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Transitioning from the Initial Phase to Early Expansion of Community Case Management

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BASICS—Basic Support for Institutionalizing Child Survival
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Presentation Purpose

Discuss and present issues and potential solutions in moving from the initial to expansion phase of community case management (CCM)*



** BASICS' approach to CCM integrates malaria, pneumonia, and diarrhea, as well as identification of malnutrition.*



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Presentation Outline

- **The initial phase**
 - Background and results
 - Factors associated with success
- **Transitioning from the initial phase to early expansion**
 - Issues
 - Potential solutions





BACKGROUND AND RESULTS

- BASICS' standard approach
- Results have been good

	Senegal	DR Congo
CHWs trained in first 4 months of intervention	113	39
CHWs trained in first 24 months of intervention	113	421
% of CHWs correctly counting respiration rate (under direct observation)	92	100
Average monthly number of pneumonia cases treated by each CHW site	4	10
% of CHWs administering correct dose of cotrimoxazole for pneumonia treatment	88	93



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Initial Phase

FACTORS ASSOCIATED WITH SUCCESS

- Limited number of districts: 4-6 in BASICS' experience
- Districts selected based on the likelihood of success
- Initial set of actors very engaged and dedicated
- Sufficient resources available
- External assistance that brings expertise and effort, and helps keep the focus on implementation and results



Transitioning from the initial phase to early expansion

SENEGAL'S TRANSITION EXPERIENCE

- Despite success of the initial phase, transition to early expansion was extremely slow
- Changes in structure and leadership led to:
 - Minimum support to CHWs
2 of 4 planned support meetings held
 - Fewer cases seen by CHWs
drop from 4 to 2.5 cases seen per month per site
 - A slight drop in quality of performance of CHWs
accuracy of respiration rate count from 92% to 79%



Transitioning from the initial phase to early expansion

POTENTIAL ISSUES

- Duration of the transition
- Capacity transfer from the central to peripheral level
- Data collection and management
- Resource availability and distribution



Transitioning from the initial phase to early expansion

DURATION OF THE TRANSITION

Choice of a feasibility study or adaptation of existing materials during the initial phase impacts the duration of the transition.

- Feasibility Study (used in Senegal and Benin)
 - Research results are needed before expansion
 - Research team often includes non-MOH staff
 - Decisions needed for expansion can take time
- Adapt and Test Material (used in DR Congo and Madagascar)
 - Successful adaptation is followed by automatic expansion
 - No pressure for a fixed time in the initial phase



Transitioning from the initial phase to early expansion

CAPACITY TRANSFER FROM THE CENTRAL TO PERIPHERAL LEVELS: *POTENTIAL ISSUES*

- Leadership at peripheral level usually less experienced
- Peripheral officials have shorter exposure or orientation before getting into action
- Central level often somewhat resistant to transfer
- Limited interest from peripheral teams
- Peripheral level eager to become independent
- Unilateral initiatives in changing materials and procedures



Transitioning from the initial phase to early expansion

CAPACITY TRANSFER FROM THE CENTRAL TO PERIPHERAL LEVELS: *POTENTIAL SOLUTIONS*

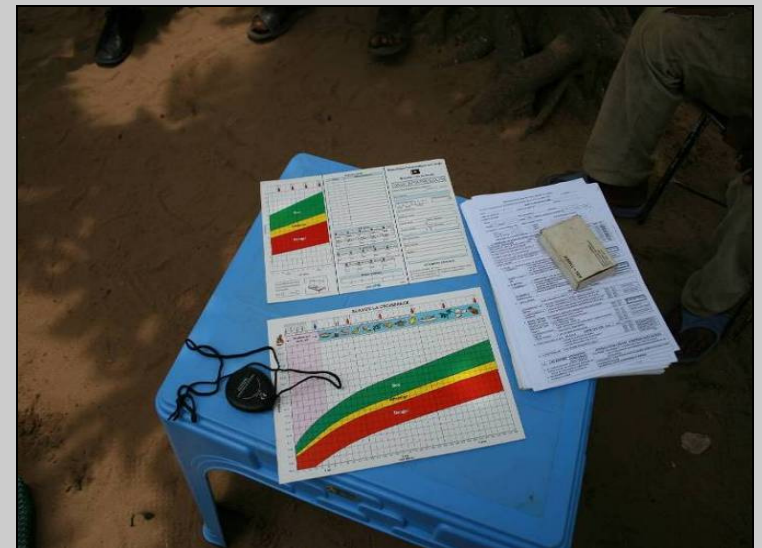
- Define clear roles for each level of MOH consistent with functions within the MOH organization
- Emphasize MOH central level role in regular data analysis, implementation review and support to intermediate level
- Develop capacity for implementation at the intermediate level as much as at the central level
- Use intermediate level high officials to effectively lead the implementation at the peripheral level.



Transitioning from the initial phase to early expansion

DATA COLLECTION AND MANAGEMENT: *ISSUES*

- Need for minimal number and length of forms is countered by need for data collected
 - Considerable amount of forms, but
 - Substantial quantity of useful data from each form
- Lack of resources to input form data into computer
 - Understaffing
 - Lack of computer equipment
 - Unreliable supply of electricity
- Defining a sustained data transmission circuit for all CHWs treatment sites





Transitioning from the initial phase to early expansion

DATA COLLECTION AND MANAGEMENT: *SOLUTIONS*

- User-friendly computer application for data entry and automated analysis reports
- Plan and budget meetings (at least quarterly in the beginning) to refresh, resupply and collect data and provide feedback
- Print annual or long-term stock of forms
- Emphasize data management in intermediate level capacity building
- Carry out research on minimum data needs per phase



Transitioning from the initial phase to early expansion

RESOURCE AVAILABILITY AND DISTRIBUTION: *ISSUES*

- Resources are often available at different times and sometimes are unpredictable
- Resources are limited to systematically build a sufficient group of trainers to support expansion
- The cost of initial or first training, involving central level support, is usually expensive
- Training institutions usually not involved



Transitioning from the initial phase to early expansion

RESOURCE AVAILABILITY AND DISTRIBUTION: *SOLUTIONS*

- Advocate widely to reach the maximum number of actors involved in child health in that country
- Actively target NGOs with fundraising capabilities
- Advocate for the participation of training institutions
- Brief students graduating from public health schools and other medical training institutions
- Locate any complimentary potential flexible source of funding, for example integrate with PMI or Global Fund



Transitioning from the initial phase to early expansion

ADDRESSING TRANSITION ISSUES FROM THE BEGINNING

- Potential issues to scaling up rapidly after the initial phase should be tackled from the outset of operations
- Another important factor not addressed by this presentation: drug and other supply logistics closely linked to health facilities performance
- MOH role is preponderant and critical in rallying support from critical NGOs and other partners.