness, but also timely identification of illness and care-seeking. As such, the study findings highlight the importance of fostering utilization through a change in care-seeking behaviors in the community to improve iCCM cost-effectiveness.

Sources:


**The tool developed as part of the Cost and Finance Study has been applied in several other countries through USAID|TRAction and Bill and Melinda Gates Foundation funding to evaluate iCCM costs and develop cases for iCCM investment.**
to be the number of patients served; the number of CHWs supported and time spent delivering services—especially of those paid; and the cost of training, supervision, and management.

**Identify early and cultivate long-term sources of funding**

An iCCM program will only reach its full potential if long-term sources of funds are secured, ideally through its incorporation into the health system’s priorities and regular budgets. None of the countries included in the Policy Study are funding the majority of their iCCM components, and donors play a strong yet finite role even where iCCM coverage is already high. In their financial analysis of iCCM programs, managers should prioritize the identification of steady sources for program income so that full financial sustainability may be reached. It is important to note that a program which is not cost-effective is unlikely to be funded as resources are finite and the health needs are many.

**STRONG NATIONAL LEVEL COORDINATION AND INTEGRATION**

Designed to be an integrated package of services, iCCM cuts across the mandates of several actors of the health system and its implementation usually involves a wide array of international development partners. Because of the myriad of interests involved, iCCM policy formulation, program design, and implementation can be a challenge.

**RECOMMENDATIONS**

- **Establish coordination mechanisms for iCCM policymaking**

  Bringing together different units to support a wide-ranging strategy and obtaining commitment on issues such as procurement and human resources can be a challenge. In the countries covered in the Policy Study, vertical coordination...
For more information on TRAction iCCM studies and for access to resources, visit:

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FOOD FOR THOUGHT: Human resource coordination across health services

Effective iCCM delivery relies on a well-trained and motivated cadre of Community Health Workers and ideally, the coordination of the related human resources issues should be seen in the broader context of countries’ national health workforce plans. The training and role of CHWs - and policy changes required to enable them to deliver iCCM services - vary widely by country. Where an established cadre of CHWs does not exist and community level policies and structures must be established, planning for this structure is an essential and delicate step in iCCM policy-making, which must be carried out early in the process.

problems within the Ministry of Health on those issues were a common occurrence. They were usually improved through the establishment of formal coordination and/or planning mechanisms such as technical working groups focused on child health.

Integrate strategy by coordinating with existing, well-funded community based programs

Where parallel, stand-alone disease-specific programs such as malaria are strong, integration with CCM for diarrhea and pneumonia can become a major issue. The Policy Study confirmed that coordination of problems between the child health department and malaria program occurred in various study settings. When common interests and goals can be identified and coordination mechanisms put in place, building on strong programs’ experience and strengths through joint planning may lead to stronger community health programs.

FOOD FOR THOUGHT: The Ministry of Finance, a key partner outside of the health sector

In spite of the centrality of the funding issue, every single country in the Policy Study reported a lack of engagement of the Ministry of Finance in iCCM policy discussions. Yet to institutionalize iCCM and secure sustainable sources of funding, the program must be incorporated in national priorities and budgets. Coordination with the Ministry of Finance should be prioritized at the policy-making stage to secure that engagement, and a thorough study of costs and cost-effectiveness constitutes an important argument to bring to the discussion table at that time.

CONCLUSION

As research on iCCM expands, new results provide more specific input for those striving to implement the strategy. The recommendations from this brief highlight results from the three recent TRAction studies that were related to the policymaking process. They narrow in on vital aspects of engagement and coordination, sustainable funding as a central issue, as well as the key role of evidence in policy making and program management.

A key message is that barriers to iCCM implementation, whether they are linked to limitations of the health systems or overarching challenges posed by the use of CHWs, should be planned for through the policy process, making issues easier to address should they arise. Managers have a key role to play in this early task to create an enabling environment for iCCM that fosters maximum results and allows for the full potential of this life saving strategy.

Addressing coordination problems within and outside the MOH: The TRAction study examples of Mali, Mozambique, and Kenya

Where countries saw coordination problems, improvement was realized when formal planning mechanisms were put in place. In Mali for example, discussion forums were a determining phase in the elaboration of the strategy that gave it legitimacy. In Mozambique, several working groups were created under the leadership of the Ministry of Health to support the development of iCCM policy. In Kenya, iCCM coordination is facilitated by the Child Health Interagency committee, a subcommittee under the Sector-wide approach (SWAP).

Engage crucial actors outside of the health sector

Issues like the adequacy of human resources or the availability of sufficient and sustainable funding for iCCM implementation require the involvement of departments outside of those typically in charge of child health, and the participation of stakeholders beyond the Ministry of Health. Engaging all parties throughout the policy-making process is likely to smoothen and speed up the process and most importantly, early coordination among stakeholders can help address potential barriers to implementation.
TRACTION PROJECT OVERVIEW

The Translating Research Into Action (TRAction) Project, funded by the U.S. Agency for International Development, focuses on implementation and delivery science—which seeks to develop, test, and compare approaches to more effectively deliver health interventions, increase utilization, achieve coverage, and scale-up evidence-based interventions. TRAction supports implementation research to provide critically-needed evidence to program implementers and policy-makers addressing maternal and child health issues.

For more information on the TRAction Project:
www.tractionproject.org  tracinfo@urc-chs.com

Sources:
1 UNICEF. WHO/UNICEF Joint statement. Integrated Community Case Management (iCCM), New York, June 2012.