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Community Case Management Technical Advisory Group Meeting Report

September 16th, 2011 – Washington, DC

Background

Community Case Management (CCM) is a strategy for delivering lifesaving treatment interventions for the diseases that cause the most under five child deaths in communities that are the hardest to reach in low- and middle-income countries, including: pneumonia, diarrhea, malaria, and neonatal causes. Undernutrition is estimated to be an underlying cause in many of the under five deaths, even more so in those associated with severe infections. These deaths are largely preventable with timely, appropriate treatment. CCM interventions include: antibiotics for pneumonia and newborn sepsis; antimalarials for malaria; and oral rehydration therapy and zinc for diarrhea. CCM is an important approach to increase coverage of these interventions and also to increase the equity in child health services that are critical to decreasing preventable child deaths and meeting the Millennium Development Goal agreed upon by the global community and national governments.

Over the last few decades, an increasing number of non-governmental organizations (NGOs), governments and other agencies have been implementing CCM in Africa, Asia and Latin America. Major supporters of CCM scale-up include National Governments, WHO, UNICEF, USAID, CIDA and the Bill & Melinda Gates Foundation. NGOs are greatly contributing to the advancement and improvement of CCM programming, including international NGOs such as Save the Children, Population Services International, International Rescue Committee and Malaria Consortium with CCM programs in several countries as well as those funded by the USAID Child Survival Health Grants Program (CSHGP). With the evidence-base, number of partners involved and related initiatives expanding, CORE Group hosted a Technical Advisory Group (TAG) meeting in order to pool experiences from organizations with a body of implementation experience, clarify the lessons learned, acknowledge existing resources, identify knowledge gaps, and ascertain the next steps required to scale up CCM implementation.

CORE Group fosters collaborative action and learning to improve and expand community-focused public health practices. Through the *Community Health Network*, CORE Group brings together member organizations, associates, academicians, advocates and donors to support the health of underserved mothers, children, and communities around the world. One of CORE Group's major contributions to CCM has been the collaborative effort culminating in the *Community Case Management Essentials*, a guide designed to provide operational guidance to design, plan, implement, monitor, and/or advocate for CCM that responds to local needs. This guide is complementary to and in harmony with CCM related materials developed by WHO,

Save the Children, UNICEF and others, striving for consistency, clarity and comprehensive support to programmers. The development of the *CCM Essentials* guide is part of a larger CORE Group CCM Initiative that seeks to methodically advance this approach and its affiliated standards and tools, in order to expedite global implementation of quality CCM programming.

Within this context, on September 16, 2011 the TAG meeting was convened by CORE Group in partnership with the Maternal and Child Health Integrated Program (MCHIP) USAID flagship program and representatives of the CORE Group Community Child Health Working Group; bringing together twenty-four representatives of CCM implementing partners and stakeholders from nineteen different organization. The purpose of the meeting was to address key challenge areas identified by those directly implementing CCM in collaboration with country governments.

Prior to the TAG, NGO implementing partners representing different organizations and country programs were surveyed to better understand the next level of CCM implementation challenges and resource gaps. NGOs answered questions concerning the challenges they face in in areas concerning: 1) Advocacy and Relations with the MOH; 2) Training; 3) Supervision; 4) Supply Chain Management (SCM); 5) M&E and/or Research; and 5) Quality of Care. For each of the challenges identified, respondents were asked to describe their responses and solutions. The organizations surveyed included: ChildFund International, Concern Worldwide, Curamericas, Save the Children, World Relief, and World Vision. Country specific programs referenced included: Burundi, Honduras, Liberia, Niger, Rwanda, and Senegal.

Based on the preliminary surveys, three priority areas were identified for the TAG discussions: 1) Government Relationships, 2) Supervision and 3) Supply Chain Management. The goal of the TAG was to identify ways to address some of the key challenges related to CCM in these three main areas based on evidence and research from programs in a variety of countries.

