

Operations Research Subgroup Teleconference Minutes

Tuesday, July 28, 2015, 10am EST

Participants: Kerry Ross (USAID), Maura Gaughan (MCSP), Dyness Kasungami (MCSP), Michel Pacque (MCSP), Nick Oliphant (UNICEF), Nate Miller (UNICEF), David Hamer (CGHD at BU), Stefan Peters (Karolinska University), Amy Ginsburg (PATH), Savitha Subramanian (MCSP), Florence Nyangara (RACE Project/ICF), Paulin Basinga (Gates Foundation)

Agenda Item	Notes	Action Items
<p>Overview of iCCM Supplement to Ethiopia medical journal: Nate Miller/UNICEF (30 mins)</p>	<ul style="list-style-type: none"> • Please see the additional attachment containing Nate’s notes on the articles. • Feel free to contact David Marsh or other authors with questions, as Nate was only involved with one of the articles. • Anna and Dyness will figure out the best way to post the articles on CCMCentral. Note that the articles are not open access, but we have permission to distribute them. 	<p>If people are very interested in a particular topic in these articles, we could discuss in greater detail at another meeting. That way, we can understand the evidence and gaps better. If you are interested in an area, go and read those articles and send an email to Dyness or Anna and we can follow up.</p>
<p>Discussion of proposed iCCM Supplement -- see attached concept note: Dyness (15 mins)</p>	<ul style="list-style-type: none"> • Discussion about this concept note started under the OR Subgroup while David Marsh was still chairing and working in Ethiopia. A good investment for global experts is building capacity at the national level. Under the OR Subgroup, we could build a long-term plan to support a couple of countries to do another supplement. There is a two-year gap timeframe before we expect to see the report. The hypothesis: strengthening local systematic supplementation and professional writing would lead to better professional development as writing is used to inform a program. • Objectives: 1) To develop a forum where evidence and lessons from scaling up iCCM in a cluster of African countries could be published so as to inform both researchers and programmers on the challenges and enabling factors related to implementing iCCM at scale. 2) To build local capacity in the selected countries in scientific thinking and writing • The discussion started before idea of systematic review of iCCM 	

	<p>was proposed – we need to think how to better link these exercises and move forward, as we are hoping the OR Subgroup will have a major role in both of these pieces of work. We will continue building on the iCCM evidence base, which we do not totally have (need to gather the evidence, analyze and understand it so it can inform child health programs overall).</p> <ul style="list-style-type: none">• We need to focus on countries that have iCCM programs at scale, focusing on demand generation and utilization (most iCCM programs are underutilized). Also, the evidence we need would be prospective rather than retrospective, need to commit to doing it.• We also need to develop a specific timeframe so we can edit and provide feedback in a timely manner and prepare the journals on time.• The private sector is something that we should take more seriously as we consider possibilities for collaboration. Also, we need to weigh the risk of the positivity/negativity of these articles in order for them to be valuable. We will also need outside editors and support.• RACE project has a lot of information coming out that should be evaluated. The impact evaluation should be done in a rigorous way -- look to see if there has been an impact and what the challenges were.• Countries could have scope to fund this -- M&E budget of Global Fund countries is always underspent.	<p>Discussed creation of a resource team to help think through countries to focus on for concept note.</p>
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Summary of EMJ iCCM supplement

1. Overview

- Came out March 2015
- 23 papers, including forward, 14 original articles, 2 brief communications, and 4 editorials.

