Lessons Learned Document

Thematic Area	Demand generation and social mobilization
Description	This Lessons Learned document presents a summary of evidence on the relationship between iCCM programmes and care-seeking and treatment utilization for childhood illnesses, as well as factors and strategies that may generate demand for these programmes.
Organizations documenting Lessons Learned	UNICEF, International Rescue Committee and Save the Children

Background

The success of iCCM programmes requires attention to appropriate supply elements (including trained community health workers and adequate commodities) as well as demand elements that promote timely and appropriate care-seeking and treatment utilization. The factors that influence demand for child health services are multiple and include financial barriers, non-financial barriers (such as geographic access, caregiver understanding of the illness, preferences for home management and alternative treatments, and limited decision-making autonomy to seek care), as well as caregiver perspectives on the quality of services provided. When attention is paid to rectifying these barriers, providing acceptable services and implementing strategies to mobilize and empower families and communities, care-seeking and utilization can be impacted in a positive way.

Process for documentation

We first undertook a review of available studies from sub-Saharan Africa to consolidate existing information relating to the following questions:

- In African contexts where community health workers (CHWs) provide iCCM, is there evidence that these programmes increase demand? Demand was examined through measurements of care-seeking and initial and continued utilization. Key sub-questions included:
  - Does iCCM increase care-seeking for childhood illnesses?
  - Does iCCM increase care-seeking for childhood illnesses by appropriate providers?
  - Does iCCM increase timeliness of care-seeking for childhood illnesses?
  - Does iCCM increase utilization of treatment for childhood illnesses)?
  - Does iCCM increase timeliness of treatment initiation?
  - Does iCCM increase adherence to iCCM treatments as prescribed?
- **Which factors influence demand for iCCM in Africa?** This question was examined through the review of studies that included quantitative and qualitative assessments of community member perceptions of CHWs and iCCM services. Additional information was obtained from studies that included qualitative assessments among CHWs and facility-based health workers. Key sub-questions included:
  - What factors encourage families to seek care from CHWs who provide iCCM for childhood illnesses?
  - What factors influence timeliness of care-seeking and/or treatment initiation from CHWs who provide iCCM?
  - What factors influence adherence to iCCM treatments as prescribed?

Studies were identified via literature searches conducted through the PubMed database of articles published between 1 January 2000 and 31 December 2013. In addition, the relevant findings of a meta-review of 19 new (not yet published) iCCM studies were also incorporated. Finally, we identified a limited number of case studies of model iCCM programmes in sub-Saharan Africa where social mobilization and community participation/empowerment efforts have successfully influenced both care-seeking and treatment utilization for childhood illnesses.

Strategies that worked well

The following strategies tended to increase appropriate demand for iCCM services.

