Introduction to
Community Case Management
Essentials

A Guide for Program Managers

coregroup

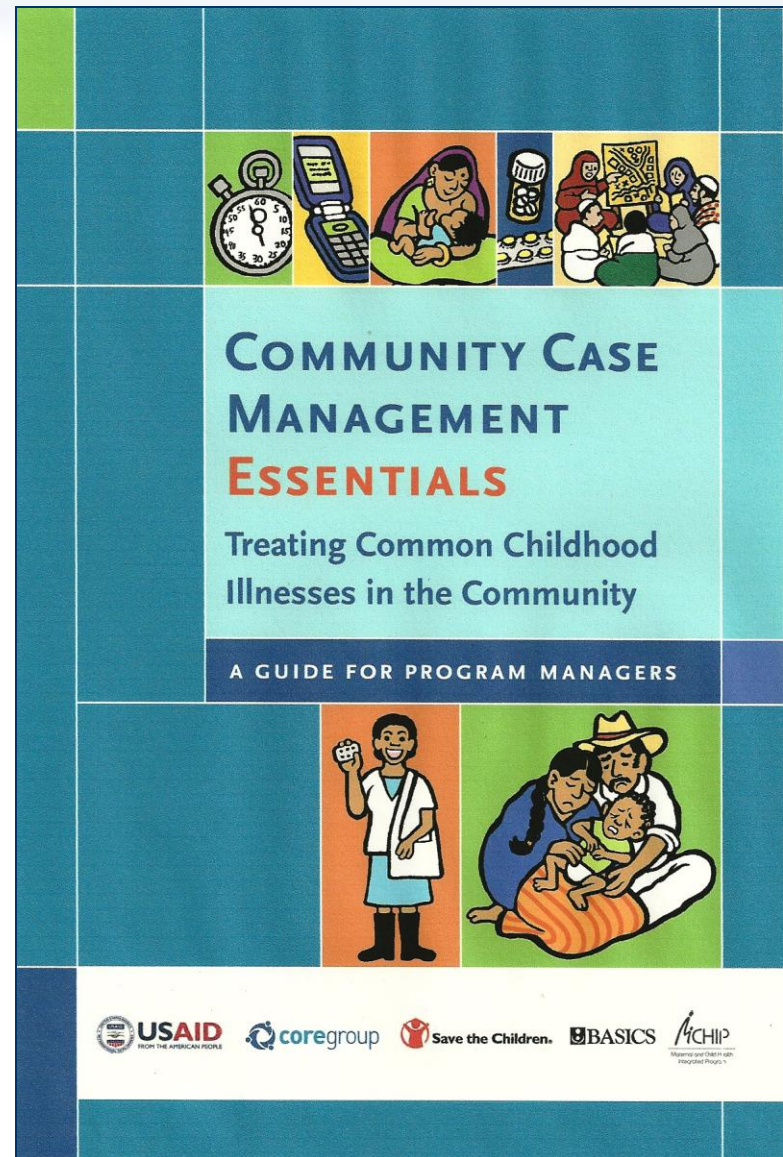Advancing community health worldwide.

December 2010

coregroup

"The publication of *Community Case Management Essentials is exceptionally well-timed.* It comes at a moment of increasing need for community-based treatment of child illness…

It is part of the continuing efforts of our community to apply the results of research and program experience in improving the survival, health and well-being of children, families, and communities around the world."

Alfred V. Bartlett, III, M.D., F.A.A.P.
Senior Advisor for Child Survival
USAID, Bureau for Global Health
(Excerpt from Forward)

COMMUNITY CASE MANAGEMENT ESSENTIALS
Treating Common Childhood Illnesses in the Community

A GUIDE FOR PROGRAM MANAGERS

USAID · coregroup · Save the Children · BASICS · MCHIP

coregroup

Guide Presentation

Community Case Management (CCM) is a strategy to deliver lifesaving curative interventions for common childhood illnesses, in particular where there is little access to facility-based services.