Topic	Description of national scale-up of iCCM
Title	NATIONAL SCALE-UP OF INTEGRATED COMMUNITY CASE MANAGEMENT IN RURAL ETHIOPIA: IMPLEMENTATION AND EARLY LESSONS LEARNED
Author	Hailemariam Legesse
Key points	<ul style="list-style-type: none"> – Description of the process of scale-up – Successful large-scale and rapid scale-up – Government leadership and strong iCCM partnership were key to successful scale-up. – Service utilization and supply chain are key challenges.
iCCM quality of care (4)	
Topic	Training on pharmaceutical management
Title	CAN TRAINING HEALTH EXTENSION WORKERS IN THE INTEGRATED PHARMACEUTICAL LOGISTICS SYSTEM (IPLS) BE EFFECTIVE, AFFORDABLE, AND OPPORTUNISTIC?
Author	Alemayehu Nigatu
Key points	<ul style="list-style-type: none"> – Looks at effect of training on pharmaceutical management – Used HC staff to train HEWs in basic supply chain knowledge and skills – Incorporated training into existing program activities to save time/money – Improved training levels and HEW knowledge in a short time and at low cost.
Topic	Supervision and QoC
Title	EFFECTIVENESS OF SUPPORTIVE SUPERVISION ON THE CONSISTENCY OF INTEGRATED COMMUNITY CASES MANAGEMENT SKILLS OF THE HEALTH EXTENSION WORKERS IN 113 DISTRICTS OF ETHIOPIA
Author	Agazi Ameha
Key points	<ul style="list-style-type: none"> – Looks at effect of supportive supervision on QoC – Consistency between assessment, classification, and treatment before and after supportive supervision. – During the observation period, consistency for pneumonia, malaria, and diarrhea increased by 3.0, 2.7 and 4.4-fold, respectively. – Significant dose-response relationships were observed between number of supervision visits and QoC indicators (more supervision = higher consistency).
Topic	PRCMM and QoC
Title	EFFECT OF PERFORMANCE REVIEW AND CLINICAL MENTORING MEETINGS (PRCMM) ON RECORDING OF COMMUNITY CASE MANAGEMENT BY HEALTH EXTENSION WORKERS IN ETHIOPIA
Author	Birkety Mengistu
Key points	<ul style="list-style-type: none"> – Looks at effect of PRCMM on QoC – Consistency of assessment, classification, and treatment improved after PRCMM: pneumonia (54.1% [95% CI: 47.7%–60.5%] vs. 78.2% [73.9%–82.5%]), malaria (50.8% [42.9%–58.7%] vs. 78.9% [73.4%–84.4%]), and diarrhea (33.7% [27.9%–39.5%] vs. 70.0% [64.7%–75.3%]). – This improvement was consistently observed for six months after PRCMM except for malaria where the improvement observed during the first three post-PRCMM months disappeared during the fifth and

	sixth months.
Topic	QoC
Title	INTEGRATED COMMUNITY CASE MANAGEMENT: QUALITY OF CARE AND ADHERENCE TO MEDICATION IN BENESHANGUL-GUMUZ REGION, ETHIOPIA
Author	Robinah Najjemba
Key points	<ul style="list-style-type: none"> – Looks at QoC in IRC areas – The HEWs' knowledge on case scenarios was above 80%. – Major challenge was not checking for danger signs. – Over 90% of caretakers reported compliance with HEWs' prescription. – Register review: High consistency between assessment, classification, and treatment was high. – Availability of most essential drugs was good.
Effect of iCCM on quality of other services (2)	
Topic	QoC and utilization of health centers
Title	QUALITY AND USE OF IMNCI SERVICES AT HEALTH CENTER UNDER-FIVE CLINICS AFTER INTRODUCTION OF INTEGRATED COMMUNITY-BASED CASE MANAGEMENT (ICCM) IN THREE REGIONS OF ETHIOPIA
Author	Efrem Teferi
Key points	<ul style="list-style-type: none"> – Looks at utilization and QoC at health centers with introduction of iCCM – Caseload of sick children at 28 health centers increased by 16% after iCCM implementation (21,443 vs. 24,882 children in 2010 and 2012, respectively). – The consistency of IMNCI treatment with classification for pneumonia, diarrhea and malaria was low (78, 45, and 67%, respectively) compared to iCCM treatment (86, 80, and 91%, respectively).
Topic	QoC of malaria
Title	EFFECT OF INTEGRATED COMMUNITY CASE MANAGEMENT OF COMMON CHILDHOOD ILLNESSES ON THE QUALITY OF MALARIA CASE MANAGEMENT PROVIDED BY HEALTH EXTENSION WORKERS AT HEALTH POSTS
Author	Ajema Wogi
Key points	<ul style="list-style-type: none"> – Looks at QoC of malaria case management with introduction of iCCM – Assessment of malaria QoC between HEWs with iCCM training and malaria-only training – HEWs with iCCM training performed better than comparison (CCM + malaria training) HEWs – Intervention HEWs recorded case management with more consistency than their counterparts (> 80% consistency between: classification and assessment [23.0 vs. 3.8%; p=0.000], classification and treatment [24.1 vs. 7.6%; p=0.003], and classification and follow up [24.1% vs. 0.0%; p=0.000])
Preventive Child health interventions (2)	
Topic	Preventive child health interventions
Title	COVERAGE AND EQUITABILITY OF INTERVENTIONS TO PREVENT CHILD MORTALITY IN RURAL JIMMA AND WEST HARARGHE ZONES, OROMIA REGION, ETHIOPIA
Author	Nathan Miller
Key points	<ul style="list-style-type: none"> – Looks at – Overall low coverage of preventive interventions at iCCM baseline. – Exclusive breastfeeding, vaccines, vitamin A were most equitable. – LLINs/IRS and safe water were least equitable. – With focus on curative services in iCCM, also need more effort on preventive interventions.