- **Involve communities in selecting CHWs.** A participatory process for community selection of local individuals to work as CHWs increases community acceptability and demand for CHW services, as well as community support for CHWs themselves.
- **Make community members aware of the skills and training of CHWs.** Caregivers seek care from providers whose services they trust and respect, and who show respect for them. In settings where caregivers have a variety of provider options (including where other provider types such as traditional healers and drug shops are well established), it is particularly important that families understand who the CHWs are and what they offer.
- **Make community members aware of appropriate treatments for illnesses.** Some studies conclude that awareness campaigns to improve caregiver knowledge of appropriate medications for illnesses are associated with prompt and appropriate care-seeking.
- **Allow CHWs to treat for more than one disease.** CHWs providing iCCM rather than treatment for one disease generate higher demand from families (who may seek care for multiple problems).
- **Ensure local availability and appropriate density of CHWs.** Care-seeking is higher when families live close by a CHW or near a health post where a CHW is based, and when the CHW is available day and night. The meta-review of new studies found that the ratio of CHWs to children is also a key indicator of treatment uptake, particularly for ORS/zinc.
- **Ensure a consistent and high quality drug supply.** Data from NGOs implementing iCCM programmes at scale show that in countries where CHWs provide free services (Sierra Leone, Côte d'Ivoire, South Sudan and Uganda), there is a strong correlation between utilization of services and drug availability. In addition, the literature review revealed that iCCM programmes that suffered from drug stock-outs resulted in poor uptake of services. As described in one published study, following a stock-out, caregivers continued to bypass CHWs even after the drug supply problem was rectified. Two other programmes reported low utilization when the national antimalarial policy was changed to artemisinin-based combination therapy without concurrent provision of the drug to CHWs.
- **Provide CHWs with diagnostic tools such as rapid diagnostic tests (RDTs).** This has been shown to improve caregiver acceptance of test results (and can reduce coercion of CHWs into providing drugs inappropriately), particularly if caregivers themselves are informed about the validity of these tools.
- **Provide CHWs with pre-packaged medicines (with pictures, if possible)**. This has been shown to improve adherence among caregivers who then have a better understanding of how and for how long they should administer medicines to their children.
- **Comprehensive social mobilization efforts are key to generate demand.** These efforts incorporate interpersonal communication activities and community empowerment/participation for collective change, partnerships and networks among key stakeholder groups within communities, media campaigns and advocacy efforts with local and national leaders. Social mobilization and community participation can also encourage programme sustainability and

improve community ownership.

Strategies that did not work well

The following strategies tended to hinder appropriate demand for iCCM services.

- **Charging fees.** The meta-review of new studies shows that families are less likely to utilize iCCM services when user fees were charged. This is particularly true in settings where services at health facilities are free or subsidized.
- **Referring cases of non-malarial fever or signs of non-severe pneumonia to health facilities rather than making treatment available within the community.** Programmes have reported low adherence to referral advice. This may be due to the fact that caregivers do not believe the illness is serious enough to warrant referral, the referral facility is distant, the perceived quality of care at the referral facility is low, or because caregivers believe the other treatment provided alone (for example, an antimalarial) will cure the child completely. As a community malaria health worker in Uganda reported, "*If a child has both fever and fast breathing, I tell the parents to go to the health center for antibiotics. But I know they will not go after I have given them the malaria treatment*."[1]
- **Lack of sensitization of the community (including key decision-makers within households) about the availability of CHW services.** Utilization of CHW services has been sub-optimal in settings where community members are simply unaware of the scope of services these providers offer.

Lessons Learned

Generating demand is not simple. The barriers to demand are complex and are affected by a myriad of factors, both financial and non-financial. As a result, it may not always be possible to see quick changes in care-seeking behaviors once iCCM services are made available.

iCCM programmes, when implemented with careful attention to training CHWs, ensuring adequate drug supplies and mobilizing community members and stakeholders to access services, can not only increase care-seeking among families with sick children, but they can also improve the timeliness and appropriateness of care-seeking. In some cases, iCCM programmes have been found to replace facility-based care (thereby reducing facility caseloads) and care from other sources such as drug shops and traditional healers, **improving timeliness and in some cases appropriateness of treatment**. Adherence to treatments prescribed by CHWs can also be quite good, although there is evidence that some programmes have struggled with high caregiver demand for treatment even when protocols do not warrant treatment.

Gaps in our current knowledge and areas for further development include:

- Understanding the role of a **CHW's gender** in acceptability of iCCM services. This may be particularly true as iCCM services expand to include maternal and neonatal treatments.
- How to **improve caregiver understanding** of the differences between simple cough and cold and pneumonia. This would help reduce demands for unnecessary antibiotic treatment.
- Approaches to **better use existing data sources** to capture local demand for and barriers to iCCM services.
- The **role of mHealth applications** in helping family members recognize disease, seek care and adhere to treatment recommendations.

[1] Källander K, Nsungwa-Sabiiti J & Peterson S. Symptom overlap for malaria and pneumonia—policy implications for home management strategies. *Acta Tropica* 2004; 90: 211–4.