- Recommended Citation
- Guide Overview
- Purpose of the Guide
- Intended Audience
- Contributors
- Guide Organization
- Guide Guidance
- C-IMCI & CCM
- CCM Graphic
- Considerations & Next Steps
- Contact Information

CORE Group, Save the Children, BASICS and MCHIP, 2010. *Community Case Management Essentials: Treating Common Childhood Illnesses in the Community—A Guide for Program Managers.* Washington, DC.

Guide Overview

- Inspired by *Immunization Essentials* and conceived in 2004

- Highly collaborative effort among many different organizations

- Based on experiences from dozens of countries

- 231 pages, 55 boxes, 32 figures, 20 tables, 160 references, and 1 laminated graphic

- Made possible by support from USAID and MCHIP

CCM *Essentials* provides practical guidance for designing, implementing, and evaluating CCM.

This guide serves as an introduction and resource for CCM, and is designed to be complementary to evidence-based protocols recommended by WHO.

coregroup

The CCM Essentials guide is designed for program managers at the district and local levels including government and NGO personnel, but central-level planners, advocates, academics, and other international health professionals will also find the guide useful.

Contributors

Technical Writing/Editing Group:

David Marsh, Lead Advisor, Save the Children, USA

Ashley Aakesson, Children's Nutrition Program of Haiti

Kechi Anah, Africare

Al Bartlett, USAID

Kendra Blackett-Dibinga, Africare

Kathryn Bolles, Save the Children, USA

Jane Briggs, Management Sciences for Health

Jennifer Bryce, JHU

Sarah Chaney, BASICS

Paul Crystal, BASICS

Penny Dawson, John Snow International

Emmanuel d'Harcourt, International Rescue Committee

Amy Ellis, JHU

Paige Harrigan, Save the Children, USA

Katie Haxall, International Rescue Committee

Carolina Hilari, Save the Children, USA

Robin Houston, Consultant

Laura McGorman, USAID

Linda Morales, Consultant

Patricia Paredes, formerly with USAID

Bertha Pooley, Save the Children, USA

Elena Reilly, Save the Children, USA

Jim Ricca, MCHIP

Alfonso Rosales, ChildFund International

Anne Siegel, JHU

Diana Silimperi, Management Sciences for Health

Judith Stanley, on behalf of UNICEF

Eric Starbuck, Save the Children, USA

Eric Swedberg, Save the Children, USA

Aboubacry Thiam, BASICS

Melissa Thumm, Management Sciences for Health

Laban Tsuma, Plan International

Emmanuel Wansi, BASICS

Peter Winch, JHU

Cathy Wolfheim, WHO

Contributors

CORE Group Support:

Shannon Downey

Ann Hendrix-Jenkins

Karen LeBan

Lynette Walker

Anna West

Steering Committee:

David Marsh, Save the Children, USA

Salim Sadruddin, Save the Children, USA

Magdalena Serpa, AED

Emmanuel Wansi, BASICS

Ann Hendrix-Jenkins, CORE Group

Karen LeBan, CORE Group

Emmanuel d'Harcourt, IRC

Mary Carnell, MCHIP/John Snow Inc.