Topic	Preventive child health interventions
Title	A DESCRIPTIVE STUDY OF THE CHANGES IN COVERAGE OF PREVENTIVE AND PROMOTIVE INTERVENTIONS BEFORE AND AFTER THE INTRODUCTION OF INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) IN ETHIOPIA
Author	Efrem Teferi
Key points	<ul style="list-style-type: none"> – Looks at changes in coverage of preventive interventions with introduction of iCCM – Coverage increased for 10 of 15 preventive interventions, mainly for maternal, immunization, and nutrition services. – Three indicators remained high and unchanged (bednet ownership, children sleeping under bednets, and any latrine). – Two indicators decreased (tetanus toxoid and households with >2 bednets).
Utilization and care seeking (4)	
Topic	Utilization of iCCM
Title	UTILIZATION OF INTEGRATED COMMUNITY CASE MANAGEMENT SERVICES IN THREE REGIONS IN ETHIOPIA AFTER TWO YEARS OF IMPLEMENTATION
Author	Yenealem Tadesse
Key points	<ul style="list-style-type: none"> – Looks at utilization of iCCM services from September 2010 to January 2013 – Few children under two months of age seen by HEWs – 64% of HPs saw 5 or fewer cases/month, 24% saw between 6-10 cases/month, 2% saw more than 15 cases/month – Low treatment rates for all iCCM illnesses (malaria: pneumonia: 21.2/1,000, diarrhea: 29.2, 11.9, SAM: 20.3) – HEWs saw 60% more sick children 2-59 months of age in the 3rd quarter 2012 as compared to same period in 2011. Similarly, HEWs saw 73% more sick young infants during the same period. – Treatment ratios of 1% (diarrhea), 8% (pneumonia), 12% (malaria), and 102% (SAM). The higher ratio for malnutrition results from very high treatment in SNNPR. (Expected levels of episodes per 1000 children per year are 3000 (diarrhea), 270 (pneumonia), 100 (malaria in endemic areas) and 20 (SAM) (15).)
Topic	Care seeking for iCCM illnesses
Title	EFFECT OF THE HEALTH EXTENSION PROGRAM AND OTHER ACCESSIBILITY FACTORS ON CARE-SEEKING BEHAVIORS FOR COMMON CHILDHOOD ILLNESSES IN RURAL ETHIOPIA
Author	Addis Ashenafi
Key points	<ul style="list-style-type: none"> – Looking at utilization and factors associated with care seeking. – Appropriate care-seeking behavior increased significantly for all three syndromes between baseline and endline surveys, mostly from increases in seeking care from health posts. – For ARI, utilization of iCCM services from health posts increased 12 percent-points (2% to 14%); for diarrhea, 16 percent-points (4% to 20%); and for fever, 13 percent-points (2% to 15%). – There were no statistically significant changes in care-seeking behavior for childhood illnesses from other appropriate sources. – Factors positively associated with care seeking from HEWs are: <ul style="list-style-type: none"> ○ Kebeles with higher density of HEWs ○ Living closer to a health post ○ Not having a health center nearby ○ Not having a road for vehicular access to the kebele ○ Care-seeking from health posts (i.e., utilization of iCCM services) was unaffected by wealth quintile.

