Action Points to Include in Country Plan

What are our key action points?

- Task Force should...
 - Develop framework and then all of the specific plans under that (e.g. BCC, PSM)
 - Create workgroups BCC, PSM, M&E etc to put together each specific plan
 - Do commodity quantification and gap analysis
 - Drive resolution of policy bottlenecks on regulation
- Meetings & dissemination
 - Task Force should meet and move quickly
 - Arrange a national advocacy and sensitization meeting –
 - Share memo on iCCM during state level and national council on health
- Organizing structures
 - Needs to be a replication of iCCM task force at state level
 - · Needs to be a system for coordinating TA and a TA plan overall

What additional resources are required to support these action points?

TA to support gap analysis and strategy development

Action Points to Include in Country Plan

What are our next steps as a country to implement these next steps?

- Task Force should meet as soon as possible to review recommendations and move forward on next steps
- Convene and advocate with local partners
- Speak with state councils on health and national councils on health
- Gap analysis needs to begin as soon as possible

SUPERVISION & QUALITY



- Supervision very challenging. Peer group supervision can be helpful for overcoming these challenges.
- Tools: Need to revise the integrative supportive supervision tool will expand the community tool
 to make sure we integrate
- Important to build capacity for supervision doing a landscape analysis around supervision models, create a framework for supervision
- Monitoring of supervision: data doesn't tell the whole story. Critical that there are checks on quality as well.
- Performance management
 - CHEWs and CORPs should consider motivating them differently
 - · Mali unable to sustain motivation because there was no strong package
 - Non-monetary incentives Mobile phone, sugar
 - Need to think about costs of non-monetary incentives
- Training
 - Need to spend time on training training manuals, other guides, but need to be field tested
 - · Job aid use emphasized

DEMAND & SOCIAL MOBILIZATION



- Contradiction between national and global treatment guidelines need to harmonize
- Sensitization at community level
 - KOLs first
 - Having the community select the community volunteers who will participate
 - Sensitizing the community about iCCM
 - Want to encourage consistency of messaging across diversity of country find right mechanism for that
- Layers of committees
- Need to use ward development committees
- Gray areas in understanding drivers of coverage measurement of demand
- Community question and how you collect your data...important.
 - Reporting and getting commodity demand and supply get linked
 - Need to link to the ward development committee
- What should be the role of health educators in this system?
- Key recommendation: need to align on data collection and dissemination for ward development commission

Innovations



- Deploying mHealth systems very important for iCCM
- Should consider RapidSMS as a tool but consider whether financially sustainable
- Phase approaches
 - mHealth not key intervention, could put in phase 2 major telecom sector in Nigeria
 - Worked as a team to ensure that iCCM fed as an indicator into health systems
 - · Quality of data
 - Training of staff at level of community critical needs to be high quality data input into the system

SUPPLY CHAIN MANAGEMENT



- National medicines coordination mechanism engage with CTC
- Most critical product now is dispersible amoxicillin need to create a bridge while supply is being scaled up
- Issue of stock won't be the bottlenecks
- Procurement issue needs to be well-articulated at the beginning
- Need to get from store to end user
- States have key role in scaling up iCCM
- State and local government supposed to develop an implementation plan think about how
- Create a standard model for how malaria, zinc/ORS, amoxC will come together

POLICY



Core topics covered

- Costing needs to be done to inform policy
- Feasibility study also important part of policy creation understanding contextual factors, understanding pilot structure; understand at a strategy level what is feasible
- Political will
 - How best do we get financial will to drive this process? MOF needs to be on board. Is MOF in Nigeria part of the discussion? How do we get funds released
 - Critical to involve Nigeria's new iCCM Task Force
- Implementation
 - Critical tipping point for iCCM when there is a state-level implementation plan
 - · Local evidence required to make policies
 - Should present findings at National Council on Health
 - Involve academia easier to generate evidence
 - iCCM Task Force should coordinate with RMNCH sub-groups as well as essential medicines committee

COST & COST-EFFECTIVENESS



- Cost effectiveness: important that utilization is high each CHW needs to cover many people
- Gap analysis: need to do a proper gap analysis so from the beginning you know what you are faced with
- "Gross vs net" For costing, important to look at existing structures
 - Some places need to budget for full amounts, others it will be shared costing
 - Other things like equipment and supervision you will share costs
- Supervision and management are major cost drivers need to think about what this will mean for Nigeria
- Implementation plan needs to have a costing framework, also have the M&EE plan, BCC plan, etc
- Need to do a long term costing plan need to think about how fast we want to do scale up
- Over time as health sytem improves, CHWs will be replaced what will we do with them?
- People with expertise need to help us think through these key questions

PRIVATE SECTOR



- Need to think about training of PPMVs are they able to come as CORPs
- Private sector 60% of service provision from PPMVs
 - Need to factor into our new iCCM training or we'll only do about 25% of coverage
- Referenced to Uganda project shared in session
 - Drug shop provider changed from a problem for iCCM to becoming part of iCCM system part of solution
 - Private vendors never stocked out can be inculcated into system as part of supply chain
 - Could work, provided we link up drug shops to the broader iCCM system
- Regulation a big challenge discuss these and support elimination of bottlenecks
 - E.g. can't give out Amoxicillin, can't do RDT
- Need to take advantage of the private sector as much as possible behaviors can be changed to part
 of the answer
 - Preliminary results will come from operational research helpful for Task Force
- Need to involve public regulatory structures in iCCM deployment
- Rate limiting bottleneck for iCCM in Nigeria will be around regulation need a framework for rollout, need to map out who the major stakeholders are
- · Supply chain coordination mechanism should feed into iCCM Task Force
 - Essential medicines scale up committee should briefly