



**Society for Family Health (SFH), Nigeria
...Creating Change, Enhancing Lives**

Survive & Thrive

Implementation Challenges and Lessons
Learnt from the Abia RAcE iCCM Programme



Introduction

The Abia RAcE iCCM programme survived and thrived despite the challenges encountered at the initial stage of implementation.



Presentation Objective

Objectives

- Share experiences on:
 - Challenges
 - lessons learnt and best (fit) practices

Methods

Methods

- A participatory assessment approach by those involved in implementing the programme

Target groups for enquiry

State

- SMOH officials
- Project officials

LGA

- Health-Secretaries

Health Facilities

- Community Health Extension Workers.

Community

- Community Resource Persons.

Scope of enquiry

- State level introduction and continuity of programme
- Community Resource Persons recruitment and selection
- Training and capacity building
- Supportive supervision
- Identification of Referral Health Facilities
- Routine data collection
- Commodities and supply chain
- Community engagement and support

State level introduction and continuity of programme- best fit practice

Challenges/threat

- Changes and transfers of Government personnel/political appointees

Lessons learnt-Best fit practices

- Establishment of state iCCM steering committee.
- Embedment of grantee's staff in the SMOH.
- Collaboration in micro-planning for implementation, training and supervision important.

Challenges/threat.

- CORPs seen as government employment.
- External influence from politicians/issues such as quota system arising from community leaders.
- Risk of training CORPs who can't read or write.

Community Resource Persons recruitment and selection

Lessons learnt-Best fit practices

- ❑ National guideline on the set criteria for CORP selection
- ❑ Community, Ward Development Committee involvement in the selection of CORPs- This engendered trust, ownership and acceptance in the programme across implementing communities.
- ❑ Further screening by the project team to ascertain their ability to read and write.

Involving the community right from the selection of CORPs and training helps the community accept to be involved.-

O.P –CORP Supervisor (CHEW) Isiukwuato LGA

Training and capacity building

Challenges/threat

- ❑ Incessant Health Workers strike at the secondary health facilities posed a threat to clinical sessions of the training of the iCCM CORPs.
- ❑ Low capacity of CHEW supervisors on case management of malaria, diarrhoea and pneumonia.



iCCM has improved our case management skills and equipped us better to handle cases e.g.: 1. For fever, we have not been using RDT to assess the child as a standard procedure in the PHC but now we do; 2. We have been treating cough without counting respiratory rate but now we do; 3. For diarrhoea, we use to give only ORS but now we give ORS and zinc. As well, danger signs are clearer so generally the output of CHEWs are better after iCCM trainings.

Training and capacity building

Lessons learnt-Best fit practices

- Mobilisation of sick children at the Primary Health Centres led to massive case loads at the PHCs. In turn, the CORPs had several exposures to sick children.
- CORPs valued the use of video demonstration during the classroom sessions.
- Advocacy to community leaders often led to obtaining community halls or school halls free of charge for the class room trainings.
- Conducting several trainings concurrently in different locations enabled the project complete the training of 1351 CORPs in record time.
- Training of CORP supervisors(CHEWs) on iCCM as well as IMCI increased their performance.
- Refresher trainings were very helpful for reinforcing good practice and providing update.

Supportive supervision

Challenges/threat

- ❑ Supervisors in functional health facilities have high work load.
- ❑ Transfer of CORP Supervisors to non-iCCM eligible areas.
- ❑ Supervisors with low capacity
- ❑ Supervisors who populate and submit supervisory checklists with fictitious data (*without conducting a supportive supervision*).



Supportive supervision

Lessons learnt-Best fit practices

- ❑ Supportive supervision to weak supervisors by project team(grantee and state government officials).
- ❑ Advocacy to government to retain CORP Supervisors in their catchment areas.
- ❑ To ascertain supervision, call backs to CORPs were introduced.