Meeting Process Summary

The meeting began with an introduction to CCM related partners work and a global status update that included information on CCM resources, tools, initiatives, research and gaps. Throughout the remainder of the meeting, participants proceeded to work in small groups addressing the key focus areas, identifying the challenges and possible solutions in each. If no response could be identified (or the existing response was not sufficient), each group was asked to determine what additional resources were needed and how they might be developed. In preparation, each small group reviewed the related survey responses and discussed their own CCM experiences to date related to their respective focus area. Through further discussion, each group identified replication and scale up challenges by brainstorming barriers vs. enablers, and gaps to bringing CCM to scale. Accordingly, they then identified related solutions for each challenge by discussing lessons learned, common elements, best practices and resources. Each group reported out their discussion outcomes and recommendations, and received additional input from the larger group during the final plenary session.

Discussion Contexts & Considerations

As implementing agencies, resource organizations and donors gathered to discuss and analyze some of the most challenging issues they face regarding Government Relationships, Supervision, and Supply Chain Management in relation to CCM implementation, they also considered which issues needed to be addressed at the global and national levels, and what resources would be useful for agencies at earlier stages of implementation and for scaling up programs.

GOVERNMENT RELATIONS:

Sustainable CCM programming is both integrated into the government health system and is protected from becoming a vertical program. The capacity levels of all stakeholders is overarching and affects the other areas including: effective policy development leads to a systematic implementation strategy; a strong M&E system facilitates fidelity between policy and implementation; local ownership at country and community levels supports successful CCM programming; and comprehensive coordination among all stakeholders assures a more sustainable program.

- **Policy development:** The continuum of policy development and implementation includes: pre-conceptualization, conceptualization, policy adoption and implementation. The policy development process itself needs to be inclusive of all partners including representatives from other ministries and various appropriate MoH departments as well as donors, NGOs and communities. It is important to remember that large influential organizations often recommend accepted international policies while the MoH needs to adapt them to the local context. Agencies working in a country are resources to assist the government in this adaptation while tailoring their assistance to the existing capacity within ministries and local governments for policy development and implementation.
- **Capacity and sustainability challenges:** Both ministries of health and implementing agencies present challenges to effective and sustainable CCM implementation at the country level. Ministries can often have delays in decision-making, high staff turnover, suboptimal M&E systems, and limited capacity to coordinate with partners/offices, which limits providing leadership in collaborative decision-making. At times, the implementation approaches of different agencies can also conflict and negatively affect other implementers. Inevitably, many programs focus on near-term results to meet donor needs rather than contributing to sustainable country programs, with some agencies implementing independently or only coordinating minimally with the MoH. In addition, governments or NGOs may be implementing a policy incorrectly at the community level (e.g. charging unallowable fees); also it is difficult to establish a mechanism for balancing the intended policy and implementation with local priorities and realities (e.g. no literate persons to serve as a CCM point person, or local doctors may be resistant to villagers giving drugs).

- **Advocacy needs**: A coordinated lobbying platform would assist NGOs in having greater influence and a more effective and powerful voice with government. It would also provide a mechanism for identifying “champions,” those people within and outside of the government who might assist in gaining support for CCM within the MoH.
- **Coordination:** Effective coordination would be helpful at all levels from the central MoH through to CHWs in the field including all stakeholders in the CCM implementation process. Support and skills are needed to establish a strong organizing body that could lead coordination and communication efforts. This body would establish implementation standards; solicit information from all implementers, and function within a clear TOR and ideally led by the MoH. The coordinating body would identify and engage with “champions” who could assist in overcoming obstacles impeding the progress of CCM implementation at all levels from the community through to the national Ministry of Health. Strong MOUs between the coordinating body partners could function as a check and balance within the partnership and assist all partners in honoring their agreements.

SUPERVISION:

Community Health Workers who provide curative care need comprehensive and supportive supervision to help them provide safe and effective treatment and avoid possible negative outcomes (e.g. death of children, drug resistance and/or drug reactions). For this discussion on Supervision, several assumptions were made:

a. Integrated CCM is complex, and therefore CCM supervision is much more difficult to do well in comparison to supervising CHWs who work solely on health promotion.
b. Supervision for CCM is multi-dimensional and it includes quality of care; supply chain management; records review; coaching; strengthening links between MoH, CHWs and the community; and problem solving, among other aspects.
c. It is important that the Ministry of Health takes ownership of all aspects of CCM supervision, if not immediately then at as soon as possible. CCM is only sustainable if the MoH develops the capacity to provide effective and supportive supervision throughout the health system.

