Minutes from Sierra Leone iCCM Planning meeting

Coordination and Policy

- Engaged in the Ministry of Finance in the policy discussions
- Support for coordination and integration – within the different sectors within the MoHS, and also outside the MoHS within other Ministry sectors (Social Welfare Ministries, Ministry of Agriculture). How do we incorporate all the other MoHS programs within the CHW program
- Funding of the CHW from up front => but that depends on the discussions with the ministry of finance. Donors are there, but we cannot rely on the donors
- Local evidence to support key policy intervention =>
- We don't have a iCCM stand alone policy, but we do have a CHW policy. Is it important to have a standalone policy? Perhaps we just have an addendum to the policy, and add information about treatment regiment information. Treatment information will guide the medicines that are purchased by NGOs as the buffer supply.
- Next six months, strengthened coordination. At different levels. At national within different programs within programs. At the DHMTs, and also at the community level. More at the national level, there needs to be better coordination.
- In the next year, Engaging the MoHS and Ministry of Finance for funding for CHW program. Also have some key studies to document the program, and share with policy makers. Develop a national research agenda around community health.
- Develop a comprehensive plan for implementation of the CHW program, that would also include costing. Have different working groups for the different thematic areas. Document for national planning workshop for "Caring for Newborn and Children in the Community". 3-5 years of strategic plan for CHW program in Sierra Leone.

Supervision and Performance

- Supporting MoHS for experience sharing from other countries is a good idea. Study visit would be a good idea. Rwanda would be a good example of a volunteer program; Ethiopia or Malawi would be a good example for a paid program.
- Seconded NGO partners to the MoHS.
- Beads to measure respiratory rates.
- Strengthening the clinical mentoring session.
- Quality Assurance Team – at either the national or district level
- Discuss taking off the quality indicators from the M&E framework, because they are not collecting reliable data. The data is all very high, and we know that the CHWs are not that perfect.
- Supervision of supervisors
- Development of quality assurance teams at all levels would be really important for the CHW program.

Monitoring and Evaluation

- A lot of information is being collecting, but the language is not the same. Even from the survey results, which show different stories. This has an impact on policy decisions.
- Partners need to do more to support the HMIS system => primary priority of partners to ensure that all data is getting into HMIS
- Feedback to the CHWs needs to be better incorporated into our monitoring system. So that communities can take actions based on the data.
- Support chiefdom reviews on an annual basis – bring the CHWs to these reviews, and have them talk about how to review the health outcomes in their communities.
- Develop an incentive that is linked to reporting.
- How do we monitor iCCM in low resource settings.
- Need to have really to make a decision about whether all of the data we collect is relevant => do we really need to be collecting information about treatments within <24 hours and > 24 hours? What do we use all this information for?

HR and deployment

- Mapping of CHWs – experience from South Sudan was interesting. Discussion of what CHWs to drop, during mapping. We will need to do this in SL. Dropping needs to happen for the less populated areas. But what about the hard to reach areas? But if they are hard to reach, then we will keep the CHW in the less populated areas.
- Payment of CHWs – some have payment. In Mali, there was a transition from volunteer to paid CHWs. There are some important lessons to learn here.
- BRAC is giving CHWs products to sell. This is difficult and is being done by BRAC in SL. Dr. Sesay will follow-up about this.
- In next 6 months – decide what CHWs to drop, as part of the mapping exercise. We need to have clear criteria for why we would drop them. We need to have a manageable number that the MoHS can sustain. Working with the local councils, and the DHMTs, this can be done. This can be smoother. Perhaps we need to have formal ceremonies, to thank them for the good job. Assure that there may be other opportunities for these CHWs. We will need a formal document outlining this strategy, so that NGOs can give to their donors.
    - Series with the DMOs, about what CHWs we will be working with. So that everything is very clear, well documented, and justified programmatically.
- In turns of expansion, mapping is really essential. For the expansion to three new districts, we really need to map out the hard to reach areas. This is a key priority.
- In the next 12 months – we will know what CHWs we will work with and decide on what we will pay them.
- Also remember that iCCM compliments HF services, in terms of access and timeliness.

Supply Chain

- Using consumption data to supply CHWs. Product flow should be based on the CHW need. Demand based system is important.
- mHealth – not sure if we are ready for that. Might help with data visibility, but will take awhile. mHealth has been piloted in Bonthe and Bombali, still waiting for the final repot. Don't quite have mHealth infrastructure in SL. Not a priority right now.
- Rwanda is providing a performance based supply chain program. They also give them performance based financing based on timely reporting. We have not yet set up a criteria, but need to discuss this. Performance based incentives should be based on timely reporting, attending meetings, and maybe other things. Will come up with criteria for performance based incentives.
- Right now we have the push system. We need to transition to the pull system, eventually.
- Need to get an external person coming in to support the technical person to help with supply chain, or to have NPPU to be better informed on CHW issues.
- Need to have better support for HMIS, because we need better data on consumption.
- In the next 6 months – we need to engage the DHMT, PHU and CHWs on the HMIS, and getting better consumption data. DPPI has secured funds for data management for DHMTs and PHU. Dr. Sesay will engage them how to incorporate CHW reporting into this training.
- Need to meet with NPPU immediately about the CHW program.

Costing for iCCM and Cost Effectiveness

- Looked at different models of costing.
- We need to develop a comprehensive implementation plan, that is budgeted. Have all key activities be costed, based on MoHS priorities.
- We can use the MSH costing tool to cost out the entire CHW program for Sierra Leone.
- Is this something we need Technical Support for, or is this something we can do ourselves?
- Ministry to request WHO to give technical assistance for this planning workshop.

Demand and Social Mobilization

- If we want CHWs to respected by community, they must have a consistent drug supply.
- We have not been involving the VHC/ HDCs in the CHW work. This could be an action point moving forward.
- Have CHWs themselves come up with skits or other things, to promote their value and awareness. Songs or performances at the Chiefdom level meetings. Also to have testimonials from caregivers who went to the CHW.
- Priorities – utilize other community groups.
- Community dialogue – to structurally introduce this at the PHU level, and encourage the CHWs to be doing dramas in their communities about key healthy behaviors. Also try different ways
- Really important to involve the District Councils.

- Could have a PHU staff guide for supporting the CHW program – to give them clinical things to be reviewing during the monthly meeting, and also ways to motivate them.
- Do we need a CHW communications strategy? Or should this just be part of the CHW strategy? We will revisit the CHW strategy document, to see if there is a communication part in the strategy.

Newborn

- This is a new package that is being added on. But it is being delivered in various ways in Sierra Leone.
- In the countries that presented, it was done by community volunteers, not CHWs.
- In SL, we really need to ask ourselves whether the CHWs should be doing MNH, or do we want to strengthen our MCHAid staff to be doing more community outreach.
- We need to try to really discuss this back in SL>

Innovations

- Lets follow-up about the pilots that have already happened.
- Not a priority right now to scale up innovation.

Private Sector

- Private sector is for private, with FHC-I in SL, not sure health for profit is appropriate
- Should be do something about iCCM with the drug peddlers? So at least they know how to do correct diagnosis and give appropriate treatment? However, hard to ensure that their intentions to NOT give treatment would ever be there, since there is a financial benefit of treated for the drug peddler