



Country Example 2: Somalia

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What is CHW led treatment

Definition:

CHW led treatment is the approach to diagnose and management of uncomplicated cases of acute malnutrition, pneumonia, malaria and diarrhea among children 2-59 months from health facilities to community through CHWs/CNVs using a simplified approach and refer complicated cases to health facilities.

Objective:

To improve coverage and treatment outcomes of acute malnutrition among children



What is the state of evidence?

- Linking iCCM and nutrition services integrate well since most of the common illness affecting malnourished are covered by iCCM package (diarrhoea, malaria and pneumonia) their prevention and management overlap considerably thus the treatment is able to break the vicious cycle by addressing the underlying aspects of a child's illness and malnutrition. This approach improves treatment coverage and cure rates of SAM and lowers the opportunity costs to households.
- This platform is a unique opportunity to engage and reach poor and difficult-to-access populations thus contributing to reductions in inequities in the long term in efficient and savings service delivery focused on child survival.

OVERVIEW

	Somalia	Sudan
Location	Jowhar District, Somalia	West Darfur, Sudan
Starting date	July 2021	August 2021
Type of intervention	Pilot	Pilot
Duration of the intervention	9 months	12 months
Number of individuals trained	15 CHW	20 CNVs
Overall cost of the intervention	\$30,000	\$26,500

Objectives of pilot

- To examine the feasibility and effectiveness of integrating management of acute malnutrition as part of the iCCM package
- To determine the enabling factors and bottlenecks for effective integration of management of uncomplicated severe acute malnutrition and iCCM plus
- To identify the challenges, constraints and potential risks in the integration
- To document lessons and promising practices in integrating management of uncomplicated severe acute malnutrition into iCCM plus
- To provide policy and programmatic recommendations for management of uncomplicated severe acute malnutrition at community level

Daily activities of CHW

1. Management of diarrhoea with ORS and zinc
2. Diagnosis of malaria using rapid diagnostic tests (RDTs) and treatment with artemisinin combination therapy (ACT)
3. Identification and treatment of children with suspected pneumonia,
4. Screening for acute malnutrition, treatment of SAM, referral for complicated SAM and MAM cases
5. Conducting home visits and identification of danger signs in New borns and pregnant women and their referral
6. Promotion of positive healthy behaviours and practices through social mobilisation, community dialogue and interpersonal communication
7. Filling in Recording forms daily follow up sheets for individual patients

Training

- *What was the training approach?*
 - *Modified modules extracted from Somali ICCM Guidelines and IMAM guidelines*
- *Who was targeted and why?*
 - *CHWs* □ *main implementers*
 - *CHW supervisor & Health and Nutrition Officers* □ *supervisors*
- *How and where was the training delivered?*
 - *the training methodologies included buzzing, brainstorming, discussion and demonstration.*
- *What training tools were used?*
 - *Chalk boards/Flipcharts, Reporting tool samples, markers, or coloured manila paper cut in pieces*
- *How long were the trainings and what resources were necessary?*
 - *Initial training of 5 days*
 - *Refreshers every 2 months*


Monitoring

- What were the key objectives of the monitoring system?
 - analyze the effectiveness and impact of the ICCM Plus pilot in Somalia
- How was the monitoring system established?
 - IMC routine Health Information system already included ICCM and SAM indicators (through IMAM). These were combined for the ICCM plus pilot
- What tools were used to collect data
 - Baseline, endline survey (KII, FGD, SLEAC survey)
 - tally sheet
 - register
 - Excel HIS database
- Who collected the data?
 - CHWs and CHW supervisor during supervision sessions
- How was/is the monitoring data used?
 - To improve on project implementation, to inform future programming
- Was the monitoring system integrated into national reporting? Provide details
 - Not yet. Still ongoing pilot

Indicators

Category	Indicator	Methods	Sources
Coverage	Coverage of SAM treatment Coverage of Vit A Supplementation	SLEAC SLEAC	Baseline and endline survey
Human resources and workload	CHV retention rate # of hours per client # of hours worked per day Literacy levels	KII KII KII	registers
Commodities	Proportion of CHW without stock out Proportion of CHW who correctly accounted for all RUTF		Registers Registers
Service delivery	# of ICCM conditions managed by CHW % of compliance to CHW referrals		Registers Registers
Quality of care	Program performance indicators Proportion of CHW who received at least 1 supervisory visit Proportion of CHW who correctly classify SAM Proportion of CHW whose registers are accurate		Registers Registers Supervision Supervision
Communication and social mobilization	Proportion of caregivers who know the presence and role of CHW	FGD	Baseline and endline survey

CHW registers

 International Medical Corps		ICCM Plus REGISTER:											Year: _____					
Lambar bukaankal / Patient No.	Taariikh / Date.	Magac / Name.	Jinsi / Sex	Da, / Age	Booqasho / Visit (New / Reattendant).	Degaanka / Residence.	Calaamadaha Noolasha / Vital Signs.				Kabitaan / Supplementations		ADMISSION MEASUREMENTS		Cabasho / Complain.	Nooca cudurka / Diagnosis or impression.	Daaweyn / Treatment.	Referral & where to.
							B.p	Pulse	Temp	R.R	Deworming	Vitamin A	MUAC	Oedema				

LESSONS LEARNT FROM THIS EXPERIENCE

- Importance to work closely with the health team to ensure full integration (training, tools, implementation)
- Importance to work closely with MOH to receive required approval or endorsement
- Inception of pilot requires a lot of time with designing protocol and tools (3+ months) □ allow enough time for preparation phase

“If you want to go fast, go alone. If you want to go far, go together”

African proverb