Consistent supervision by the state team gives such a sense of belonging and importance to the CORPs and community making them more serious than they would have been without the state visits.

*.....O.U- iccm LGA FOCAL PERSON
UGWUNAGBO LGA*

CORP supervision is one of the most important foundations of this project as it is what ensures improvements in CORP's care to children, data quality and all of it.

*.....C.S.N- CORP,
AROCHUKWU LGA*

Routine data collection

Challenges/threat

- ❑ Late submission of data.
- ❑ Data Quality and Lack of data use among Community Health Workers for decision making.

Lessons learnt-Best fit practices

- ❑ Monthly state technical data review meetings
- ❑ Incorporating data use training in refresher/update meetings
- ❑ Early and consistent reminder calls by Focal Persons to all CHEWs and CHEWs to CORPs ensures data is always ready and submitted according to the provided timelines.
- ❑ Integration of routine data collection and supportive supervision.

I request for registers before it finishes because this will prevent stock-out of these registers. Stock out of registers makes a CORP fill in data on paper which usually gets missing causing missing data, confused stock status and a lot of other problems.

C.S.N– CORP, AROCHUKWU LGA

Identification of Referral Health Facilities

Challenges

- Primary Health Centres used as referral facilities are not capable of managing cases of severe illnesses

Lessons learnt-Best fit practices

- Checklist for Service Availability Readiness Assessment of Health Facility was adapted and the list of all secondary and tertiary health facilities in Abia State was obtained from the State Hospital board
- Conduct of Service Availability Readiness Assessment for Secondary Health Facilities

Commodities and supply chain

Challenges/threat

- Stock out of commodities
- Pilfering of commodities.
- Procurement delays



Commodities and supply chain

Lessons learnt-Best fit practices

- Appropriate quantification with appropriate buffer stock important. (*Buffer stock should be = or >10%*).**
- Early Procurement requests**
- Monthly deliveries at the LGA stores- this helped reduce pilfering.**
- Integration of routine data collection and commodity distribution at the CORPs level.**
- Adopting the public sector commodity delivery mechanism to enhance sustainability.**

Community engagement and involvement

Challenges/threat

- Weak community engagement with regards to community support and community sensitisation in several communities.

Lessons learnt-Best fit practices

- Good will from political and key stakeholders improved community involvement and support.
- Involvement of the Ward Development Committee (WDC) members.
- Continuous advocacy visits to traditional leaders and WDC especially new ones as soon as they emerge.

Community engagement and involvement

Challenges/threat

- Weak community engagement with regards to community support and community sensitisation in

Lessons learnt-Best fit practices

- We introduced the community sensitisation week involving house-to-house and home-stationed CORPs actively seeking out and treating sick children
- Advocacy to LGA chairmen through the iCCM steering Committee.
- We had some LGA chairmen, Honorable member of the House of representatives, WDCs join in the community sensitization meetings to increase awareness and acceptability.

Community involvement and support

Forms of community support CORPs have received in the programme.

- Some communities have given out free farmlands and donated farm produces to CORPs.
- Provision of fares for local transport to support follow up.
- Monthly transport support for the CORP's movement around communities by Ugwunabo LGA Chairman.
- Provision of water for CORPs.
- Support during farming season to farm their lands.
- Exemption from communal work and community levies.
- Provision of kerosene for lamps.
- Traditional leaders in Arochukwu LGA occasionally call all their CORPs to the palace to give them gifts to appreciate their work





When there was no iCCM, many poor caregivers from distant places could not bring their children to the health facilities for treatment. Many child deaths occurred which were not captured in the ledgers in the PHCs but in the hearts of the grieving families and communities. Now, this well thought-out iCCM project has come and these communities attest to much reduced child deaths because the CORPs are very available with the most effective drugs. Truly iCCM has come to stay and by all means must be sustained.

**UCHENDU ALICE (Nurse Midwife)-iCCM Focal Person
Ohafia LGA.**



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