Asha George, UNICEF

Aboubacar Kampo, UNICEF

Jill Boezwinkle, USAID

Maria Francisco, USAID

Troy Jacobs, USAID

Nazo Kureshy, USAID

Erika Lutz, USAID

Bernadette Daelmans, WHO

Cathy Wolfheim, WHO

Editorial/Writing Consultant: Nancy Newton

Graphic Designers: Sonya Cohen Cramer
                                      Gwen Glesmann
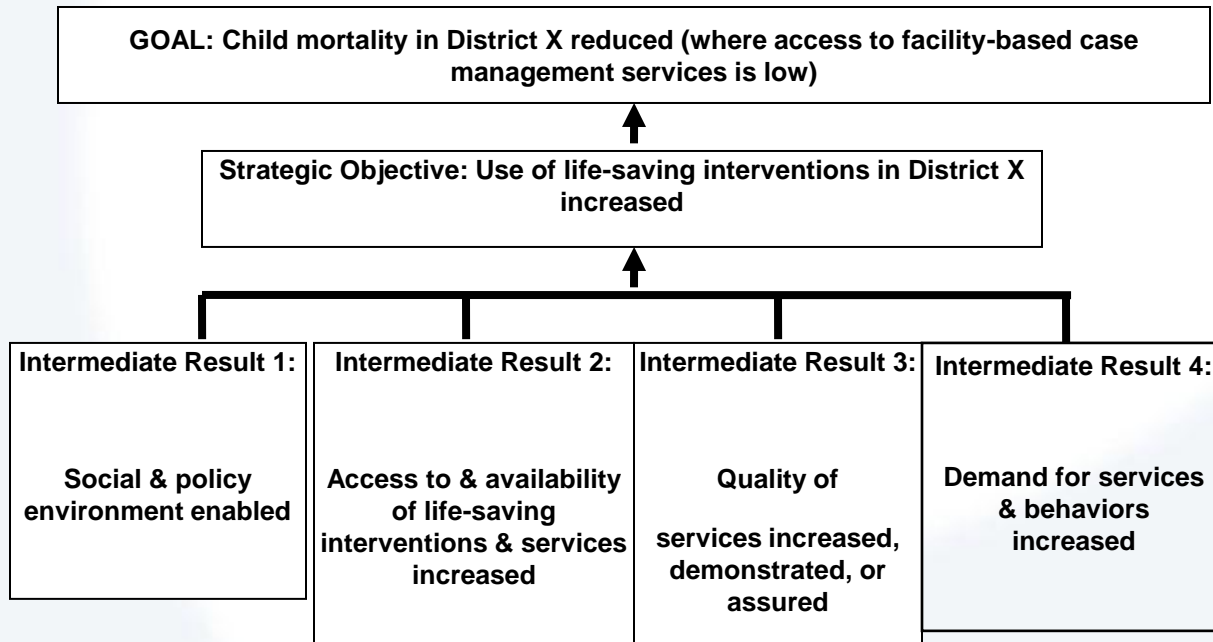
Illustrator: Regina Doyle

Summary

Technical Writing/Editing Group: 35

Steering Committee: 17

Numerous Country Examples

Guide Organization

I: Introduction to Community Case Management & Guide

II: Analyzing the Situation to Make Decisions

III: Enabling a Supportive Social and Policy Environment

IV: Increasing Access to and Availability of CCM Services

V: Increasing the Quality of CCM

VI: Increasing Demand for CCM Services & Related Behaviors

VII: Increasing Use of CCM Intervention

VIII: Future Directions of CCM

Results Framework

GOAL: Child mortality in District X reduced (where access to facility-based case management services is low)

↑

Strategic Objective: Use of life-saving interventions in District X increased

↑

Intermediate Result 1:	Intermediate Result 2:	Intermediate Result 3:	Intermediate Result 4:
Social & policy environment enabled	Access to & availability of life-saving interventions & services increased	Quality of services increased, demonstrated, or assured	Demand for services & behaviors increased

Guide Guidance

Includes how to design a good CCM strategy which:

- addresses access to, quality of, and demand for CCM services;

- ensures that CCM has the support of decision-makers, health care providers, and community members; and

- is put into action in tandem with improvements in the health system.

