

The Integrated Community Case Management (iCCM) of Childhood Illness Task Force Fact Sheet

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Diarrhea, malaria, and pneumonia are the primary causes of child mortality, accounting for nearly 44 percent of deaths in children under 5 years of age. The risk of death is highest for children in populations with limited access to health facilities. Integrated community case management (iCCM) of childhood illness—the delivery of timely and low-cost interventions against diarrhea, malaria, and pneumonia at community levels by community health workers—is an effective strategy for saving children’s lives.

The iCCM Task Force is an association of over 70 multilateral/bilateral agencies, academic institutions, and nongovernmental organizations working to promote iCCM of childhood illness. The United States Agency for International Development (USAID) flagship maternal, neonatal, and child health program, the Maternal and Child Survival Program (MCSP), acts as secretariat and provides support to the task force.

iCCM Task Force Operations

The steering committee of the task force currently consists of representatives from USAID, MCSP, UNICEF, the World Health Organization, and Save the Children. The steering committee sets the overall agenda for the iCCM Task Force so that it is in line with the objectives (see box). Subgroups comprising experts in a given thematic area, for example supply chain management, are formed to carry out specific time-bound tasks. Subgroups are often aligned with the eight iCCM components and develop their own priority tasks in line with the overall objectives of the task force. For more information on terms of reference, discussion issues, and resources, visit the respective subgroup’s web page at www.CCMCentral.com.

iCCM Task Force Objectives

- Advocate for adoption of iCCM in countries with limited access to facility-based treatment services.
- Harmonize activities in support of introduction, implementation, and scale-up of iCCM according to evidence-based standards in target countries.
- Ensure that countries are receiving state-of-the-art information on best practices and necessary tools for implementation of iCCM.
- Promote operations and implementation research on iCCM and provide guidance to researchers and other stakeholders on key operations research issues.

Current Subgroups

- Costing and Financing
- Demand Generation and Social Mobilization
- Monitoring and Evaluation (M&E)
- Nutrition
- Operations Research
- Supply Chain Management
- Workforce Issues

CCMCentral.com serves as the knowledge management portal of the task force, centralizing resources, giving access to a wide range of implementation tools, and providing numerous examples of best and promising practices. Some resources:

iCCM Benchmarks

The iCCM Benchmarks Framework (<http://ccmcentral.com/wp-content/uploads/2014/01/CCM-Benchmarks-and-Indicators-chart.pdf>) is a tool for program planners and managers to systematically design and implement iCCM programs from the early phases through to expansion and scale-up. Key activities or steps that should be completed are specified for each component and for each of three phases of implementation. iCCM benchmarks help planners and implementers chart their way toward implementing a comprehensive iCCM program at scale by addressing key components of the program, including coordination, policy setting, human resources, supervision, and quality assurance.

Component	Advocacy & Planning	Plan & Early Implementation	Expansion/Scale-Up
Coordination and Policy Setting	<ul style="list-style-type: none"> Steering committee established Technical advisory group (TAG) established Working committee formed; iCCM champion & DMF representation Needs assessment and situation analysis for package of services conducted Stakeholder meetings to define roles and assess current policies held National policies and guidelines reviewed 	<ul style="list-style-type: none"> MOH leadership established to manage unified iCCM Discussions completed regarding ongoing policy change (where necessary) 	<ul style="list-style-type: none"> MOH leadership institutionalized to ensure sustainability Regular stakeholder meetings held to ensure identification of iCCM partners
Costing and Financing	<ul style="list-style-type: none"> iCCM costing estimates undertaken based on all specific delivery interventions Processes for iCCM medicines, supplies, and all program costs reviewed 	<ul style="list-style-type: none"> Financing gap analysis completed MOH funding invested in iCCM program 	<ul style="list-style-type: none"> Long-term strategy for sustainability and financing (iCCM) developed MOH investment in iCCM sustained
Human Resources	<ul style="list-style-type: none"> Roles of CHWs, supervisors and referral service providers defined by communities and MOH Criteria for CHW recruitment defined by communities and MOH Plan for comprehensive CHW training and refresher training developed (includes training of trainers, monitoring and evaluation) CHW selection strategies, including recruitment plan developed 	<ul style="list-style-type: none"> Rate of job expectations for CHW made clear to communities and referral service providers MOH funding invested in iCCM program 	<ul style="list-style-type: none"> Process in place for update and discussion of CHW job expectations CHW training provided to update CHW on new work, refresher course started CHW selection strategies reviewed and revised as needed CHW retention strategies reviewed and revised as needed
Supply Chain Management	<ul style="list-style-type: none"> Appropriate iCCM medicines and supplies assessed with national policies (NCPs), where appropriate, modified to support the iCCM specifications for iCCM medicines and supplies considered Procurement plan for medicines and supplies developed 	<ul style="list-style-type: none"> iCCM medicines and supplies procured consistent with national policies and plan 	<ul style="list-style-type: none"> Stocks of medicines and supplies at all levels of the system monitored through status information system and/or supervisors Inventory control and supply system for iCCM implemented and adapted based on results of plan with no substantial stock-out periods

iCCM Indicators

iCCM indicators are a compendium of 10 global and 38 country-level indicators that countries can choose from to monitor national iCCM programs. The iCCM indicators complement the iCCM benchmarks by providing a harmonized set of metrics to measure iCCM implementation and results, covering all eight components and three phases. The M&E Subgroup developed an *Indicator Guide* (http://ccmcentral.com/wp-content/uploads/2013/12/iCCM-Indicators-Guide_MCHIP_2013.pdf) that includes indicator reference sheets organized by each iCCM component. The reference sheets provide guidance on the use and adaptation of each indicator.



Country Resources and Interactive Map

Explore an interactive map showing countries with iCCM programs and their stage of implementation (<http://ccmcentral.com/countries/>). View country-specific profiles for details on the community health structure and planning and costing tools for that country.



iCCM Task Force Member Publications

iCCM Task Force members have contributed planning and writing to several publications about iCCM that help summarize and consolidate evidence for this important strategy.

<p>American Journal of Tropical Medicine and Hygiene supplement addressing iCCM as a strategy to alleviate poverty: http://www.ajtmh.org/content/87/5_Suppl.toc</p>	<p>Resources and a two-page summary from the 2014 iCCM Evidence Review Symposium: http://ccmcentral.com/iccm-symposium/</p>	<p>Journal of Global Health issue focused on findings from the 2014 iCCM Evidence Review Symposium: http://jogh.org/documents/issue201402/JOGH_Vol4_Iss2_full.pdf</p>	<p>Ethiopian Medical Journal supplement exploring iCCM lessons, achievements, and experiences: http://ccmcentral.com/documents/ethiopia-evidence-and-experience/</p>