- **Supervision approaches:** Many factors affect the supervision approach that is selected including: cost; literacy and technical capacity of the CHWs; and distance and availability of supervision staff. The following are samples of strategies currently being implemented:
    a. splitting supervision responsibilities for a CHW among two or more people;
    b. CHW trainers supervise or at least learn how trainees are functioning on the job and adapt their training techniques as needed;
    c. mHealth at a minimum being used for tracking data and for supervision algorithms;
    d. peer supervisors;
    e. conducting clinical mentoring at the health facility when the CHW comes in for supplies; and

f. continuous quality improvement (CQI) at the community level.

Only a few of these approaches have been implemented at scale and there is a need for each of them to be tested for effectiveness.

- **Supervision quality and challenges**: Effective supervision addresses quality of care, supply chain, record reviews, and anticipates future challenges. It strengthens community/health facility links, problem solves with the CHW and coaches job skills. The following basic questions concerning supervision of CCM CHWs remain:

a. What supervision approaches are being used? Which of these approaches are most effective at improving quality? What is the role of alternative forms of supervision, such as crowd sourcing?
b. How can we quantify the impact of supervision?
c. How can supervision strategies be effective at scale? How can the data component of supervision best be addressed? How can the data be used within the MoH, and mesh with the HMIS? How can it be fed back to the CHW for use in future planning and quality improvement? How can reporting be better adapted for illiterate CHWs thereby freeing supervisors from data completion responsibilities?
d. How can mHealth be used to streamline the supervision and data collection process?
e. How can supervision tools be brought into alignment across a country? How can teams choose the simplest and most useful tools?

SUPPLY CHAIN MANAGEMENT:

Without an effective supply chain CCM implementation is not possible, and without MoH involvement it is not sustainable. A county's drug supply will ultimately be in the Ministry's hands to manage, but a supply chain sustainability plan built into an initial program planning could assist in developing a uniform approach to SCM while building the capacity of the MoH to eventually assume responsibility for its management.

- **Supply chain management challenges**: In general, the capacity at all levels of the MoH for SCM is weak and frequently complicated by a limited understanding within the MoH of the strengths and requirements of an effective CCM program. NGOs usually rely on other agencies to supply medications so that NGOs often do not have the capacity to support the MoH in managing the supply chain effectively. Medication that is supplied to a country usually comes from international organizations and occasionally from individual NGOs who often maintain a parallel supply system outside of the MoH. This results in duplication of some supplies, shortages of others and makes it nearly impossible to coordinate distribution across the country. Furthermore, national medication policies are often adopted to meet international standards without adequate planning concerning the resulting unintended consequences (e.g. antimalarial medication should not be given without a positive RDT, but RDTs are often not available or included in CCM implementation areas and programs).

- **Advocacy and coordination:** A national coordination body would enable all stakeholders to communicate regarding SCM needs and resources across a country. Equally important, a coordination body could facilitate communication from community people regarding how CCM is being implemented in their communities especially regarding the availability of medications and services.

Key Issues and Recommendations:

The following key issues and recommendations reflect the knowledge and analysis of the individuals and organizations participating in the TAG and small group discussions highlighted above.

Global Level

1. **An assessment of key lessons learned from global and national CCM supervision systems in use around the world is necessary in order to better program for sustainability of CCM programs.** In addition to being expensive and challenging, the best practices for implementing effective supervision for CCM providers are unclear. Agencies and ministries are using a variety of techniques to supervise their CCM providers without knowing necessarily which techniques are the most effective in specific situations and which are the most cost effective.

    Recommendation: Develop a white paper reviewing supervision strategies and analyzing the supervision tools/methodologies used in various CCM intervention models. Beginning with a literature/desk review of the supervision methodologies being used along with ideally a cost-benefit analysis of those methodologies that could be used to clearly identify supervision best practices and optimally create a guide for country programs. Ultimately, a subsequent supervision template would be needed for countries to use to evaluate CCM as part of their cost-benefit analyses.

2. **Program developers have limited tools to assist them in assessing the supply chain needs in an intervention area.** Supply Chain Management needs are frequently not addressed during initial program design for a variety of reasons including a recognition that the primary implementing agency may not be directly supplying the medications.

    Recommendation: Identify or develop a rapid assessment of supply chain systems to be implemented during the original Health Facility Assessments. Supply chain issues need to be clarified as early as possible in the program design process to assure they would be addressed throughout program interventions.