Topic	Utilization of iCCM
Title	– FACTORS INFLUENCING THE LOW UTILIZATION OF CURATIVE CHILD HEALTH SERVICES IN SHEBEDINO DISTRICT, SIDAMA ZONE, ETHIOPIA
Author	Worku Tefera
Key points	<ul style="list-style-type: none"> – Looks at barriers to care seeking from HEWs – HH survey and Qualitative data collection – The many barriers to use of evidence-based treatment included: (1) use of home remedies that delay care-seeking; (2) absent decision-maker (husband); (3) fear of stigma; (4) expectation of non-availability of service or medicine; (5) geographic and financial barriers; (6) perception of poor quality of care; and (7) use of alternative sources of care.
Topic	Care seeking for sick young infants
Title	– ILLNESS RECOGNITION, HOME CARE, AND CARE-SEEKING FOR SICK INFANTS LESS THAN TWO MONTHS OF AGE IN SHEBEDINO DISTRICT, SIDAMA ZONE, ETHIOPIA
Author	Worku Tefera
Key points	<ul style="list-style-type: none"> – Looks at barriers to care seeking for SYIs – Focus groups with mothers – Mothers reported recognizing many, but not all, evidence-based newborn danger signs. – Home care delayed care-seeking. – Decision-making was widespread, but patterns of care-seeking rarely led to prompt, evidence-based care. – Mothers reported 10 barriers to care seeking at health posts: lack of knowledge about availability of curative services, fear of evil eye, social stigma, perceived financial barrier, perceived young infant fragility, an elder’s contrary advice, distance to HP, husband’s refusal, fear of injection, and belief in recovery without medicine.
Monitoring and evaluation	
Topic	M&E
Title	ASSESSMENT OF THE MONITORING AND EVALUATION SYSTEM FOR INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM) IN ETHIOPIA: A COMPARISON AGAINST GLOBAL BENCHMARK INDICATORS
Author	Dereje Mamo
Key points	– Ethiopia collects data to inform most (70% [33/47]) iCCM benchmark indicators, and modest extra effort could boost this to 83% (39/47). Eight (17%) are not available given the current system. Most benchmark indicators that track coordination and policy, human resources, service delivery and referral, supervision, and quality assurance are available through the routine monitoring systems or periodic surveys. Indicators for supply chain management are less available due to limited consumption data and a weak link with treatment data. Little information is available on iCCM costs.
Impact of iCCM	
Topic	Impact of iCCM
Title	MODELING POTENTIAL REDUCTION OF CHILD MORTALITY AFTER NATIONAL SCALE-UP OF COMMUNITY-BASED TREATMENT OF CHILDHOOD ILLNESSES IN ETHIOPIA
Author	Luwei Pearson
Key points	<ul style="list-style-type: none"> – Looks at potential impact of iCCM at differing levels of scale-up – If the 30% scale-up by 2015 on 2012 coverage gains (moderate projection) were applied to the four

