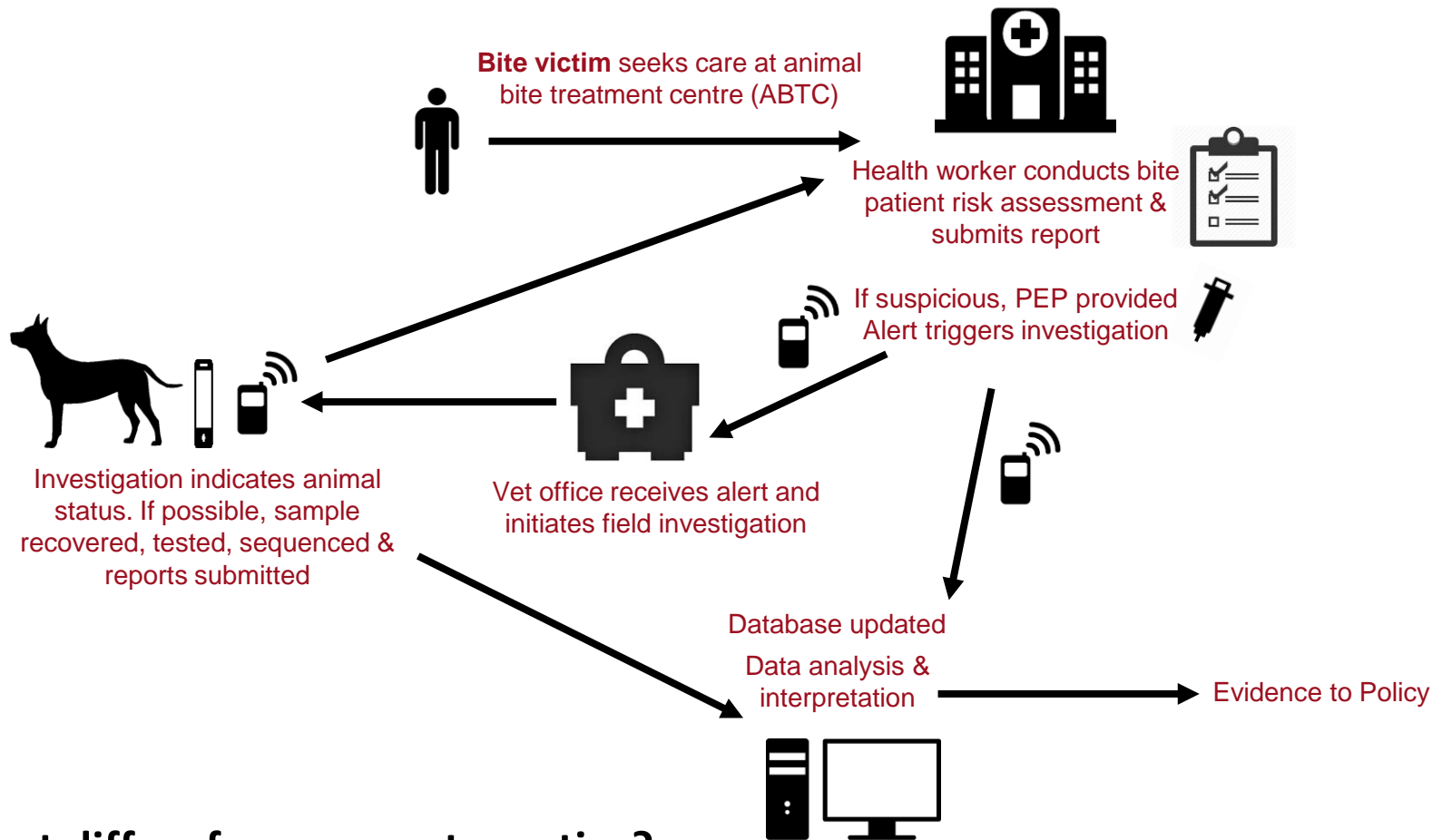


Integrated Bite Case Management



- What differs from current practice?
- What is needed to make this work?

Components of IBCM

- Risk assessment SOPs for HWs (ABTCs &/ RHUs)
- Animal investigation SOPs & RDTs for AHWs
- Tool for reporting risk assessments & animal investigations
- Integration with existing health information systems
- Channel for communicating between and across levels of public health & animal health systems
- Training, support, reinforcement for frontline workers
- Rollout plan

**Formative Pilot Stage (6-9 months)
before RCT**

What could go wrong?

- Animal investigations:
 - Investigation unclear – additional follow up?
 - AOs cannot reach patient/ animal (GIDA)
 - AOs exposed
 - AOs find new exposures
 - New exposures refuse care
 - AOs don't report back to HW
 - AOs lack resources/equipment for investigation
 - RDT gives wrong result!?!?
 - How do samples get to lab?!?
 - AOs don't have enough:
 - Time
 - Connectivity
 - Feedback/ support
 - Confidence

Capture & mitigate in ethics (SOPs)

What could go wrong?

- Training , support, reinforcement:
 - Regional/provincial authorities:
 - Not interested
 - Do not provide support
 - Formal mechanisms for communication, sharing,

dissemination

Stakeholder analysis...

- Interpretation difficult (& differs)

Steering committee

Review (& integrate) into existing HIS

Use existing channels that work

Applications & Communications

Formal data capture & communications

- Phone - cellular data/ GPRS/ Wifi
- Laptop/ Desktop – requires Wifi
- Any other options?

Peer support

- Whatsapp, Hotline, Management group meetings, other?

Applications & Communications

Variety of applications available

- Warwick Eg
- SES
- CDC/ Mission Rabies
- GARC
- OIE/BAI?

No initial preference – but needs to be fit for purpose and acceptable to users!

Now is the time to adapt and tailor systems

- RHU
- ABTCs