National Level

1. **CCM programs in a country could be more effective if there was a central coordination mechanism in place involving all implementers together with the government.** Generally, a forum for implementing NGOs to coordinate with the MoH regarding their CCM activities and challenges is lacking, and they have no venue through which to strategize with each other on common problems.

   Recommendation: Form a coordinating body of stakeholders including all NGOs and partners working on CCM and the MoH. The vision for this body is for it to provide an opportunity for NGOs to speak with one voice with the MoH and to coordinate implementation strategies among themselves and with the ministry. Creating a venue where adaptations of related CCM MoH supervision and supply chain processes and forms could be shared, and where partners could work with the MoH to develop appropriate monitoring instruments. Furthermore, it could monitor parallel supply chains and coordinate with donors.

2. **Government agencies often have a limited idea of how CCM is being implemented in other environments.** Without a perspective on what is possible with CCM implementation, it is difficult for government agencies to design programs appropriate for their populations.

   Recommendation: Conduct exchange visits for government agencies between countries and within the country. These visits would among other program learning opportunities, serve to demonstrate the effectiveness of various CCM strategies to meet the needs in underserved areas, clarify differences in supervision models, and provide examples of supply chain management systems.

3. **Need to better engage communities themselves in CCM programming.** Communities should be better engaged to be actively involved in advocating, monitoring and supporting CCM programs.

   Recommendation: Organize communities to participate in CCM both with the MoH and with NGOs serving their areas. Ideally, the community should be seen as a partner in CCM implementation; one that could advocate with the MoH for program implementation in their communities and for the necessary supplies and support. Communities should be elemental in supporting CHWs in meeting their responsibilities and could use social networks and messaging to communicate stock outs and service availability to MoH and decision makers.

4. **Need for a consistent and thorough monitoring and evaluation process to be established early in program development.** Although programs generally see monitoring and

evaluation as important program components, the complexity of CCM implementation demands an especially rigorous and multi-dimensional M&E design.

Recommendation: In collaboration with the MoH, establish and implement an M&E system from the beginning of program development. Specific M&E requirements include:

a. Program interventions and results,
b. financial budgeting and losses,
c. epidemiology,
d. supply chain efficacy,
e. supervision processes, quality and costs.

Also recommended that all data collection fit into the MoH system to:

a. clearly meet the MoH needs,
b. assist in developing strong “ownership” of CCM by the MoH,
c. assist in developing a sustainable CCM intervention strategy.

M&E results should also be communicated back to a community to:

a. Reinforce the work of the CHWs and supportive community groups, and
b. provide an opportunity for the community to raise issues, and problem solve with CHWs, NGOs and the MoH especially around access to medication and funding.

Conclusion:

The importance of Community Case Management has clearly been demonstrated through successful implementation of existing programs, the available evidence-base and global support. However, there remain persistent common challenges, especially in the areas of government relationships, supervision and supply chain management. Respectively, there are significant gaps in the guidance for agencies and governments for consistently designing and implementing effective and sustainable CCM programs at scale. In this TAG, participants examined the issues they saw as critical within each of these three focal areas and made recommendations to address those challenges, as listed above, and will work together as well as with their respective organizations to either directly address recommendations or advocate to the wider national and global communities focused on CCM to do so.

This report attempts to highlight the discussions that took place at the meeting and may not reflect individual opinion nor include all issues raised. The report is intended to serve as reference for partners who did not participate in the meeting and ideally, will be used to help increase knowledge, support and resources to address the key challenges identified that are being faced and the recommendations made for helping to take CCM to scale where it is needed most.

Key Resources:

1. CORE Group Website: www.coregroup.org
   - Community Case Management Essentials
   - CCM Graphic (Front) CCM Overview (Back)
   - CCM Toolbox – Save the Children
     "Tools to Introduce Community Case Management (CCM) of Serious Childhood Infection"
2. CCM Central Website: www.ccmcentral.com
   - iCCM Indicators & Benchmarks
3. Supply Chains for Community Case Management Website: www.sc4ccm.jsi.com

To access the presentation and other resources for this meeting, visit: http://www.coregroup.org/resources/meetingreports

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Attachment 1: Participant List

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