	<p>agrarian regions, we project that the iCCM program could save over 10,000 additional lives per year among children age 1-59 months.</p> <ul style="list-style-type: none"> – If iCCM coverage reaches the “best case” scenario (80% scale-up and 50% coverage of newborn sepsis), nearly 80,000 additional lives among children 1-59 months of age would be saved between 2012 and 2015.
Costing	
Topic	Costing
Title	COSTING COMMODITY AND HUMAN RESOURCE NEEDS FOR INTEGRATED COMMUNITY CASE MANAGEMENT IN THE DIFFERING COMMUNITY HEALTH STRATEGIES OF ETHIOPIA, KENYA AND ZAMBIA
Author	Rory Nefdt
Key points	<ul style="list-style-type: none"> – Between 2014 and 2016, the proportion of treatments through iCCM compared to health centres are set to increase from 30% to 81% in Ethiopia, 1% to 18% in Kenya and 3% to 22% in Zambia. – The total estimated cost of iCCM for these three years are USD 75,531,376 for Ethiopia, USD 19,839,780 for Kenya and USD 33,667,742 for Zambia. – Projected per capita expenditure for 2016 is USD 0.28 for Ethiopia, USD 0.20 in Kenya and USD 0.98 in Zambia. – Commodity costs for pneumonia and diarrhea were a small fraction of the total iCCM budget for all three countries (less than 3%), while around 80% of the costs related to human resources.
Suggested future research & methodologies (2)	
Topic	HEW time use
Title	HOW DO ETHIOPIA’S HEALTH EXTENSION WORKERS SPEND THEIR TIME?
Author	David Marsh
Key points	<ul style="list-style-type: none"> – Developed rapid assessment method for assessing CHW time use <ul style="list-style-type: none"> ○ Probing HEWs to list activities over a year – Showed good internal consistency – Very small sample – only 5 HEWs
Topic	National scale-up of iCCM
Title	PERFORMANCE OF ETHIOPIA’S HEALTH SYSTEM IN DELIVERING INTEGRATED COMMUNITY-BASED CASE MANAGEMENT
Author	David Marsh
Key points	<ul style="list-style-type: none"> – Developed methodology for assessing status of an iCCM program <ul style="list-style-type: none"> ○ Six national experts scored 70 benchmarks for program – Doesn’t account for program quality (comm. & social mobilization ranked high, but utilization is low) – Ethiopia ranked highly on nearly all measures and all phases of scale-up.
Advocacy for future expansion (2)	
Topic	iCCM in pastoralist areas
Title	INTEGRATED COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES: ADAPTATIONS FOR THE DEVELOPING REGIONS OF ETHIOPIA
Author	Kebir Hassen
Key points	<ul style="list-style-type: none"> – Need iCCM designed for the pastoralist context – Need operational research to assess what works and what doesn’t

Topic	Community management of newborn sepsis
Title	FROM INTEGRATED COMMUNITY CASE MANAGEMENT TO COMMUNITY-BASED NEWBORN CARE
Author	Luwei Pearson
Key points	<ul style="list-style-type: none"> – Need to include newborn interventions to achieve maximum impact – A strong iCCM program is necessary for introduction of newborn sepsis management

2. Limitations

- Use of routine data
- Rarely had comparison areas
- Changes attributed to iCCM that may be due to other factors:
 - Increase in use of HF IMNCI services
 - Care seeking increase
- QoC assessments all based on consistency of assessment, classification, and treatment from register review or case scenarios.

3. Implications for program implementation

- iCCM can be successfully scaled-up in a large country
- Government leadership and strong partners are important
- Interventions to improve quality seemed to be relatively effective and can be duplicated
- Utilization of services is a key barrier to impact
 - Several key barriers to care seeking that seem to be consistent over different studies
- Potential for large impact of iCCM and newborn sepsis treatment fully implemented and utilized
- Costs greatly reduced with scale-up and higher utilization
- Further expansion of HEW responsibilities on the agenda
 - Need to measure HEW time use

4. Implications for further supplements

- Can provide useful learning and documentation of the program
- May get overly optimistic results if evaluation-type studies conducted by implementing partners.
- Good to have academic partners involved to ensure quality of articles