

Action Points to Include in Country Plan

What are our most critical priorities across thematic areas? How do they link to existing plans?

- Harmonizing the new paid cadre of CHAs with the volunteer CHWs
- Strengthening the iCCM supply chain
- Ensuring the flow of routine data on children seen, treatments administered, and commodity inventories from the CHW to the health center and through to the district medical office

What is achievable in the next 6 months?

- Determine frequency of refresher trainings for CHWs on iCCM
- Review supervisory tools and document supervision of CHWs at health centers
- Test cell phone data collection and inventory management by CHWs or CHAs
- Develop iCCM concept note for Global Fund with an operational research component

In the next year?

- GIS mapping of CHWs and CHAs relative to health centers and posts and population settlements
- Strengthen capacity of NHCs and CHAs to supervise CHWs
- Explore opportunities to train pharmacists and lower level drug vendors in iCCM

What additional resources will we need for each priority area?

- Funding for a workshop to plan better harmonization of CHAs and CHWs, and to collate data on in-country mHealth pilot projects on iCCM
- Coordination among partners to map CHWs, CHAs, and health centers

Action Points to Include in Country Plan

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

- Reporting back to Ministry of Health/Ministry of Community Development, Mother and Child Health
- Convene partners to discuss integration of CHAs and CHWs into a unified health system with adequate supplies, supervision, and reporting
- Need to discuss how to strengthen, establish, and harmonize goals and activities of community groups (NHCs, community development groups, SMAGs, etc.)
- Test integration of community data (CHW, CHA) into DHIS-2 (HMIS)

Summary statement on approach and next steps:

- Critical need is to sort out relationships and clear supervision guidelines for CHAs and CHWs
- Need to optimize routine data collection, supervision, and supplies then scale up CHW programs in districts that have active programs to attempt to reach saturation