Within this Community-Integrated Management of Childhood Illnesses (C-IMCI) Framework, CCM falls in **Element 2**—*Increasing appropriate and accessible health care and information from community-based providers.*
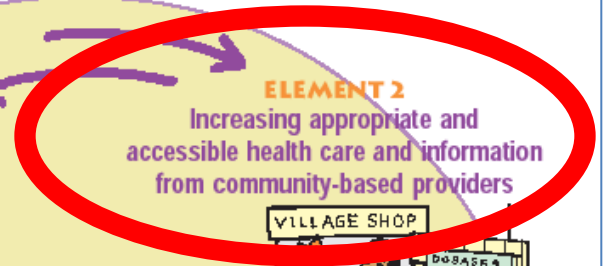
It includes promoting timely care-seeking , encouraging appropriate home care, as well as referrals to and supervision from facilities.

CCM Graphic

Evidence-based curative child survival interventions used in CCM

- **antibiotics for pneumonia**

- **antimalarials for malaria**

- **oral rehydration therapy and zinc for diarrhea**

- antibiotics for newborn sepsis

- antibiotics for dysentery

- ready-to-use therapeutic foods (RUTF) for acute severe malnutrition

coregroup
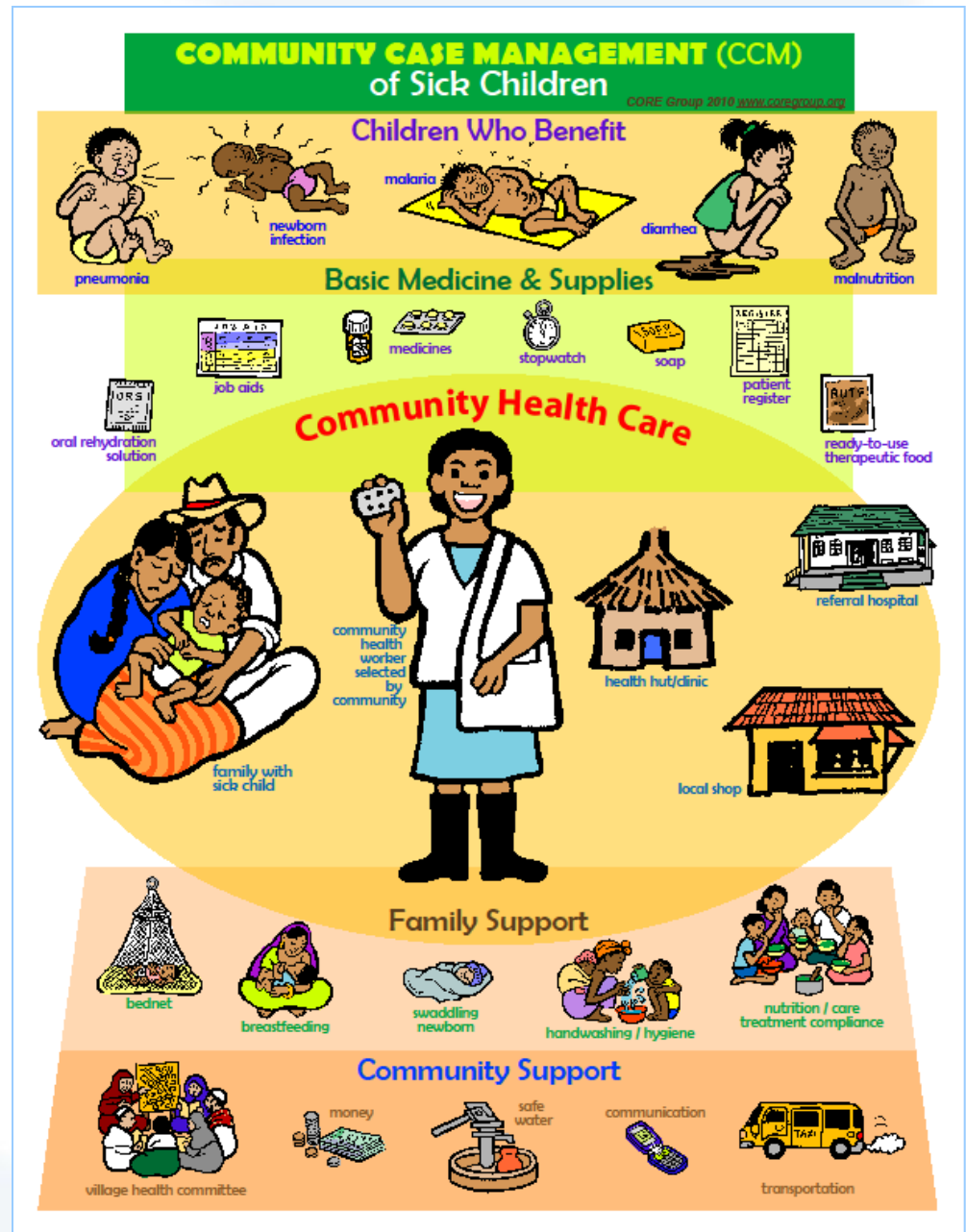
■ CCM targets the conditions that cause the most child death in developing countries.

