NAMIBIA – ICCM SYMPOSIUM 2014 COUNTRY ACTION PLAN

Most critical points across thematic areas	• Revision of training manual to include CCM • Consultation meeting with Health Professional Council is also very critical • Need to examine training costs carefully to identify how to institutionalize the training program. • Monitoring and supervision are also critical areas for Namibia.
Achievable in next six months?	• See below detail per theme. However, some activities are already in the Namibia team's action plans, including: o HR: Training will definitely be reviewed in the next 6 months and selection criteria will be reviewed. o Policy: Finalize strategy, SOPs, advocacy meetings with stakeholders already planned.
In next year?	• See below detail by theme. Definitely need to review policy in community based health care - it is scheduled to be up for review and iCCM needs to be incorporated into that policy. • Helping regions do costing is within the control of the PHC directorate so should be achievable. • Can start to coordinate training of private sector in iCCM but not likely to be completed within 12 months. • Innovation: mHealth pilot and ORS/zinc packaging will be possible to implement in one year.
What additional resources will we need for each prioritized area?	• Long-term technical support will be needed for many of these prioritized areas -- and the financial assistance to procure this assistance.
What are our next steps as a country?	• National Steering Committee will meet on Health Extension Program and the country workplan for iCCM will be shared for additional input. • The extended maternal child health and newborn care committee, chaired by the deputy permanent secretary, meets quarterly: iCCM and IMCI need to become standing agenda items.
Summary statement on approach and next steps	• Immediate next step: Compare this plan with the plans that the team created in preparation for the Symposium. These will be cross-referenced and harmonized with each other, and shared with the steering committee. • iCCM will definitely be part of the Health Extention Program as the community component of IMCI. The Health Extension Worker platform exists already. This is the opportunity to introduce and scale up iCCM with Community - IMCI.

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Thematic area	Specific points relevant to country	What could be implemented in 6 months	What could be implemented in next year
HR & Deployment (Myo)	• Remuneration of CHWs (Strong justification from Malawi which prompted the Government to provide salaries) • Selection process (Thorough and intensive selection process needed) • Training in Malawi is shorter duration (12 weeks – 60% theory/40% practical) and less costly (US$ 1,500/CHW trained)	• Strengthen current selection process • Review current training program and institutionalize the training	• Develop long term HR policy including deployment and community system strengthening
Supervision and quality (RS)	• Development of adequate and adapted training materials- with regular reviews • Supervision is essential. Selection mechanism for supervisors of CHWs. Performance evaluation of CHWs is important; Supervision data may not be a good representation of the actual performance -- need to do targeted evaluation of a sample of CHWs independently of the supervision data to identify areas for follow up. • mHealth - keep space in strategy for mHealth approaches in the future. Revisit supervisory tool (check list).	• Define and move towards a more sustainable training model. • Local adaptation of job aids. • Develop a supervision strategy - explore different models that have been done elsewhere and adapt for different regions. • Conduct an evaluation of the CHWs who have been trained prior to their next training. (follow up skills tool) • Supervision should be strengthened- on-going activity in all regions with deployed CHWs • Refresher training of CHWs • A health system strengthening approach for the HEP/ iCCM should be included in the HEP strategy	• Supervision should be strengthened- on-going activity in all regions with deployed CHWs • Explore different models for supervision, on the job training
Demand & social mobilization (Samuel & RS)	• Need for community and social engagement strategy. • Advocacy to solicit support for the program. • Community sensitization is important so people	• HEWs to mobilise communities during African Vaccination Week and Maternal and Child Health	• Develop community mobilisation strategy for HEWs

