



iCCM in Action: Community health workers have the potential to significantly increase access to treatment for the major diseases affecting children. Results from a survey of the CIDA-funded project in Cameroon show that significantly more children received treatment as a result of having trained health workers in their community with appropriate medicines. As a result, 61 percent of children in the areas served by CHWs were treated with ORS, as compared with 7 percent of children in other areas.

iCCM

Integrated Community Case Management of Pneumonia, Malaria & Diarrhea

Some 2.5 million child deaths each year are due to pneumonia, diarrhea, and malaria¹ – diseases which can be prevented or treated with increased access to simple low-cost interventions.

- A course of antibiotics for a child under five costs approximately 16 cents, however only 30% of children with suspected pneumonia receive the appropriate antibiotic.²
- Despite indications that Oral Rehydration Salts (ORS) and Oral Rehydration Therapy (ORT) may have prevented as many as one million deaths per year in the 1990s,³ only 39% of children with **diarrhea** in developing countries receive the recommended treatment of ORT and continued feeding.⁴ One sachet of the new formula low-osmolarity ORS costs less than 12 cents.
- While impressive gains have been made in availability of **malaria** prevention, diagnosis, and treatment, fewer than 15% of children under five in malaria endemic countries were treated with effective antimalarials.⁵ Quality-assured ACT treatment ranges in cost from 35-75 cents for a child under five.



Multiple barriers impede caregivers from accessing quality interventions. **Consider Sara**, a mother of two children under five, living in a village 18 km from the nearest health facility. She may access health services and products from an elder in the village, a passing vendor, local drug shop, community health worker, or a public or private clinician.

PSI is working with Ministries of Health (MOH) and health partners to improve Sara's access to correct assessment and effective care, irrespective of the channel she chooses. Key activities are focused on improving access to effective treatment, quality of care, and informed demand among children's caregivers to seek prompt and effective treatment from trained providers (see [ICM Fact Sheet](#)).

Trained CHWs with consistent supplies of quality-assured medicine significantly increase access to prompt and appropriate treatment.

Community case management (CCM) of all cases of childhood pneumonia, for example, could result in a 70% reduction in pneumonia mortality. CCM of malaria can reduce overall child mortality by 40%. ORS and zinc can reduce diarrhea mortality in home and community settings, with ORS preventing an estimated 70-90% of deaths due to acute watery diarrhea and zinc an estimated 11.5% of diarrhea mortality.⁶

PSI programs in eight countries have supported MOH and worked with more than thirty-five partners to provide training, supervision, supply chain management, monitoring and evaluation for some 17,000 CHWs serving more than 5 million children under five (see [iCCM Programs](#)). CHWs are trained to assess the likely cause of illness and its severity, to refer severe illness to health facilities, and to provide treatment where uncomplicated malaria, pneumonia or diarrheal disease is diagnosed.

Integrated community case management (iCCM) is one component of PSI's overall Integrated Case Management (ICM) approach to improve coverage of case management for the top killers of children under five globally - pneumonia, malaria and diarrhea. Coverage is improved through addressing three key pillars within an enabling social and policy environment: 1) increased **access** to services and treatments; 2) improved **quality** of services; and 3) increased **informed demand** among children's caregivers for appropriate treatment-seeking behavior. Improving coverage through increased access, quality and demand for services can be achieved through working with various provider networks, depending on what is most appropriate for children's caregivers and providers in a given context.

> iCCM LOGICAL FRAMEWORK

Reduce **severe disease & death** among children under 5

Increased **appropriate case management** of malaria, pneumonia & diarrhea among children under 5

Enabled social & policy environment

Increased access to services & treatment

Improved quality of service provision

Increased informed demand for services among children's caregivers

¹ UNICEF, "Levels and Trends in Child Mortality, Key Facts and Figures", Committing to Child Survival, A Promise Renewed, 13 September 2011

² UNICEF Global Database, 2011, accessed October 9, 2012,

http://www.childinfo.org/pneumonia_countrydataantibiotics.php

³ WHO, UNICEF Joint Statement, *Clinical Management of Acute Diarrhoea*, August 2004

⁴ WHO/UNICEF *Diarrhoea: Why children are still dying and what can be done*, 2009

⁵ WHO, 2009 *World Malaria Report*

⁶ WHO/UNICEF Joint Statement, *An equity-focused strategy to improve access to essential treatment services for children*, June 2012