■ CCM relies on evidence-based child survival interventions.

■ CCM brings curative interventions to children in those communities that are hardest to reach.

■ CCM utilizes trained, supervised community members, linked to facility-based services, to deliver interventions.

■ CCM is consistent with evidence-based protocols recommended by WHO, UNICEF, and other international health agencies.

Community Case Management of Sick Children (CCM)

■ **CCM targets the conditions that cause the most child death in developing countries.** Leading causes of death among children under five years of age are pneumonia, diarrhea, malaria, and neonatal causes. Under-nutrition is estimated to be an underlying cause in 35% of all under-five deaths, even more so in those associated with severe infections.

■ **CCM relies on evidence-based child survival interventions.** A few (30 or so) interventions have been proven to save the lives of newborns and children under five, at a price that is affordable in developing countries. CCM expands the use of curative interventions while supporting prevention. Key interventions include preventative measures such as exclusive breastfeeding in the first six months of life and treatments such as antibiotics for dysentery, pneumonia and neonatal sepsis; oral rehydration therapy and zinc for diarrhea; anti-malarials for malaria; Vitamin A for measles; and Ready-to-Use Therapeutic Foods for acute severe malnutrition.

■ **CCM brings curative health care to children in those communities that are hardest to reach.** CCM is a strategy for populations that lack continual access to curative interventions, typically, but not exclusively, poor, rural communities. Among the world's countries, mortality is considerably higher in children who live in rural areas and in the poorest households.

■ **CCM utilizes trained, supervised community members, linked to facility-based services, to deliver interventions.** These community members can be formal Ministry of Health (MOH) outreach workers, paraprofessional Community Health Workers (CHWs), of which there are many varieties, or private sector workers, among others. CHWs may perform their duties from their homes, a community-constructed building, or government or private health facility.

■ **CCM is consistent with practices recommended by WHO, UNICEF, and other international health agencies.** WHO, UNICEF, and other international agencies have jointly called on countries to adopt and promote policies and programs that have strong community-based components to deliver interventions for diarrhea, malaria, pneumonia, newborn care, and acute severe malnutrition, while improving services at first-level health facilities.

---

coregroup
Advancing community health worldwide.

CORE Group, Save the Children, BASICS and MCHIP, 2010. Community Case Management Essentials: Treating Common Childhood Illnesses in the Community. A Guide for Program Managers. Washington, DC.

For more information on CCM, visit www.coregroup.org

April 2010

Considerations

• May not reflect most recent policy or guideline changes

• Some sections may not be relevant to all programs; refer to specific sections as needed

• Need for translation into other languages

Next Steps

• Continue dissemination and promotion through USAID, UNICEF, NGOs and Country Programs

• Translate Guide into French in 2011

coregroup

*CCM *Essentials* Guide* and *Graphic* available on CORE Group's website at http://www.coregroup.org/ccm

or

for hard copies e-mail: contact@coregroupdc.org