	understand the program, what services the CHWs provide, etc.	Week (May and November)	
Supply Chain Management (Myo & RS)	• Team work through the different levels of supply chain to promote continuous improvement • Motivate the taskforce for improved performance • Need to address product availability, transportation challenges, data visibility and use	• Strengthen coordination and links between central medical stores and program. • Finalize the SOP to integrate the HEP supply and logistics needs into the health system. • Evaluation of the kit supply system currently used in pilot intervention area (and model to be continued in new regions) • Review and update the list of medicines and supplies/ commodities for next phase of expansion- review content and capacity of current bags and storage at community level	• Develop supply management plan together with CMS • Strengthen coordination and links between central medical stores and program. • On-going follow up of supply system in all regions implementing HEP.
Policy (Dederius Haufiku & Sam)	• Most relevant to Namibia master plan: More stakeholder engagement (e.g. civil society) and regular feedback on progress • Need mechanisms for documentation; Need to finalize package for CCM; Need for local evidence; need to incorporate into policies • Coordination and integration of programs -- not a standalone in the Ministry. • Five lessons: keep it simple; consider work force capacity and literacy - use pictures and colors as needed; consider link between HIS and iCCM; limit movement of papers -- use IT where possible; visualize outputs.	• Finalize HEW strategy and SOPs • Review evidence and training manual to incorporate CCM • Stakeholders Meetings (sensitization of civil society);	• Provide regular update to the Ministerial Management. • Refresher trainings on case management; conduct more stakeholders meetings for advocacy -- need to engage regional steering committees as scaling up. • Assessment of current practice. • Review and update the policy on community-based health care.

Monitoring & Evalutation (Samuel - & RS? - Double check)	• Standardizing iCCM indicators. Harmonization and data sharing are both a challenge. • Learn from other programs before creating your own system. • Integration of iCCM into overarching HIS system. • Use of data for decision making. • Experience of S. Sudan: there is a shortage of work force; created a team from top to bottom and making the tools very simple for community workers to collect and report; because it was simple, it was easy for them to report -- when the data were aggregated, got feedback and also engaged other stakeholders in reviewing and planning.	• Make sure data will be used for action as system is rolled out; can consider using technology; involve community in M&E and review of program. • In the next six months, integrate HEP indicators into HIS.	• In the next year, can introduce any changes to indicators based on roll-out experience; consider computerizing system and integration into HIS. (There is a lot going on with HIS and it can be advocated for but not within locus of control of Primary Health Care directorate.)
Cost & Cost-Effectiveness (Desi and Renata)	• Look at the service package, cost of training, consumable supplies and medicines (kits). Only implement iCCM if it is strengthening the community health system. It is expensive to start; costs go down as the program matures. It is only cost effective if there is task shifting from the facilities to the community, not just health promotion (from iCCM perspective). • Placement in locations far from health facilities is important; if close to facilities it is not cost effective. • Early implementation phase it is difficult to measure lives saved/impact so focus instead on process evaluation.	• Continue advocacy for task shifting at all levels and facilitate process to incorporate malaria, pneumonia and diarrhea treatment • Establish distribution mechanisms for drugs to be used at community level. • Meet with UNICEF costing specialists (next week) to develop templates for regions to use in costing.	• Help regions with decentralized planning and budgeting for CHW program (supplies, training)

Private Sector (Rose-Marie)	• Importance of involvement of private sector in child health. • Provision of subsidized commodities to private sector for poor families • Networking with private sector. • Training of private sector in iCCM • Standardized treatment packages provided by private sector	• Networking and Involvement of private sector in iCCM.	• Sensitization and training of private sector in iCCM (private nurses), pharmacists, Pharm Access (using mobile clinics) etc.
Newborn	• Community Health Officers (nurses, paid) trained to link health facilities with community – revive previous practices. • HIMIS revised to capture community based data Develop newborn Care strategy (already inclusive into child survival strategy). • Aligning of resources to address newborn sepsis • Systematic implementation of program through syntheses. • WHO Newborn Care Action plan that are having 5 key strategies addressing newborn care.	• Update Community IMCI to incorporate newborn care. • Child Health Record (Child health passport) booklet to be reviewed to address messages and record for early neonatal care including PNC Implementation of Newborn Care Action plan.	• HIS to be revised to capture community based newborn care data
Innovations	• Social franchising model interesting but not applicable to free public program • Mobile health approach showing real time data updates via SMS helping to improve reporting. Can send questions to CHWs and get feedback easily. How to manage and pay for airtime, and how to integrate into national HIS not clear. • For quality, advised to do paper and mHealth systems together until well-established.	• NA	• Could start to think about an mHealth pilot • Investigate possibility of packaging ORS with zinc